

Consent:

1. Consent:

Study Title: _

Principal Investigator: _

You are being asked to participate in a research study. Your participation in this research study is voluntary and you do not have to participate. Participation will not affect any past, present, or future care that you may be able to access at __. Questions regarding insurance and income are strictly for the purposes of research and will in no way disqualify you from receiving services in the future. Some survey questions discuss topics that might be traumatic for some participants. These topics include pregnancy, miscarriage, and abortion. Participants are encouraged to consider how these topics and past traumatic incidents might affect them prior to consenting to the study.

This document contains important information about this study and what to expect if you decide to participate. Please consider the information carefully. Feel free to ask questions before making your decision on whether or not to participate.

- The purpose of this study is to ask community members about their reproductive healthcare choices
- Requirements of the study include taking a short anonymous survey, estimated to total 5 minutes
- There are no expected risks to you as a result of participating in this study. You will not benefit directly from participating in this study.
- No identifying information will be collected. All research data will be encrypted and password protected.

The information that you provide in the study will be handled confidentially. However, there may be circumstances where this information must be released or shared as required by law.

For questions, concerns, or complaints about the study you may contact __ at __.

For questions about your rights as a participant in this study or to discuss other study-related concerns or complaints with someone who is not part of the research team, you may contact the __ or online at __

I have read (or someone has read to me) this form, and I am aware that I am being asked to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to participate in this study.

I am not giving up any legal rights by signing this form. I will be given a copy of this form.

By clicking here I:

- Agree to participate
- Decline to participate

Reproductive History

2. How many times have you been pregnant?
3. (*Trigger if answer to 2 is ≥ 1) Of these, how many term births (greater than 37 weeks of pregnancy) have you had?
4. (*Trigger if answer to 2 is ≥ 1) Of these, how many preterm births (less than 37 weeks of pregnancy) have you had?
5. (*Trigger if answer to 2 is ≥ 1) Of these, how many miscarriages have you had?
6. (*Trigger if answer to 2 is ≥ 1) Of these, how many abortions have you had?
7. (*Trigger if answer to 2 is ≥ 1) How many living children do you have?

Past, current, and future contraceptive use

8. Which contraceptive method(s) have you used at any point in time in the past (select all that apply)?
 - Pull-out/withdrawal method
 - Rhythm method/Cycle Planning/Natural Family Planning
 - Condom
 - Diaphragm
 - Combined oral contraceptive pill (Birth control pill)
 - Progesterone only pill (mini-pill)
 - Contraceptive patch (the patch)
 - Vaginal Ring (e.g., Nuva Ring)
 - Contraceptive injection (e.g., Depo shot)
 - Contraceptive Implant (e.g., Nexplanon)
 - Intrauterine Device (IUD)/Coil (e.g., Mirena)
 - Emergency Contraception (e.g., Plan B)
 - Sterilization: Tubal Ligation (i.e., Tubes Tied)/Hysterectomy
 - Sterilization: Vasectomy
 - None
 - Prefer Not to Answer
9. What were your primary reasons for using this/these form(s) of contraception (select all that apply)?
 - Prevent pregnancy
 - Prevent sexually-transmitted infections (STIs)
 - Treat painful periods/menstrual cramps
 - Treat heavy/irregular bleeding

