

6.1H ONLINE SURVEY FOR Z-CAN PATIENTS (6-AND 12-MONTH FOLLOW-UP)

6.1 EXAMPLE OF ONLINE FOLLOW-UP SURVEY FOR PATIENTS (6-MONTH SURVEY AND 12-MONTH SURVEY VERSION A – FOR RESPONDENTS TO THE 6-MONTH SURVEY)

Welcome! The purpose of this survey is to learn about your satisfaction with the (INSERT PROGRAM) program. There are no right or wrong answers and participation is voluntary. The survey should take approximately 10 minutes to complete. All information will be kept confidential. Thank you!

English Version No.	Questions	Coding	Skip to No.
1	What is your current relationship status?	Single/never married 1 Partner (not cohabiting) 2 Cohabiting (not married) 3 Married 4 Separated/Divorced 5 Widowed 6	
2	During the past 6 months, have you had trouble paying for any of the following? (check all that apply)	Transportation 1 Housing 2 Medical care or medicine 3 Food 4 None of the above 5	
3	Do you want to prevent pregnancy now?	No 1 Yes 2	1 ► 5
4	What is the main reason you want to prevent pregnancy now? (Select one)	I cannot afford to have a baby (or another baby) now 1 I don't want to have a baby now 2 I don't want to get pregnant now because I am worried about Zika virus 3 Other _____ 4	1 ► 5
5	In the past 6 months, have you been pregnant?	No 1 Yes 2 Don't know 3	1 ► 11 3 ► 11

Note to Reviewers: Note to Reviewers: This is a web-based survey. The patient's ID were embedded in the backend of the survey (not visible to the participant) to allow for linking of 6-, 12-, 18- and 24-month survey results and programmatic data from the same participant. All skip patterns were programmed into the survey,

English Version No.	Questions	Coding	Skip to No.
6	How many times in the past 6 months have you been pregnant?	____ times	
7	Are you pregnant right now?	No 1 Yes 2 Don't know 3	
8	Thinking back to just before you got pregnant, how did you feel about becoming pregnant?	I wanted to be pregnant later 1 I wanted to be pregnant sooner 2 I wanted to be pregnant then 3 I didn't want to be pregnant then or at any time in the future 4 I wasn't sure what I wanted 5	1 ▶ 5
9	<i>When you got pregnant, were you or your husband or partner doing anything to keep from getting pregnant? Some things people do to keep from getting pregnant include using birth control pills, implants, condoms, withdrawal, or natural family planning.</i>	No 1 Yes 2	1 ▶ 11
10	What method of birth control were you using when you got pregnant? Check ALL that apply	IUD (Mirena, ParaGard, Liletta, or Skyla) 1 Contraceptive implant (Nexplanon) 2 Shots or injections (Depo-Provera) 3 Birth control pills 4 Contraceptive patch (Xulane) or vaginal ring (NuvaRing) 5 Condoms 6 Natural family planning (including rhythm method) 7 Withdrawal (pulling out) 8 Other_____ 9	
11	In the next 6 months, how would you feel if you got pregnant?	Very upset 1 Somewhat upset 2 Indifferent or don't care 3 Somewhat pleased 4 Very pleased 5 Don't know 6	

English Version No.	Questions	Coding	Skip to No.
12	How many times in the past 6 months have you been pregnant?	Hormonal IUD (Mirena, Skyla, Liletta) No 1 Yes 2 Copper IUD (ParaGard) No 1 Yes 2 Implant (Nexplanon) No 1 Yes 2 Contraceptive shot (DepoProvera) No 1 Yes 2 Birth control pills No 1 Yes 2 Contraceptive ring (Nuvaring) No 1 Yes 2 Contraceptive patch (Xulane) No 1 Yes 2 None of these methods No 1 Yes 2	2 ▶ LNG-IUD current 2 ▶ Cu-IUD current 2 ▶ Implant current 2 ▶ Depo current 2 ▶ Pills current 2 ▶ Ring current 2 ▶ Patch current
13	<p>Did you use any of these methods of birth control during the past 6 months, but you are not using it now? (select all that apply)</p> <p>Note– Survey will skip to section for each method marked “yes.” After those sections are completed, will skip to “Condom” section</p> <p>Note–If no to all methods, will skip to “Condom” section.</p>	Hormonal IUD (Mirena, Skyla, Liletta) No 1 Yes 2 Copper IUD (ParaGard) No 1 Yes 2 Implant (Nexplanon) No 1 Yes 2 Contraceptive shot (DepoProvera) No 1 Yes 2 Birth control pills No 1 Yes 2 Contraceptive ring (Nuvaring) No 1 Yes 2 Contraceptive patch (Xulane) No 1 Yes 2	2 ▶ LNG-IUD past 2 ▶ Cu-IUD past 2 ▶ Implant past 2 ▶ Depo past 2 ▶ Pills past 2 ▶ Ring past 2 ▶ Patch past If 1 to ALL ▶ Condom

