

ICPSR 32561

## **Border Contraceptive Access Study, El Paso, Texas 2005-2008**

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Baseline Interview Questionnaire (English)

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**\*English Version\***



**\*BASELINE INTERVIEW\***


The information provided is completely confidential.

001.	Name of Interviewer	_____	
002.	Language of Interview	English..... 1 Spanish. ....2	
003.	Source of last pill pack	EP Area Clinic (which?)..... 1 _____ (SPECIFY CLINIC) Farmacia in Mexico (which?).....2 _____ (SPECIFY FARMACIA)	
004.	Screening Question #1: Do you take the pill for contraception or do you take it <u>only</u> to regulate your cycle or to control acne?	Yes, for contraception ..... 1 <b>No, uses pill for other reason.....2</b>	<b>→STOP</b>
005.	Screening Question #2: Do you think that you might be pregnant? <b>*If participant thinks she might be pregnant, give her a "Pregnancy Referral Form."*</b>	No, not pregnant..... 1 <b>Yes, might be pregnant.....2</b>	
006.	Location of Interview	Home..... 1 Other (where?) .....2 _____ (LOCATION OF INTERVIEW)	
007.	Date of interview (1st visit)	_ _   _ _   _ _ _ _ _  day month year	
008.	Time interview began (1st visit) <b>[NOTE: Use 24 hour clock (ex. 1 pm = 13:00)]</b>	Beginning time..... _   _ _  :  _ _ _ _	<b>→ 101</b>
009.	<b>[ANSWER AFTER INTERVIEW COMPLETED]</b> Time interview ended (1st visit) <b>[NOTE: Use 24 hour clock (ex. 1 pm = 13:00)]</b>	Ending time ..... _   _ _  :  _ _ _ _	
010.	Interview completed in one visit	Yes ..... 1 No.....2	<b>→ 011</b>
011.	<i>Date of interview (2nd visit)</i>	_ _   _ _   _ _ _ _ _  day month year	
012.	<i>Time interview began (2nd visit)</i>	Beginning time..... _   _ _  :  _ _ _ _	
013.	<i>Time interview ended (2nd visit)</i>	Ending time ..... _   _ _  :  _ _ _ _	