- Treat PCOS (Polycystic Ovarian Syndrome)
 - Treat Premenstrual (PMS) Symptoms
 - Treat Endometriosis/Fibroid
 - Treat Migraines
 - Treat Acne
 - Regulate Cycle
 - Other:
10. Which contraceptive method(s) do you currently use (select all that apply)?
- Pull-out/withdrawal method
 - Rhythm method/Cycle Planning/Natural Family Planning
 - Condom
 - Diaphragm
 - Combined oral contraceptive pill (Birth control pill)
 - Progesterone only pill (mini-pill)
 - Contraceptive patch (the patch)
 - Vaginal Ring (e.g., Nuva Ring)
 - Contraceptive injection (e.g., Depo shot)
 - Contraceptive Implant (e.g., Nexplanon)
 - Intrauterine Device (IUD)/Coil (e.g., Mirena)
 - Emergency Contraception (e.g., Plan B)
 - Sterilization: Tubal Ligation (i.e., Tubes Tied)/Hysterectomy
 - Sterilization: Vasectomy
 - None
 - Prefer Not to Answer
11. What are your primary reasons for using this/these form(s) of contraception (select all that apply)?
- Prevent pregnancy
 - Prevent sexually-transmitted infections (STIs)
 - Treat painful periods/menstrual cramps
 - Treat heavy/irregular bleeding
 - Treat PCOS (Polycystic Ovarian Syndrome)
 - Treat Premenstrual (PMS) Symptoms
 - Treat Endometriosis/Fibroid
 - Treat Migraines
 - Treat Acne
 - Regulate Cycle
 - Other:
12. Do you plan to change your current contraceptive method?
- Yes
 - No
 - Not sure
 - Not using contraception currently
 - Prefer Not to Answer
13. (*Trigger if answer to 12 is yes) What other methods are you considering?

- Pull-out/withdrawal method
- Rhythm method/Cycle Planning/Natural Family Planning
- Condom
- Diaphragm
- Combined oral contraceptive pill (Birth control pill)
- Progesterone only pill (mini-pill)
- Contraceptive patch (the patch)
- Vaginal Ring (e.g., Nuva Ring)
- Contraceptive injection (e.g., Depo shot)
- Contraceptive Implant (e.g., Nexplanon)
- Intrauterine Device (IUD)/Coil (e.g., Mirena)
- Emergency Contraception (e.g., Plan B)
- Sterilization: Tubal Ligation (i.e., Tubes Tied)/Hysterectomy
- Sterilization: Vasectomy
- None
- Prefer Not to Answer

14. (*Trigger if answer to 12 is yes) What are the reasons that you have considered/might consider switching or adding another method (Select all that apply)?

- More effective at preventing pregnancy
- More effective at preventing STIs
- Cost
- Difficulty using the method as prescribed
- Safety
- Associated Adverse Side Effects (Please List):
- Partner's Desires
- Dissatisfied with Current Method
- Other:

15. (*Trigger if answer to 12 is yes) What methods would you not consider using?

- Pull-out/withdrawal method
- Rhythm method/Cycle Planning/Natural Family Planning
- Condom
- Diaphragm
- Combined oral contraceptive pill (Birth control pill)
- Progesterone only pill (mini-pill)
- Contraceptive patch (the patch)
- Vaginal Ring (e.g., Nuva Ring)
- Contraceptive injection (e.g., Depo shot)
- Contraceptive Implant (e.g., Nexplanon)
- Intrauterine Device (IUD)/Coil (e.g., Mirena)
- Emergency Contraception (e.g., Plan B)
- Sterilization: Tubal Ligation (i.e., Tubes Tied)/Hysterectomy
- Sterilization: Vasectomy
- None
- Prefer Not to Answer

16. (*Trigger if answer to 12 is yes) For each method you would not consider, what are some reasons you would not consider it?
- Less effective at preventing pregnancy
 - Less effective at preventing STIs
 - Cost
 - Difficulty using the method as prescribed
 - Safety
 - Associated Adverse Side Effects (Please List):
 - Partner's Desires
 - Satisfied with Current Method
 - Other:

Abortion-related care

17. What are reasons you might consider an abortion?
18. What challenge(s) have you experienced or would you expect when trying to get an abortion (Select All that Apply)?
- **Identification of pregnancy** - Knowing if I am pregnant or not
 - **Familiarity** -I don't understand the process of abortions, I don't know what an abortion is, I don't know which option is best for me
 - **Access**
 - i. Legal/perceived legal barriers - I don't know if abortions are legal, I don't know where to get an abortion, I don't know how late in a pregnancy I can get an abortion
 - ii. Cost - I don't know how much it costs, I have looked into it but it is too expensive, It is not covered by insurance
 - iii. Logistics - There is not enough availability for scheduling abortions, There are not enough places that provide abortions, I do not have transportation to and from an abortion appointment, I don't have anyone to take care of me after an abortion, I don't have child care during or after an abortion, I cannot miss time from work/school to get an abortion or recover, An abortion is too time consuming
 - **Perceived effectiveness** - I am not sure if abortions work at this point in my pregnancy, what if the abortion does not work
 - **Safety** - I don't know if I can trust staff, I don't know if abortions are safe, I have seen news of planned parenthoods being attacked or harassed, I am afraid of protestors outside of the clinic
 - **Side effects** - I am afraid of not being able to get pregnant again after an abortion, I am afraid of it being a painful experience, I am afraid of the side effects of the abortion, I do not know what the side effects are short term and long term
 - **Partner-related factors** - I am afraid of my partner finding out, I am afraid my partner will judge me, I am afraid I will need my partner's permission, I am afraid

