

2022 KFF Women's Health Survey

This is the sexual and reproductive health section of the 2022 KFF Women's Health Survey. Not all questions were asked of every respondent. Detailed skip logic is available upon request – please click [here](#) and select “TOPIC: Women's Health Policy.” Other sections of the survey questionnaire will be published with their respective reports.

SEX.

Which sex were you assigned at birth, on your original birth certificate?

RESPONSE OPTIONS:

1. Male
2. Female
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

GENDER.

What is your current gender?

RESPONSE OPTIONS:

1. Man
2. Woman
3. Transgender
4. Non-binary
5. Other
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

GENDERX.

Just to confirm, you were assigned [SEX] at birth and currently describe yourself as a [GENDER]. Is that correct?

1. Yes
2. No [PROGRAMMING NOTE: RETURN TO SEX]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

GENDER3.

Would you say you are?

RESPONSE OPTIONS:

1. Transgender, male to female
2. Transgender, female to male
3. Transgender, gender non-conforming
4. Other (please specify): [TEXTBOX]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

SECTION 7: REPRODUCTIVE HEALTH

SEC9_INTRO.

The next few questions are about sexual and reproductive health and contain some sensitive topics. Please keep in mind that all answers are kept private.

Q33.

Have you had sexual intercourse in the past 12 months?

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q33A.

In the past 12 months, have your sexual partners been male, female, or both male and female?

- 1. Male only
- 2. Female only
- 3. Both male and female
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40C_M.

Do you or your most recent sexual partner have any medical conditions that make it impossible for them to ever get pregnant, or not?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40C_W.

Do you or your most recent sexual partner have any medical conditions that make it impossible for you to ever get pregnant, or not?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q33D_W.

Did you or your most recent sexual partner use a condom the last time you had sex, or not?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q39.

Have you had a sterilization procedure, such as getting your tubes tied or a vasectomy, or not?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q39_PM.

Has your most recent sexual partner had a sterilization procedure, such as getting their tubes tied or a vasectomy, or not?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40_W.

Are you currently pregnant, or not?

RESPONSE OPTIONS:

- 1. Yes, currently pregnant
- 2. No, not currently pregnant
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40A.

Are you currently trying to get pregnant, or not?

RESPONSE OPTIONS:

- 1. Yes, currently trying to get pregnant
- 2. No, not trying to get pregnant
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40AA_W.

How important is it for you to avoid becoming pregnant in the next month?

RESPONSE OPTIONS:

1. Very important
2. Somewhat important
3. Not very important
4. Not important at all
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42.

Have you or your sexual partner(s) used birth control or condoms in the past 12 months for any of the following reasons, or not?

RESPONSE OPTIONS:

1. Prevent pregnancy
2. Manage a medical condition
3. Prevent a sexually transmitted infection (STI)
4. Some other reason
5. Have not used birth control in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42A.

There are many reasons that people do not use birth control. Which of these is a reason that you did not use birth control or condoms?

RESPONSE OPTIONS, RANDOMIZE AND RECORD; RANDOMIZE 1-11 – LEAVE 12 AT BOTTOM OF LIST:

1. [WEB: I / PHONE: You] did not expect to have sex
2. [WEB: I / PHONE: You] did not think [CAWI: I; CATI: you] could get pregnant
3. [WEB: I / PHONE: You] didn't really mind if [WEB: I / PHONE: you] got pregnant
4. [WEB: I was / PHONE: You were] worried about or disliked the side effects of birth control
5. [WEB: My / PHONE: Your] partner or family was opposed to birth control
6. [WEB: I / PHONE: You] couldn't afford birth control
7. [WEB: I / PHONE: You] couldn't find a birth control method [CAWI: I was; CATI: you were] satisfied with
8. You or your partner couldn't get an appointment to get birth control
9. Religious reasons
10. [WEB: I / PHONE: You] didn't want to use birth control
11. [WEB: My / PHONE: Your] partner was sterilized or had a vasectomy
12. Didn't know which birth control [WEB: I / PHONE: you] wanted to use
13. Another reason (please specify)
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q33B_W.

Have you ever discussed birth control or condom use with your most recent sexual partner, or not?

RESPONSE OPTIONS:

1. Yes, we have discussed it
2. No, we have never discussed it
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q33C.

The last time you had sexual intercourse with a person of a different sex, did either one of you use birth control or condoms, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q40AA_M.