\*\*\*\*\***BASELINE REVIEW**\*\*\*\*\*

A. Interviewer Review Date:
Initials:

# I. SOCIODEMOGRAPHIC CHARACTERISTICS

101.	In what month and year were you born?	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> _ _ _ </td> <td style="border: none; text-align: center;"> _ _ _ _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">month</td> <td style="border: none; text-align: center;">year</td> </tr> </table>		_ _ _	_ _ _ _ _	month	year																																
_ _ _	_ _ _ _ _																																						
month	year																																						
102.	How old are you?	Years.....  _ _ _																																					
103.	Where were you born?	El Paso, Texas ..... 1 Other in U.S. .... 2 Ciudad Juarez ..... 3 Other in Mexico ..... 4 Other country (specify) ..... 5 NR..... 9																																					
104.	What was the last year in school that you completed?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>NONE</td> <td>NINGUNO..... 00</td> </tr> <tr> <td>Grade School 1st</td> <td>Primaria 1<sup>o</sup> ..... 01</td> </tr> <tr> <td>2nd</td> <td>2<sup>o</sup> ..... 02</td> </tr> <tr> <td>3rd</td> <td>3<sup>o</sup> ..... 03</td> </tr> <tr> <td>4th</td> <td>4<sup>o</sup> ..... 04</td> </tr> <tr> <td>5th</td> <td>5<sup>o</sup> ..... 05</td> </tr> <tr> <td>Middle School 6th</td> <td>6<sup>o</sup> ..... 06</td> </tr> <tr> <td>Junior High 7th</td> <td>Secundaria 1<sup>o</sup> ..... 07</td> </tr> <tr> <td>8th</td> <td>o carrera 2<sup>o</sup> ..... 08</td> </tr> <tr> <td>High School 9th</td> <td>técnica/comercial 3<sup>o</sup> ..... 09</td> </tr> <tr> <td>10th</td> <td>Preparatoria 1<sup>o</sup> ..... 10</td> </tr> <tr> <td>11th</td> <td>o carrera 2<sup>o</sup> ..... 11</td> </tr> <tr> <td>12th</td> <td>técnica/comercial 3<sup>o</sup> ..... 12</td> </tr> <tr> <td>University 13th</td> <td>Professional o 1<sup>o</sup> ..... 13</td> </tr> <tr> <td>14th</td> <td>o carrera 2<sup>o</sup> ..... 14</td> </tr> <tr> <td>15th</td> <td>técnica/comercial 3<sup>o</sup> ..... 15</td> </tr> <tr> <td>B.A./B.S. 16th</td> <td>4<sup>o</sup> ..... 16</td> </tr> <tr> <td>Graduate work</td> <td>5<sup>o</sup> ..... 17</td> </tr> </table>	NONE	NINGUNO..... 00	Grade School 1st	Primaria 1 <sup>o</sup> ..... 01	2nd	2 <sup>o</sup> ..... 02	3rd	3 <sup>o</sup> ..... 03	4th	4 <sup>o</sup> ..... 04	5th	5 <sup>o</sup> ..... 05	Middle School 6th	6 <sup>o</sup> ..... 06	Junior High 7th	Secundaria 1 <sup>o</sup> ..... 07	8th	o carrera 2 <sup>o</sup> ..... 08	High School 9th	técnica/comercial 3 <sup>o</sup> ..... 09	10th	Preparatoria 1 <sup>o</sup> ..... 10	11th	o carrera 2 <sup>o</sup> ..... 11	12th	técnica/comercial 3 <sup>o</sup> ..... 12	University 13th	Professional o 1 <sup>o</sup> ..... 13	14th	o carrera 2 <sup>o</sup> ..... 14	15th	técnica/comercial 3 <sup>o</sup> ..... 15	B.A./B.S. 16th	4 <sup>o</sup> ..... 16	Graduate work	5 <sup>o</sup> ..... 17	→ 108
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B.A./B.S. 16th	4 <sup>o</sup> ..... 16																																						
Graduate work	5 <sup>o</sup> ..... 17																																						
105.	Are you currently in school?	Yes..... 1 No ..... 2 NR..... 9	→ 107 → 107																																				
106.	Where is your school located?	El Paso, Texas ..... 1 Other in U.S. .... 2 Ciudad Juarez ..... 3 Other in Mexico ..... 4 Other country (specify) ..... 5 NR..... 9	→ 108																																				
107.	Where is the school where you last studied located?	El Paso, Texas ..... 1 Other in U.S. .... 2 Ciudad Juarez ..... 3 Other in Mexico ..... 4 Other country (specify) ..... 5 NR..... 9																																					
108.	Of the following options, how would you classify yourself? <b>[READ OPTIONS]</b>  	Hispanic origin/Latina ..... 1 African-American ..... 2 Asian-American ..... 3 Native American ..... 4 White, non-Hispanic ..... 5 Other (includes mixed ancestry) ..... 6 _____ (Specify Other) DK..... 8 NR..... 9																																					