- my partner will leave me or cut me off, I am afraid my partner will harm me, I am afraid of disappointing my partner
- **Family Factors** - I am afraid of my loved ones finding out, I am afraid my family will judge me, I am afraid I will need my loved ones' permission, I am afraid my loved ones will abandon me, I am afraid my loved ones will kick me out of our home or cut me off financially, I am afraid of disappointing my loved ones
 - **Misc** - Abortions are against my religion, Abortions are against my culture, I am afraid to be seen while seeking an abortion, I am afraid getting an abortion will harm my mental health, I am afraid people will gossip/talk about me, I don't have anyone to accompany me to my appointment, I am afraid of being alone during the abortion,
 - **Regret** - I am afraid I will regret an abortion later on
 - **Other:**
 - **Unsure**
 - **Prefer Not to Answer**

Background Characteristics/Demographics

19. Select which of the following applies to you:
- I was born with a uterus and ovaries and still have them
 - I was born with a uterus and ovaries and have had my uterus and/or my ovaries removed (e.g., hysterectomy, oophorectomy)
 - I was not born with a uterus and/or ovaries
 - I'm unsure/Other: _
 - Prefer Not to Answer
20. Have you gone through menopause?
- Yes
 - No
 - I'm Unsure
 - Prefer Not to Answer
21. (*Trigger if answer to 20 is "Yes") At what age did you go through menopause?
22. What is your age?
- 18-21
 - 22-25
 - 26-29
 - 30-34
 - 35-39
 - 40-44
 - 45-49
 - 50-65
 - Over 65
 - Prefer Not to Answer
23. What languages do you speak? (Check all that apply)

- English
- Spanish
- French
- Navajo
- German
- Tagalog
- Chinese
- Vietnamese
- French
- Arabic
- Apache
- Korean
- Italian
- Other:
- Prefer Not to Answer

24. What language do you prefer to use in a healthcare setting? (Select one)

- English
- Spanish
- French
- Navajo
- German
- Tagalog
- Chinese
- Vietnamese
- French
- Arabic
- Apache
- Korean
- Italian
- Other:
- Prefer Not to Answer

25. How would you describe your race/ethnicity (if you would prefer not to answer, please enter "Prefer not to answer")?

26. How would you describe your sexual orientation (if you would prefer not to answer, please enter "Prefer not to answer")?

27. How would you describe your gender identity (if you would prefer not to answer, please enter "Prefer not to answer")?

28. How many children live in your household?

29. How many total children and adults (18+) live in your household (including yourself)?

- 1
- 2
- 3
- 4
- 5

- 6 or more
- 30. What is your household income level (i.e., total income from all members of your household)?
 - (*Trigger if answer to 29 is 1 or no answer)
 - i. <\$14,580
 - ii. \$14,581 - \$36,450
 - iii. \$36,451 - \$58,320
 - iv. >\$58,321
 - v. No current income
 - vi. Prefer Not to Answer
 - (*Trigger if answer to 29 is 2-person household)
 - i. <\$19,720
 - ii. \$19,721 - \$49,300
 - iii. \$49,300 - \$78,880
 - iv. >\$78,880
 - v. No current income
 - vi. Prefer Not to Answer
 - (*Trigger if answer to 29 is 3-person household)
 - i. <\$24,860
 - ii. \$24,860 - \$62,150
 - iii. \$62,151 - \$ 99,440
 - iv. > \$99,440
 - v. No current income
 - vi. Prefer Not to Answer
 - (*Trigger if answer to 29 is 4-person household)
 - i. <\$30,000
 - ii. \$30,001 - \$75,000
 - iii. \$75,001 - \$120,000
 - iv. >\$120,001
 - v. No current income
 - vi. Prefer Not to Answer
 - (*Trigger if answer to 29 is 5-person household)
 - i. <\$35,140
 - ii. \$35,141 - \$87,850
 - iii. \$87,851 - \$140,560
 - iv. >\$140,561
 - v. No current income
 - vi. Prefer Not to Answer
 - (*Trigger if answer to 29 is 6-person household)
 - i. <\$40,280
 - ii. \$40,281 - \$100,700
 - iii. \$100,701 - \$161,120
 - iv. >\$161,121
 - v. No current income