How important, if at all, is it for you to avoid getting your partner pregnant in the next month?

RESPONSE OPTIONS:

1. Very important
2. Somewhat important
3. Not very important
4. Not important at all
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

K1.

How much, if anything, have you heard of the following newer birth control methods?

- A. Annovera (the one-year vaginal ring)
- B. Phexxi (a vaginal birth control gel)
- C. Natural Cycles (an app to track your menstrual cycle and fertile periods)

RESPONSE OPTIONS:

1. A lot
2. Some
3. Not much
4. Nothing at all
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42B.

People may use many different types of birth control throughout their lifetime. Have you ever used any of the following birth control methods, or not?

GRID ITEMS, RANDOMIZE AND RECORD A-I, LEAVE J AT BOTTOM OF LIST:

- A. Birth control pills or oral contraceptives
- B. Injectable birth control, like Depo Provera
- C. The birth control patch, or Ortho Evra
- D. Vaginal ring or nuva-ring or Annovera
- E. An [IF WEB: IUD; IF PHONE: I-U-D] or intrauterine device
- F. Birth control implants, like Implanon or Norplant
- G. Male condoms
- H. Fertility awareness-based methods, such as the calendar rhythm method, cervical mucus or basal body temperature monitoring to prevent pregnancy
- I. Emergency contraception, sometimes known as Plan B or the morning-after pill
- J. Another method not listed

RESPONSE OPTIONS:

- 1. Yes, have used this method before
- 2. No, have not used before
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_A.

You indicated that you have used birth control pills or oral contraceptives. Have you used birth control pills or oral contraceptives in the past 12 months, or not?

RESPONSE OPTIONS:

- 1. Yes, have used this method in the past 12 months
- 2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q43.

When you got your last prescription of the pill, did your health care provider or pharmacist talk to you about receiving a 12-month or 12-pack supply of pills at one time?

RESPONSE OPTIONS:

- 1 Yes
- 2 No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42F_A.

When you got your last prescription of the pill, how many packs of pills did you receive?

[PHONE: READ LIST]

RESPONSE OPTIONS:

1. 1 to 2 packs
2. 3 to 5 packs
3. 6 to 11 packs
4. 12 packs
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_B.

You indicated that you have used injectable birth control, such as Depo Provera. Have you used injectable birth control in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_C.

You indicated that you have used the birth control patch. Have you used the birth control patch, or Ortho Evra in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42F_C.

When you got your last prescription of the patch, how many birth control patches did you receive?

RESPONSE OPTIONS:

1. 4 to 8 patches
2. 12 to 20 patches
3. 24 to 44 patches
4. 48 patches
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_D.

You indicated that you have used a vaginal or nuva-ring or Annovera. Have you used a vaginal ring or nuva-ring or Annovera in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42F_D.

When you got your last prescription of the ring, how many vaginal rings did you receive?

RESPONSE OPTIONS:

1. 1 to 2 monthly rings
2. 3 to 5 monthly rings
3. 6 to 11 monthly rings
4. 12 monthly rings
5. [PHONE: You / WEB: I] use Annovera, the one-year ring
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_E.

You indicated that you have used an [WEB: IUD / PHONE: I-U-D] or intrauterine device. Have you used an [WEB: IUD / PHONE: I-U-D] or intrauterine device in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_F.

You indicated that you have used birth control implants, like Implanon or Norplant. Have you used birth control implants in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_G.

You indicated that you have used male condoms. Have you used male condoms in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_H.

You indicated that you have used fertility awareness-based methods, such as the calendar rhythm method, cervical mucus or basal body temperature monitoring to prevent pregnancy. Have you used fertility awareness-based methods in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_I.

You indicated that you have used emergency contraception, sometimes known as Plan B or the morning-after pill. Have you used emergency contraception in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

EC1.

Thinking about the last time you got emergency contraception, did you get it with a prescription from your health care provider, or did you get it without a prescription?

1. Got it with a prescription
2. Got it without a prescription
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

EC2.

Did you have to pay anything out-of-pocket for the emergency contraception?

1. Yes
2. No
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42AB_J.

You indicated that you have used another method of birth control. Have you used this particular method of birth control in the past 12 months, or not?

RESPONSE OPTIONS:

1. Yes, have used this method in the past 12 months
2. No, have not used this method in the past 12 months
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

S1.