109.	<p>Tell me which of the following is true. Last week, you</p> <p><b>[READ OPTIONS UNTIL OBTAIN A POSITIVE RESPONSE]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;"><b><u>READ</u></b></p> </div>	<p>worked. .... 1</p> <p>didn't work, but had a job..... 2</p> <p>looked for work..... 3</p> <p>were a student..... 4</p> <p>did housework..... 5</p> <p>received a retirement pension..... 6</p> <p>were permanently incapacitated to work ..... 7</p> <p>did not work..... 8</p> <p>NR..... 9</p>	<p>→ 111</p> <p>→ 111</p>
110.	<p>In addition to that activity, last week did you:</p> <p><b>[READ OPTIONS UNTIL OBTAIN A POSITIVE RESPONSE]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; margin: 0;"><b><u>READ</u></b></p> </div>	<p>sell a product (clothes, food, etc.)? ..... 1</p> <p>help with work at a family business?..... 2</p> <p>make a product to sell (food, artwork, clothes, etc.)? . 3</p> <p>wash, cook or iron in exchange for payment? ..... 4</p> <p>assist with agricultural activities or with raising animals? ..... 5</p> <p>do childcare or elderly care?..... 6</p> <p>not work at all? ..... 7</p> <p>NR..... 9</p>	<p>→ 115</p>
111.	<p>Where is your work located?</p> <p><b>[IF RESPONDENT HAS MORE THAN ONE JOB, CHOOSE JOB WHERE SHE WORKS THE MOST HOURS]</b></p>	<p>El Paso metro area..... 1</p> <p>Other in U.S. .... 2</p> <p>Ciudad Juarez ..... 3</p> <p>Other in Mexico ..... 4</p> <p>Other Country _____ 5 <small>(Specify )</small></p> <p>NR..... 9</p>	<p>→ 113</p>
112.	<p>For your job, do you ever cross the border to Mexico? <b>[IF YES]</b> How often?</p>	<p>Yes, daily..... 1</p> <p>Yes, weekly ..... 2</p> <p>Yes, monthly ..... 3</p> <p>Almost never ..... 4</p> <p>No ..... 5</p> <p>NR..... 9</p>	
113.	<p>How much time total do you spend in commuting to work (both directions) daily?</p>	<p><u>Combined</u> commuting time per day in <b>hours: minutes</b> .....  __  :  __ __ </p>	
114.	<p>How many hours per week do you usually work?</p>	<p>Number of hours.....  __ __ </p>	
115.	<p>Do you have any kind of health care coverage in the U.S., including health insurance paid by you, your spouse or an employer, or paid for by a government plan such as Medicaid?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p> <p>NR ..... 9</p>	<p>→ 119</p>
116.	<p>What type of health care coverage do you have? Is it coverage through: <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b></p> <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p style="text-align: center; margin: 0;"><b><u>READ</u></b></p> </div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center;"> <p style="margin: 0;"><b><u>ALL</u></b></p> </div> </div>	<p>your employer? ..... 1</p> <p>someone else's employer? ..... 2</p> <p>a plan that you or someone else buys without help of an employer? ..... 3</p> <p>MEDICAID? ..... 4</p> <p>the military, CHAMPUS, TriCare, or the VA? ..... 5</p> <p>any other coverage? ..... 6 <small>(SPECIFY)</small></p> <p>NR ..... 9</p>	
117.	<p>Does your insurance cover oral contraceptives?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK/ Not sure..... 8</p> <p>NR ..... 9</p>	<p>→ 119</p>
118.	<p>What is the co-pay per pack of oral contraceptives?</p>	<p>Amount per pack in US\$.....  __ __ </p> <p>DK ..... 88</p> <p>NR ..... 99</p>	

119.	Are you covered by a medical service in Mexico such as IMSS OR ISSSTE?  <b>IF YES</b> - which?	No, not covered ..... 0 Yes, government insurance (IMSS, ISSSTE, PEMEX, Ejercito, Marina, etc.) ..... 1 Yes, private insurance in Mexico ..... 2 NR.....9					
120.	Who do you live with now? <b>[CIRCLE ALL THAT APPLY]</b>  	Husband/partner/boyfriend ..... 1 Her children ..... 2 Father..... 3 Mother ..... 4 Brother/Sister ..... 5 Another relative ..... 6 Another non-relative ..... 7 By herself ..... 8 NR.....9	→ 122				
121.	<b>[CHECK 120: IF LIVING WITH HUSBAND/PARTNER, GO TO 122. IF NOT CURRENTLY LIVING WITH HUSBAND/PARTNER, ASK:]</b> Have you ever been married or lived with a partner?	Yes..... 1 No ..... 2 NR.....9	→ 124 → 125				
122.	When did you start living with your current husband or partner? <b>[DK Month=88; DK Year=8888]</b> <b>[NR Month=99; NR Year=9999]</b>	<table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;"> _ _ _ </td><td style="text-align: center;"> _ _ _ _ _ </td></tr><tr><td style="text-align: center;">month</td><td style="text-align: center;">year</td></tr></table>	_ _ _	_ _ _ _ _	month	year	
_ _ _	_ _ _ _ _						
month	year						
123.	Before your current relationship, did you live with another partner or husband?	Yes..... 1 No ..... 2 NR.....9	→ 125				
124.	When did you get married or start living with that partner (that is, your <u>previous</u> partner) for the first time? <b>[DK Month=88; DK Year=8888]</b> <b>[NR Month=99; NR Year=9999]</b>	<table style="margin-left: auto; margin-right: auto;"><tr><td style="text-align: center;"> _ _ _ </td><td style="text-align: center;"> _ _ _ _ _ </td></tr><tr><td style="text-align: center;">month</td><td style="text-align: center;">year</td></tr></table>	_ _ _	_ _ _ _ _	month	year	
_ _ _	_ _ _ _ _						
month	year						
125.	What is your current marital status?	Single ..... 1 Living together (in a romantic relationship) ..... 2 Married ..... 3 Separated/Divorced..... 4 Widowed ..... 5 NR ..... 9					
126.	Who provides the financial support for your household?  <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b>   	You ..... 1 Your husband or partner..... 2 Your father or mother ..... 3 Your son or daughter..... 4 Your sibling or other family member ..... 5 Some other non-relative ..... 6 Governmental Help..... 7 No one ..... 8 NR ..... 9					
127.	Do any of the people in your household receive any of the following?  <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b>   	WIC..... 1 TANF (Welfare) ..... 2 Food Stamps ..... 3 Child support payments ..... 4 Any other governmental assistance _____ ..... 5 (SPECIFY) None of the above ..... 6 NR.....9					