English Version No.	Questions	Coding	Skip to No.
14	When did you start using the hormonal IUD (Mirena, Skyla, Liletta)?	MM / YYYY	
15	In the past 6 months, how satisfied have you been with your hormonal IUD?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 17
16	What are the main reasons you have not been very satisfied with your hormonal IUD? <i>(check all that apply)</i>	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner does not want me to use it 4 I want to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): _____ 7	
17	In the past 6 months, did your hormonal IUD ever completely fall out?	No 1 Yes 2	2 ▶ 21
18	In the past 6 months, was your hormonal IUD removed?	No 1 Yes 2	1 ▶ next applicable section
19	Did you pay a (INSERT PROGRAM) provider to have your IUD removed?	No 1 Yes 2 <i>if yes, show pop-up screen:</i> You should not have been asked to pay for your IUD removal. If you were asked to pay for a (INSERT PROGRAM) service, you may contact the (INSERT PROGRAM) program at (Insert Program email)	1 ▶ next applicable section

English Version No.	Questions	Coding	Skip to No.
20	Why did you have your hormonal IUD removed? (check all that apply)	It was in the wrong place 1 It was falling out 2 I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3 I experienced bleeding changes 4 I experienced side effects 5 It caused me pain 6 I wanted to get pregnant 7 Other _____ 8	
21	When did you have a new hormonal IUD inserted?	MM / YYYY	next applicable section
22	When did you start using the hormonal IUD (Mirena, Skyla, Liletta)?	MM / YYYY	
23	In the past 6 months, how satisfied were you with your hormonal IUD (Mirena, Skyla, Liletta)?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 25
24	What are the main reasons you were not very satisfied with your hormonal IUD? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner did not want me to use it 4 I wanted to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): _____ 7	
25	In the past 6 months, did your hormonal IUD ever completely fall out?	No 1 Yes 2	2 ▶ next applicable section
26	In the past 6 months, was your hormonal IUD removed?	No 1 Yes 2	

English Version No.	Questions	Coding	Skip to No.
27	Did you pay a (INSERT PROGRAM) provider to have your IUD removed?	No 1 Yes 2 if yes, show pop-up screen: You should not have been asked to pay for your IUD removal. If you were asked to pay for a (INSERT PROGRAM) service, you may contact the (INSERT PROGRAM) program at (Insert Program email)	
28	Did you talk with a (INSERT PROGRAM) provider before you stopped using your hormonal IUD (or had it removed)?	No 1 Yes 2	
29	Why did you stop using your hormonal IUD (or have it removed)? (check all that apply)	It was in the wrong place 1 It was falling out 2 I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3 I experienced bleeding changes 4 I experienced side effects 5 It caused me pain 6 My partner did not want me to use it 7 I wanted to get pregnant 8 I do not believe it is effective for birth control 9 Healthcare provider recommended I stop using it 10 Other reason (specify): _____ 11	next applicable section
30	When did you start using the copper IUD (ParaGard)?	MM / YYYY	
31	In the past 6 months, how satisfied have you been with your copper IUD?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 33

English Version No.	Questions	Coding	Skip to No.
32	What are the main reasons you have not been very satisfied with your copper IUD? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner does not want me to use it 4 I want to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): _____ 7	
33	In the past 6 months, did your copper IUD ever completely fall out?	No 1 Yes 2	2 ▶ 37
34	In the past 6 months, was your copper IUD removed?	No 1 Yes 2	1 ▶ next applicable section
35	Did you pay a (INSERT PROGRAM) provider to have your IUD removed?	No 1 Yes 2 <i>if yes, show pop-up screen:</i> You should not have been asked to pay for your IUD removal. If you were asked to pay for a (INSERT PROGRAM) service, you may contact the (INSERT PROGRAM) program at (Insert Program email)	
36	Why did you have your copper IUD removed? (check all that apply)	It was in the wrong place 1 It was falling out 2 I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3 I experienced bleeding changes 4 I experienced side effects 5 It caused me pain 6 I wanted to get pregnant 7 Other _____ 8	