vi. Prefer Not to Answer

31. Are you insured?

- Yes
- No
- Prefer Not to Answer

32. (*Trigger if answer to 31 is "Yes")

What type of insurance coverage do you have (Select All that Apply)?

- Medicaid/ACCCHS
- Medicare
- Marketplace
- Employer-HMO
- Employer-PPO
- Self/Spouse-HMO
- Self/Spouse-PPO
- I Don't Know/I'm Not Sure
- Prefer Not to Answer

33. What is your highest level of education completed?

- No formal schooling
- Some Elementary School
- Completed Elementary School (Grades K-5)
- Some Middle School
- Completed Middle School (Grades 6-8)
- Some High School
- Completed High School (Grades 9-12)/GED
- Some College
- Completed Trade School/Certification
- Completed 2-year College Degree
- Completed 4-year College Degree
- Some Graduate/Professional School
- Completed Graduate/Professional Degree
- Prefer Not to Answer

34. Which county do you live in for the majority of the year?

- Maricopa County
- Pima County
- Pinal County
- Yavapai County
- Mohave County
- Yuma County
- Coconino County
- Cochise County
- Navajo County
- Apache County
- Gila County
- Santa Cruz County

- Graham County
 - La Paz County
 - Greenlee County
 - Outside AZ
 - Prefer Not to Answer
35. What is your present religion, if any?
- Agnostic (not sure if there is a God)
 - Atheist (do not believe in God)
 - Buddhist
 - Catholic (including Roman Catholic and Orthodox)
 - Christian
 - Hindu
 - Jewish
 - Latter day saints/Mormon
 - Muslim
 - Protestant
 - Sikh
 - Spiritual but not religious
 - Nothing
 - Other:
 - Prefer Not to Answer
36. Were there any months in the past year where you experienced being homeless/unhoused/houseless and/or experienced housing instability (e.g., struggled to pay rent, had to delay your rent payment(s), lived out of your car, stayed on a friend's couch/bed, lived in a hotel/motel, lived at a shelter)?
- Yes
 - No
 - Prefer Not to Answer
37. What are your primary form(s) of transportation (Select all that apply)?
- Walking
 - Bicycling/Scooter/Skateboard/Roller Skates
 - Bus
 - Train/Tram/Streetcar
 - Ride Share (e.g., Uber, Lyft, Taxi)
 - Carpool/Borrow Car
 - Personal Vehicle (e.g., car, truck, motorcycle, etc.)
 - Other: _
 - Prefer Not to Answer

Links to Template Questionnaires:

- <https://reproductive-health-journal.biomedcentral.com/articles/10.1186/s12978-016-0268-z>
- <https://www.cdc.gov/nchs/data/nsfg/NSFG-2017-2019-FemaleCAPlite-forPUF-508.pdf>
- https://www.nationalfamilyplanning.org/file/Needs-Assessment_ResourceGuide.pdf
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609226/pdf/nihms696805.pdf>
- https://www.plannedparenthood.org/uploads/filer_public/b8/e6/b8e64425-f85b-4404-a8d4-065c0395705f/cna_2020_uhpp_final.pdf
- https://www.cdc.gov/reproductivehealth/global/tools/docs/pdf/rhatoolkitquestionnaireupdatedseptember2011_final_tag508.pdf
- https://www.gutmacher.org/sites/default/files/dataset_documents/ns-questionnaire2009.pdf