128.	In your home, do you have... <b>[READ OPTIONS]</b> <b>[NOTE: telephone can be landline or cell]</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>READ</b> </div>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>a) a refrigerator?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>b) a washing machine?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>c) a water heater?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>d) a microwave?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>e) a television?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>f) a telephone?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>g) a video cassette or DVD player?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> <tr><td>h) a computer?</td><td style="text-align: center;">yes</td><td style="text-align: center;">no</td></tr> </table>	a) a refrigerator?	yes	no	b) a washing machine?	yes	no	c) a water heater?	yes	no	d) a microwave?	yes	no	e) a television?	yes	no	f) a telephone?	yes	no	g) a video cassette or DVD player?	yes	no	h) a computer?	yes	no
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h) a computer?	yes	no																								
129.	What language do you usually speak at home?	Spanish ..... 1 English ..... 2 Both Spanish and English.....3 Other _____ (SPECIFY) .....4 NR.....9																								
130.	<b>(#130E – English version)</b> Considering your ability to understand, speak, read, and write, which phrase best describes your ability in Spanish? <b>[READ OPTIONS]</b>  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>READ</b> </div>	<p style="text-align: center;"><b>*130E*</b></p> Do not know Spanish..... 1 Much better in English .....2 Better in English .....3 No difference between the two languages .....4 Better in Spanish .....5 Much better in Spanish .....6 DK .....8 NR.....9																								

*Now I would like to ask you a bit about your family, where they were born, and where they live.*

131.	Where was your mother born?	United States..... 1 Mexico.....2 Other country (specify) .....3 DK .....8 NR.....9																																																		
132.	Where was your father born?	United States..... 1 Mexico.....2 Other country (specify) .....3 DK .....8 NR.....9																																																		
133.	Were any of your grandparents born in Mexico? <b>[IF YES:]</b> How many of your grandparents were born in Mexico? <b>[NONE=0; DK=8; NR=9]</b>	Number of grandparents born in MX.....  ___																																																		
134.	Now, I'm going to read you a list of relatives. Please tell me if the person lives in Ciudad Juarez. If they do, I want you to tell me if you see this person at least once a month.  Does your (Do any of your) _____ live in the municipio of Juarez? <b>[IF NOT APPLICABLE, CIRCLE 'NO']</b>  <b>[IF YES,]</b> Do you see _____ at least once a month?  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <b>READ</b> </div>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">Family Member</th> <th colspan="2" style="width: 20%;">Lives in CJ?</th> <th colspan="2" style="width: 20%;">See once a month?</th> </tr> </thead> <tbody> <tr> <td>a Mother</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>b Father</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>c Sister(s)</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>d Brother(s)</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>e Grandfather/grandmother</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>f Aunts/uncles</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>g Cousins</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>h Mother-/father-in-law</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> <tr> <td>i Any other relatives (specify):</td> <td>no</td> <td>yes →</td> <td>no</td> <td>yes</td> </tr> </tbody> </table>	Family Member	Lives in CJ?		See once a month?		a Mother	no	yes →	no	yes	b Father	no	yes →	no	yes	c Sister(s)	no	yes →	no	yes	d Brother(s)	no	yes →	no	yes	e Grandfather/grandmother	no	yes →	no	yes	f Aunts/uncles	no	yes →	no	yes	g Cousins	no	yes →	no	yes	h Mother-/father-in-law	no	yes →	no	yes	i Any other relatives (specify):	no	yes →	no	yes
Family Member	Lives in CJ?		See once a month?																																																	
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h Mother-/father-in-law	no	yes →	no	yes																																																
i Any other relatives (specify):	no	yes →	no	yes																																																