English Version No.	Questions	Coding	Skip to No.
37	When did you have a new copper IUD inserted?	MM / YYYY	next applicable section
38	When did you start using the copper IUD (ParaGard)?	MM / YYYY	
39	In the past 6 months, how satisfied were you with your copper IUD?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 41
40	What are the main reasons you were not very satisfied with your copper IUD? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner did not want me to use it 4 I wanted to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): ____ 7	
41	In the past 6 months, did your copper IUD ever completely fall out?	No 1 Yes 2	next applicable section
42	In the past 6 months, was your copper IUD removed?	No 1 Yes 2	
43	Did you pay a (INSERT PROGRAM) provider to have your IUD removed?	No 1 Yes 2 if yes, show pop-up screen: You should not have been asked to pay for your IUD removal. If you were asked to pay for a (INSERT PROGRAM) service, you may contact the (INSERT PROGRAM) program at (Insert Program email)	

English Version No.	Questions	Coding	Skip to No.
44	Did you talk with a (INSERT PROGRAM) provider before you stopped using your copper IUD (or had it removed)?	No 1 Yes 2	
45	Why did you stop using your copper IUD (or have it removed)? (check all that apply)	It was in the wrong place 1 It was falling out 2 I had an infection (e.g. chlamydia, gonorrhea, pelvic inflammatory disease (PID)) 3 I experienced bleeding changes 4 I experienced side effects 5 It caused me pain 6 My partner did not want me to use it 7 I want to get pregnant 8 I do not believe it is effective for birth control 9 Healthcare provider recommended I stop using it 10 Other reason (specify): _____ 11	next applicable section
46	When did you start using the implant (Nexplanon)?	MM / YYYY	next applicable section
47	In the past 6 months, how satisfied have you been with your implant?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ► next appropriate section
48	What are the main reasons you have not been very satisfied with your implant? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner does not want me to use it 4 I want to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): _____ 7	next applicable section

English Version No.	Questions	Coding	Skip to No.
49	When did you start using the implant (Nexplanon)?	MM / YYYY	
50	In the past 6 months, how satisfied were you with the implant?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 52
51	What are the main reasons you were not very satisfied with your implant? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner does not want me to use it 4 I want to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): ____ 7	next applicable section
52	Did you pay a (INSERT PROGRAM) provider to have your implant removed?	No 1 Yes 2 if yes, show pop-up screen: You should not have been asked to pay for your IUD removal. If you were asked to pay for a (INSERT PROGRAM) service, you may contact the (INSERT PROGRAM) program at (Insert Program email)	
53	Did you talk with a (INSERT PROGRAM) provider before you had your implant removed?	No 1 Yes 2	1 ▶ next appropriate section
54	Why did you have your implant removed? (check all that apply)	I experienced bleeding changes 1 I experienced side effects 2 It caused me pain 3 My partner does not want me to use it 4 I want to get pregnant 5 I do not believe it is effective for birth control 6 Other reason (specify): ____ 7	next applicable section

English Version No.	Questions	Coding	Skip to No.
55	When did you start using the contraceptive shot (Depo Provera)?	MM / YYYY	
56	What was the date of your most recent shot?	MM / YYYY	
57	In the past 6 months, how satisfied have you been with the contraceptive shot?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	
58	What are the main reasons you have not been very satisfied with the contraceptive shot? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): ____ 9	next applicable section
59	When did you start using the contraceptive shot (Depo Provera)?	MM / YYYY	
60	In the past 6 months, how satisfied were you with the contraceptive shot (Depo Provera)?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ► 62
61	What are the main reasons you were not very satisfied with the contraceptive shot? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): ____ 9	

English Version No.	Questions	Coding	Skip to No.
62	Did you talk with a (INSERT PROGRAM) provider before you stopped using the contraceptive shot?	No 1 Yes 2	next applicable section
63	Why did you stop using the contraceptive shot? (check all that apply)	It was not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner did not want me to use it 6 I wanted to get pregnant 7 I do not believe it is effective for birth control 8 Healthcare provider recommended I stop using it 9 I had trouble getting to a (INSERT PROGRAM) clinic for shots 10 Other reason (specify): _____ 11	
64	When did you start using the birth control pill?	MM / YYYY	
65	In the past 6 months, how satisfied have you been with using the birth control pill?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 67
66	What are the main reasons you have not been very satisfied using the birth control pill? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): _____ 9	