Did your health care provider talk to you about possible side effects of your current birth control method before you started using it?

RESPONSE OPTIONS:

1. Yes
2. No
3. [PHONE: You / WEB: I] don't remember
4. [PHONE: You are / WEB: I am] not currently using a birth control method
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

I1.

Please indicate your main source for information about possible side effects of birth control.

- 1 A doctor or health care provider
- 2 Family members or friends
- 3 A website
- 4 Social media (e.g., Facebook, Instagram, Twitter, TikTok)
- 5 Written materials (e.g., package labels, books, pamphlets, magazines)
- 6 Other [please explain]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

I2.

Where would you *prefer* to get information from about possible side effects of birth control?

[PHONE: READ LIST]

- 1 A doctor or health care provider
- 2 Family members or friends
- 3 A website
- 4 Social media (e.g., Facebook, Instagram, Twitter, TikTok)
- 5 Written materials (e.g., package labels, books, pamphlets, magazines)
- 6 Other

- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

S2.

Do you currently experience any side effects from your current birth control method that you wish you did not experience?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

S3.

Are any of the side effects you are currently experiencing unexpected or more severe than you expected?

RESPONSE OPTIONS:

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

S4.

Which of the following side effects, if any, do you currently experience from your current birth control method that were unexpected or more severe than you expected?

Select all that apply.

[PHONE: READ LIST]

- 1. Headaches or Migraines
- 2. Nausea
- 3. Bleeding or spotting
- 4. Weight gain
- 5. Bloating
- 6. Mood changes
- 7. Sore breasts
- 8. Changes in your periods (early, late, or stopping altogether)
- 9. Other side effects
- 10. None of these
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

S5.

Have you talked to your health care provider about the side effects you are experiencing from your birth control?

- 1. Yes
- 2. No
- 98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q42C.

If you could use any type of birth control method available, would you use a different method than you're currently using, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42CA.

If you could choose any type of birth control in the future, regardless of cost or other possible barriers, what method would you be most likely to use?

1. Birth control pills or oral contraceptives
2. Injectable birth control, like Depo Provera
3. The birth control patch, or Ortho Evra
4. Vaginal ring or nuva-ring or Annovera
5. An [WEB: IUD / PHONE: I-U-D] or intrauterine device
6. Birth control implants, like Implanon or Norplant
7. Male condoms
8. Partner's vasectomy
9. Fertility awareness-based methods, such as the calendar rhythm method, cervical mucus or basal body temperature monitoring to prevent pregnancy
10. Emergency contraception, sometimes known as Plan B or the morning-after pill
11. Another method not listed
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q42D.

What is the primary reason you are not using your preferred method of birth control?

RESPONSE OPTIONS:

1. [PHONE: Your / WEB: My] preferred method was not available
2. [PHONE: Your / WEB: My] partner or [PHONE: You / WEB: I] could not get an appointment to get [PHONE: your / WEB: my] preferred method
3. [PHONE: You / WEB: I] can't afford [PHONE: your / WEB: my] preferred method
4. [PHONE: You / WEB: I] have medical conditions that make [PHONE: you / WEB: me] ineligible for using [PHONE: your / WEB: my] preferred method
5. [PHONE: Your / WEB: My] provider recommended a different method
6. [PHONE: Your / WEB: My] partner does not want [PHONE: you / WEB: me] to use [PHONE: your / WEB: my] preferred method
7. [PHONE: You're / WEB: I'm] concerned about side effects
8. Other, please specify: [TEXTBOX]
- 98 Don't know

99 (DO NOT READ) Refused/Web blank

Q43A.

What additional information would you like to have known before choosing your birth control method?

Select all that apply.

1. Impact on menstruation/bleeding
2. Impact on sexual intercourse and/or sexual sensation
3. Other side effects associated with the method (e.g., weight gain, acne, impact on mood, migraines)
4. How to use it
5. How effective it is (how well it prevents pregnancy)
6. How long you can use it for
7. Whether method has hormones
8. How easy it is to stop using it
9. How soon you can get pregnant after you stop using it
10. Impact on breastfeeding
11. Other, please specify: [Textbox]
12. Nothing additional. [PHONE: I / WEB: You] had all the information that [PHONE: I / WEB: you] needed.

98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q44.