## IIA. BORDER CROSSING

201.	How often do you cross the border for any reason?	At least once a week ..... 1 1 to 3 times per month.....2 Less than once per month (<11 times/year).....3 Almost never (<1 time/year).....4 Never .....5 NR .....9	→ 204																
202.	When was the last time you crossed the border? [DK Month=88; DK Year=8888] [NR Month=99; NR Year=9999]	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td colspan="4" style="text-align: center;">month</td> <td colspan="4" style="text-align: center;">year</td> </tr> </table>									month				year				
month				year															
203.	I'm going to read you a list of reasons that people cross the border. Please tell me if any of these are reasons that you crossed to Ciudad Juarez in the last 6 months?  [READ OPTIONS AND CIRCLE ALL THAT APPLY]  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>READ</u> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <u>ALL</u> </div> </div>	Work .....01 Shopping for medications in pharmacies ..... 02 Shopping (stores other than pharmacies) .....03 Visit family .....04 Access medical or dental services .....05 To go with someone for any of the above activities..06 Entertainment .....07 Other services (beauty, automotive, etc.) .....08 Any other reason _____..09 <span style="font-size: small;">(SPECIFY)</span> NR .....99																	
204.	In the last 6 months, have you asked a friend or family member to buy anything (including medicines) from across the border?	Yes..... 1 No .....2 NR.....9																	

## IIB. MOTIVATIONS – CIUDAD JUAREZ REGION PHARMACY USERS






205.	[FILTER: LOOK ON FIRST PAGE FOR <u>TYPE OF PILL USER</u> . IF RESPONDENT IS A CJ PHARMACY USER, CONTINUE. IF RESPONDENT IS AN EL PASO CLINIC USER, SKIP TO #212]	CJ REGION PHARMACY USER ..... 1 EP CLINIC USER ..... 2	→ 212
206.	I'm going to read you a list of some of the <u>advantages</u> of getting pills in pharmacies in Mexico. Which ones do you see as advantages? [READ OPTIONS AND CIRCLE ALL THAT APPLY]  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <u>READ</u> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <u>ALL</u> </div> </div>	It's less expensive to get pills in Mexico..... 01 It's more convenient ..... 02 You trust the pharmacist to give good information about the pill ..... 03 You don't need to see a doctor or go to a clinic to get a prescription ..... 04 They give too few pill packs at U.S. clinics..... 05 You started a brand in Mexico and want to stay on that brand ..... 06 You can send friend or relative to get pills without a prescription ..... 07 Any other advantage? _____... 08 <span style="font-size: small;">(SPECIFY)</span> No advantages (Did not agree with anything above) ..... 09 DK .....88 NR .....99	→ 208 → 208
207.	Of all the reasons you just gave me for crossing the border to get your pills, which is the MOST IMPORTANT reason?	Most important from list above.....  __ __  DK .....88 NR .....99	