English Version No.	Questions	Coding	Skip to No.
67	The last time that you got birth control pills from a (INSERT PROGRAM) provider, how many packs of pills did you receive?	1 pack 1 2 packs 2 3 packs 3 4-6 packs 4 7-9 packs 5 10-12 packs 6 13 or more packs 7	
68	In the past 6 months, how satisfied have you been with using the birth control pill?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ next applicable section
69	Why was it difficult for you to get more pills when you needed them? <i>Select all that apply</i>	Distance to the (INSERT PROGRAM) clinic 1 Hard to get to the (INSERT PROGRAM) clinic 2 Remembering to go to the (INSERT PROGRAM) clinic 3 Finding the time to go to the (INSERT PROGRAM) clinic 4 Pills were too expensive 5 Other reason _____ 6	
70	When did you start using the birth control pill?	MM / YYYY	
71	In the past 6 months, how satisfied were you with using the birth control pill?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 73
72	What are the main reasons you were not very satisfied using the birth control pill? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): _____ 9	

English Version No.	Questions	Coding	Skip to No.
73	The last time that you got birth control pills from a (INSERT PROGRAM) provider, how many packs of pills did you receive?	1 pack 1 2 packs 2 3 packs 3 4-6 packs 4 7-9 packs 5 10-12 packs 6 13 or more packs 7	
74	During the past 6 months, how difficult was it for you to get more pills when you needed them?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 76
75	Why was it difficult for you to get more pills when you needed them? <i>Select all that apply</i>	Distance to the (INSERT PROGRAM) clinic 1 Hard to get to the (INSERT PROGRAM) clinic 2 Remembering to go to the (INSERT PROGRAM) clinic 3 Finding the time to go to the (INSERT PROGRAM) clinic 4 Pills were too expensive 5 Other reason _____ 6	
76	Did you talk with a (INSERT PROGRAM) provider before you stopped using the pill?	MM / YYYY	
77	Why did you stop using the birth control pill? (check all that apply)	It was not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner did not want me to use it 6 I wanted to get pregnant 7 I do not believe it is effective for birth control 8 Healthcare provider recommended I stop using it 9 Too hard to remember to take a pill every day 10 Too hard to get pills from (INSERT PROGRAM) clinic 11 Other reason (specify): _____ 12	next applicable section

English Version No.	Questions	Coding	Skip to No.
78	When did you start using the ring (Nuvaring)?	MM / YYYY	
79	In the past 6 months, how satisfied have you been with the ring?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 81
80	What are the main reasons you have not been very satisfied with the ring? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): ____ 9	
81	During the past 6 months, how hard has it been for you to get more rings when you need them?	Very satisfied 1 Somewhat satisfied 2 Not satisfied	1 ▶ next appropriate section
82	Why has it been difficult for you to get more rings when you needed them? <i>Select all that apply</i>	Distance to the (INSERT PROGRAM) clinic 1 Hard to get to the (INSERT PROGRAM) clinic 2 Remembering to go to the (INSERT PROGRAM) clinic 3 Finding the time to go to the (INSERT PROGRAM) clinic 5 Other reason _____ 6	next applicable section
83	When did you start using the ring (Nuvaring)?	MM / YYYY	
84	In the past 6 months, how satisfied were you with the ring?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 86

English Version No.	Questions	Coding	Skip to No.
85	What are the main reasons you were not very satisfied with the ring? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): ____ 9	1 ▶ 81
86	During the past 6 months, how hard was it for you to get more rings when you need them?	Not difficult 1 Somewhat difficult 2 Very difficult 3	1 ▶ 88
87	Why was it difficult for you to get more rings when you needed them? <i>Select all that apply</i>	Distance to the (INSERT PROGRAM) clinic 1 Hard to get to the (INSERT PROGRAM) clinic 2 Remembering to go to the (INSERT PROGRAM) clinic 3 Finding the time to go to the (INSERT PROGRAM) clinic 5 Other reason_____ 6	
88	Did you talk with a (INSERT PROGRAM) provider before you stopped using the ring?	No 1 Yes 2	