Even if you are not currently using birth control, have you ever missed taking your birth control on time because you weren't able to get your next supply of pills, patch, ring, or Depo shot on time, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q45.

Where did you have your most recent birth control care visit? Birth control care includes getting a method of birth control or a prescription for birth control; a check-up or medical test related to using birth control; or counseling or information about birth control.

RESPONSE OPTIONS:

1. Doctor's office
2. A Planned Parenthood
3. Another family planning clinic or a community health center
4. A school or school-based clinic or college health center
5. Walk-in clinic, such as an urgent care center or clinic inside a store
6. Pharmacy or drug store
7. Online birth control website or app (e.g., Nurx, The Pill Club, Hims or Hers)
8. Some other place

98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q45x.

Was this visit in-person or was it via the phone or virtually via video, also known as telemedicine or telehealth?

1. In-person

2. Telemedicine or telehealth

98. Don't know

99 (DO NOT READ) Refused/Web blank

Q45A.

If you could go anywhere, where would you *prefer* to get your birth control care?

RESPONSE OPTIONS:

1. A private doctor's office

2. A Planned Parenthood

3. Another family planning clinic or a community health center

4. A school or school-based clinic or college health center

5. A walk-in clinic, such as an urgent care center or clinic inside a store

6. A pharmacy or drug store

7. An online birth control website or app (e.g., Nurx, The Pill Club, Hims or Hers)

8. Some other place

98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q45B.

What is the main reason you would prefer to get birth control care at [INSERT RESPONSE FROM Q45A]?

1. It's where [PHONE: you / WEB: I] usually go

2. They have [PHONE: your / WEB: my] preferred method

3. They accept [PHONE: your / WEB: my] insurance

4. [PHONE: You / WEB: I] trust the providers

5. Convenience

6. A friend, family member, or someone else suggested it

7. Another reason not listed

98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q45C.

How would you rate the healthcare provider you saw most recently for your birth control care with respect to the following qualities?

GRID ITEMS:

A. Respecting you as a person

B. Letting you say what mattered to you about your birth control

C. Taking your preferences about your birth control seriously

- D. Giving you enough information to make the best decision about your birth control method

RESPONSE OPTIONS:

1. Poor
2. Fair
3. Good
4. Very Good
5. Excellent
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46.

The next few questions are about costs of your birth control method. How did you pay for your most recent birth control method?

RESPONSE OPTIONS:

1. [WEB: My / PHONE: Your] insurance covered the full cost
2. [WEB: My / PHONE: Your] insurance covered part of the cost and [WEB: I/ PHONE: you] paid the rest out-of-pocket
3. [WEB: I / PHONE: You] used Medicaid or some other public program
4. [WEB: I / PHONE: You] did not have any coverage for birth control and paid for it [WEB: myself / PHONE: yourself]
5. [WEB: I / PHONE: You] had coverage, but didn't use it, and paid for it [WEB: myself / PHONE: yourself]
6. Other
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46A.

You said your insurance covered part of the cost of your most recent birth control method and you paid the rest. How much did you pay out-of-pocket? Your best guess is fine.

[PHONE: READ LIST]

1. \$1 to \$4
2. \$5 to \$14
3. \$15 to \$24
4. \$25 to \$49
5. \$50 or more
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46B.

Most health insurance plans are required to cover the full cost of birth control. Why do you think you had to pay out-of-pocket for your birth control?

1. The health care provider who prescribed the birth control was not in [PHONE: your / WEB: my] health plan's network
2. The pharmacy [PHONE: you / WEB: I] used was not in [PHONE: your / WEB: my] health plan's network
3. [PHONE: You / WEB: I] wanted to use a certain brand that was not covered by [PHONE: your / WEB: my] health plan
4. [(IF Q22 = 1: [PHONE: Your / WEB: My]) (IF Q22 = 2 OR 4 [PHONE: Your / WEB: My] spouse, partner, or other family member's) (IF Q22 = 3: [PHONE: Your / WEB: My] parent's')] employer has a religious or moral objection to covering birth control and is exempt from the requirement
5. Some other reason [please specify]
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46C.

Did your health care provider or pharmacist offer you a no-cost alternative?

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46D.

In the past 12 months, have you had to stop using a birth control method because you couldn't afford it?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q46E.

Did you let your health care provider know that you could not use the birth control method because you couldn't afford it?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q47.