208.	Do you see any of the following as problems with getting pills at pharmacies in Mexico? <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"><u>READ</u></div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 40px; height: 40px;"><u>ALL</u></div> </div>	It costs more in Mexico compared to clinics in US..... 1 It takes too much time to get pills from Mexico..... 2 You can't get reliable information about the pill from a pharmacist..... 3 You could get stopped with medications at US Customs..... 4 Any other disadvantage? ..... 5 _____ (SPECIFY) No disadvantages (Did not agree with anything above)..... 6 DK ..... 8 NR ..... 9	
209.	Overall, how satisfied are you with getting your pills in pharmacies in Mexico? Are you... <b>[READ OPTIONS]</b>  <div style="border: 1px solid black; padding: 5px; text-align: center;"><u>READ</u></div>	very satisfied ..... 1 somewhat satisfied..... 2 somewhat unsatisfied, or..... 3 very unsatisfied? ..... 4 DK..... 8 NR..... 9	
210.	Have you ever been to a clinic or doctor's office in the U.S. to get a prescription for the pill?	Yes ..... 1 No ..... 2 NR ..... 9	
211.	Even though you got your last pill pack at a pharmacy in Mexico, I want to ask you about getting pills at clinics in El Paso. Do you see any of the following as <u>problems</u> with getting pills at <u>clinics</u> in El Paso? <b>[IF RESPONDENT NEVER GOT PILLS IN US CLINIC:]</b> What is your best guess of the problems? <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"><u>READ</u></div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 40px; height: 40px;"><u>ALL</u></div> </div>	It costs more to get pills in El Paso clinics..... 1 The appointment takes too much time ..... 2 You don't like the pelvic exam ..... 3 You can't get enough packs of pills from clinics in El Paso..... 4 The clinic doesn't have the brand you like ..... 5 Any other disadvantage? ..... 6 _____ (SPECIFY) No disadvantages (Did not agree with anything above)..... 7 DK ..... 8 NR ..... 9	} → 218

**IIC. MOTIVATIONS – EL PASO REGION CLINIC USERS**

212.	I'm going to read you a list of some of the <u>advantages</u> of getting pills in clinics in the El Paso area. Which ones do you see as advantages? <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 5px; text-align: center;"><u>READ</u></div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 40px; height: 40px;"><u>ALL</u></div> </div>	It costs less in clinics or your insurance covers the cost ..... 01 It's more convenient ..... 02 You trust the clinic to give you good information about the pill ..... 03 You like that the clinic provides other health care (like Pap smears) ..... 04 You like the brand of pill they have at the clinic..... 05 They give you as many pill packs as you would like..... 06 Any other advantage? ..... 07 _____ (SPECIFY) No advantages (Did not agree with anything above) ..... 08 DK ..... 88 NR ..... 99	} → 214
213.	Of all the reasons you just gave me for getting your pills at {NAME OF EP CLINIC}, which is the MOST IMPORTANT reason?	Most important from list above.....         DK ..... 88 NR ..... 99	

214.	<p>Do you see any of the following as <u>problems</u> with getting pills at <u>clinics in El Paso</u>?  <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b></p> <p style="text-align: center;">   </p>	<p>It costs more to get pills in El Paso clinics..... 1  The appointment takes too much time ..... 2  You don't like the pelvic exam ..... 3  You can't get enough packs of pills from clinics in El Paso..... 4  The clinic doesn't have the brand you like ..... 5  Any other disadvantage? _____ 6  (SPECIFY)  No disadvantages (Did not agree with anything above)..... 7  DK ..... 8  NR ..... 9</p>	
215.	<p>Overall, how satisfied are you with getting your pills at {NAME OF EP CLINIC}? Are you...  <b>[READ OPTIONS]</b></p> <p style="text-align: center;"></p>	<p>very satisfied ..... 1  somewhat satisfied..... 2  somewhat unsatisfied, or..... 3  very unsatisfied? ..... 4  DK..... 8  NR..... 9</p>	
216.	<p>Have you ever gotten your pills in pharmacies in Ciudad Juarez?</p>	<p>Yes ..... 1  No ..... 2  NR ..... 9</p>	
217.	<p>Even though your last pill pack at a clinic in El Paso, I want to ask you about getting pills in Mexico. Do you see any of the following as <u>problems</u> with getting pills at <u>pharmacies in Mexico</u>?  <b>[IF RESPONDENT NEVER GOT PILLS IN CJ:]</b>  What is your best guess of the problems?  <b>[READ OPTIONS AND CIRCLE ALL THAT APPLY]</b></p> <p style="text-align: center;">   </p>	<p>It costs more in Mexico compared to clinics in US..... 1  It takes too much time to get pills from Mexico..... 2  You can't get reliable information about the pill from a pharmacist..... 3  You could get stopped with medications at US Customs..... 4  Any other disadvantage? _____ 5  (SPECIFY)  No disadvantages (Did not agree with anything above)..... 6  DK ..... 8  NR ..... 9</p>	