English Version No.	Questions	Coding	Skip to No.
89	Why did you stop using the ring? (check all that apply)	It was not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner did not want me to use it 6 I wanted to get pregnant 7 I do not believe it is effective for birth control 8 Healthcare provider recommended I stop using it 9 Too hard to remember to take a pill every day 10 Too hard to get pills from (INSERT PROGRAM) clinic 11 Other reason (specify): ____ 12	next applicable section
90	When did you start using the patch?	MM / YYYY	
91	In the past 6 months, how satisfied have you been with the patch?	Very satisfied 1 Somewhat satisfied 2 Not satisfied 3	1 ▶ 93
92	What are the main reasons you have not been very satisfied with the patch? (check all that apply)	It is not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner does not want me to use it 6 I want to get pregnant 7 I do not believe it is effective for birth control 8 Other reason (specify): ____ 9	
93	During the past 6 months, how hard has it been for you to get more patches when you need them?	Not difficult 1 Somewhat difficult 2 Very difficult 3	1 ▶ next appropriate section

English Version No.	Questions	Coding	Skip to No.
94	<p>Why has it been difficult for you to get more patches when you needed them?</p> <p><i>Select all that apply</i></p>	<p>Distance to the (INSERT PROGRAM) clinic 1</p> <p>Hard to get to the (INSERT PROGRAM) clinic 2</p> <p>Remembering to go to the (INSERT PROGRAM) clinic 3</p> <p>Finding the time to go to the (INSERT PROGRAM) clinic 5</p> <p>Other reason _____ 6</p>	next applicable section
95	When did you start using the patch?	MM / YYYY	
96	In the past 6 months, how satisfied were you with the patch?	<p>Very satisfied 1</p> <p>Somewhat satisfied 2</p> <p>Not satisfied 3</p>	1 ▶ 98
97	What are the main reasons you were not very satisfied with the patch? (check all that apply)	<p>It is not convenient for me 1</p> <p>I experienced bleeding changes 2</p> <p>I experienced side effects 3</p> <p>It caused me pain 4</p> <p>It was too expensive for me 5</p> <p>My partner does not want me to use it 6</p> <p>I want to get pregnant 7</p> <p>I do not believe it is effective for birth control 8</p> <p>Other reason (specify): ____ 9</p>	
98	During the past 6 months, how hard has it been for you to get more patches when you need them?	<p>Not difficult 1</p> <p>Somewhat difficult 2</p> <p>Very difficult 3</p>	1 ▶ 100
99	<p>Why was it difficult for you to get more patches when you needed them?</p> <p><i>Select all that apply</i></p>	<p>Distance to the (INSERT PROGRAM) clinic 1</p> <p>Hard to get to the (INSERT PROGRAM) clinic 2</p> <p>Remembering to go to the (INSERT PROGRAM) clinic 3</p> <p>Finding the time to go to the (INSERT PROGRAM) clinic 5</p> <p>Other reason _____ 6</p>	

English Version No.	Questions	Coding	Skip to No.
100	Did you talk with a (INSERT PROGRAM) provider before you stopped using the patch?	No 1 Yes 2	
101	Why did you stop using the patch? (check all that apply)	It was not convenient for me 1 I experienced bleeding changes 2 I experienced side effects 3 It caused me pain 4 It was too expensive for me 5 My partner did not want me to use it 6 I wanted to get pregnant 7 I do not believe it is effective for birth control 8 Healthcare provider recommended I stop using it 9 Too hard to remember to take a pill every day 10 Too hard to get pills from (INSERT PROGRAM) clinic 11 Other reason (specify): _____ 12	next applicable section
102	During the past 6 months, how often have you and your partner(s) used condoms?	Never 1 Sometimes 2 Most of the time 3 Always 4	1 ▶ 104
103	Why do you and your partner(s) use condoms? (select all that apply)	To prevent sexually transmitted infections (Chlamydia, gonorrhea, HIV, etc.) 1 To prevent pregnancy 2 To prevent Zika virus infection 3 Other _____ 4	

English Version No.	Questions	Coding	Skip to No.
104	During the past 6 months, did you use any of these other birth control methods? (select all that apply)	Withdrawal (pulling out) No 1 Yes 2 Tubal sterilization (female) No 1 Yes 2 Vasectomy (male sterilization) No 1 Yes 2 Rhythm method or fertility awareness No 1 Yes 2 Other _____ No 1 Yes 2	