In the past 12 months, have you had problems getting your insurance to cover or pay the full cost of your *prescription* birth control, such as an IUD, implant, injection, patch, pill, or ring, or not?

RESPONSE OPTIONS:

1. Yes, had problems getting insurance to pay for prescribed birth control
2. No, did not have problems getting insurance to pay for prescribed birth control
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q47A.

When you had problems getting insurance to pay the full cost of your birth control, did you contact your insurance company and ask them to reconsider paying for it, sometimes called an appeal?

1. Yes, [PHONE: you / WEB: I] appealed the decision
2. No, [PHONE: you / WEB: I] did not appeal the decision
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q44A.

Some birth control pills may soon become available over the counter. That means they could be purchased without a prescription from a health care provider, similar to buying aspirin, Tylenol, and Claritin. Even if you wouldn't use this option yourself, would you generally favor or oppose making birth control pills available over the counter without a prescription if research showed they are safe and effective?

RESPONSE OPTIONS:

1. Strongly favor
2. Somewhat favor
3. Somewhat oppose
4. Strongly oppose
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

Q44B2.

If approved by the Food and Drug Administration (FDA), how likely would you personally be to use over-the-counter birth control pills that do not require a prescription?

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
- 98 Not sure
- 99 (DO NOT READ) Refused/Web blank

Q44C.

What is the main reason you would be likely to use over-the-counter birth control pills that do not require a prescription?

[PHONE: READ LIST]

1. It would be more convenient
2. It would be faster
3. It would save money
4. It would be more confidential
5. [If Q19 = 1] [PHONE: You / WEB: I] don't want to have to use [PHONE: your / WEB: my] health insurance to buy birth control pills
6. [PHONE: You / WEB: I] don't want to have to get a physical or pelvic exam
7. Some other reason [please explain]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q44D.

What is the main reason you [IF Q44B2 = 3 OR 4, INSERT: would be unlikely] [IF Q44B2 = 5, INSERT: are not sure how likely you would be] to use over-the-counter birth control pills?

1. Safety concerns
2. Prefer to talk to health care provider before starting or refilling birth control pills
3. Concerned about the cost
4. [Q19 = 1] Concerned about whether [PHONE: your / WEB: my] health insurance would cover them
5. Do not currently use birth control pills or do not plan to use them in the future
5. Some other reason [please explain]
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q44E.

What is the most you would be willing and able to pay per month for over-the-counter birth control pills?

1. \$0
2. \$1 to \$10
3. \$11 to \$20
4. \$21 to \$30
5. More than \$30
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

EC3.

Emergency contraception pills, sometimes known as Plan B or the Morning After pill, can prevent pregnancy after unprotected sex. As far as you know, are some emergency contraception pills available over-the-counter without a prescription from a doctor?

1. Yes
2. No
3. PHONE: DO NOT READ / WEB SHOW: I have never heard of emergency contraception
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

EC4.

If you, personally, wanted or needed emergency contraception, such as Plan B or the Morning After pill, in the near future, do you know where you could go to get it?

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q48.

Medication abortion, sometimes called the abortion pill or RU 486 involves taking medications to end a pregnancy. Medication abortion is not Plan B or the Morning After pill. Have you ever heard of a medication abortion, or not?

RESPONSE OPTIONS:

1. Yes, [PHONE: you / WEB: I] have heard of it
2. No, [PHONE: you / WEB: I] have not heard of it
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q41A.

Have you ever been pregnant, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 Don't know
- 99 (DO NOT READ) Refused/Web blank

Q41B.

Have you ever given birth, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know

99 (DO NOT READ) Refused/Web blank

Q41C.

Have you ever had a miscarriage, or not?

RESPONSE OPTIONS:

1. Yes
2. No
98. Don't know
- 99 (DO NOT READ) Refused/Web blank

Q41D.

Have you ever had an abortion, or not?

RESPONSE OPTIONS:

1. Yes
2. No
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank

Q41E.

If you personally wanted or needed an abortion in the near future, do you know what clinic or health care provider you could go to in order to get one?

1. Yes
2. No, but [PHONE: you / WEB: I] know where [PHONE: you / WEB: I] can find the information
3. No, [PHONE: you / WEB: I] don't know where [PHONE: you / WEB: I] could go and I don't know where I could find the information
- 98 (DO NOT READ) Don't know
- 99 (DO NOT READ) Refused/Web blank