**IID. WEIGHT AND HEIGHT**

218.	<p>Now, I will ask you about your weight and height. Please give me your best approximation. About how much do you weigh without shoes? You can give me your weight in pounds or kilos, whichever is easiest for you.  <b>[INTERVIEWER: DOUBLE CHECK WHETHER R IS ANSWERING IN POUNDS OR KILOS AND MARK AS APPROPRIATE]</b></p>	<p>Weight in <i>pounds</i> _____, <i>or</i>  Weight in kilograms _____</p> <p>7777. DON'T KNOW / NOT SURE  9999. REFUSED</p>	
219.	<p>About how tall are you without shoes? You can give me your height in feet and inches or meters and centimeters, whichever is easiest for you.  <b>[INTERVIEWER: DOUBLE CHECK WHETHER R IS ANSWERING IN FEET/INCHES OR METERS/CENTIMETERS AND MARK AS APPROPRIATE]</b></p>	<p>Height in feet _____ &amp; inches _____, <i>or</i>  Height in meters &amp; centimeters _____</p> <p>7777. DON'T KNOW / NOT SURE  9999. REFUSED</p>	

**III. FERTILITY**

<b>301.</b>	Have you had daughters or sons who have been born <b>ALIVE?</b> [If YES] How many? <b>[IF "00" SKIP TO 307]</b>	Number children born alive.....  __  __  NR.....9	<b>→ 307</b>
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**1. CHILDREN LIVING NOW**

	302. Tell me the names of your children currently living, starting with the eldest.	303. Is (NAME) male or female?		304. In what CITY was (NAME) born?	305. What is the name of the hospital where (NAME) was born?	306. What was {NAME'S} date of birth?		
	Name	M	F	CITY	HOSPITAL	MONTH	AND	YEAR
1		1	2			_ _		_ _ _ _
2		1	2			_ _		_ _ _ _
3		1	2			_ _		_ _ _ _
4		1	2			_ _		_ _ _ _
5		1	2			_ _		_ _ _ _
6		1	2			_ _		_ _ _ _
7		1	2			_ _		_ _ _ _

<b>307.</b>	Have you had daughters or sons who were born alive and then died, although lived for a brief time?	Yes ..... 1 No ..... 2 NR ..... 9	<b>→ 401</b>
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**2. DECEASED CHILDREN**

	IDENTIFICATION	SEX		CITY	HOSPITAL	AGE AT DEATH		DATE OF BIRTH		
	308. Please tell me the names of your children who were born living, but who have died starting with the first child you had.	309. Is (NAME) male or female?		310. In what CITY was (NAME) born?	311. What is the name of the HOSPITAL where (NAME) was born?	312. How old was (NAME) when she/he died?  [LESS THAN ONE MONTH OLD=00 MONTHS]		313. What was {NAME'S} date of birth?		
	Name	M	F	CITY	HOSPITAL	Months OR Years		MONTH	AND	YEAR
1		1	2			_ _  months	_ _  years	_ _		_ _ _ _
2		1	2			_ _  months	_ _  years	_ _		_ _ _ _

#### IV. CONTRACEPTIVE HISTORY

401.	<p><b>[REVIEW FERTILITY HISTORY: IF NO CHILDREN, GO TO 403; OTHERWISE, GET NAME OF LAST (YOUNGEST) CHILD]</b></p> <p>Did you breastfeed (NAME OF LAST CHILD)?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>NR..... 9</p>	→ 403
402.	<p>How long did you breastfeed (NAME OF LAST CHILD)?</p> <p><b>[CONVERT RESPONSE TO MONTHS AND THEN CONFIRM]</b></p> <p><b>[IF BREASTFED LESS THAN 1 MONTH=1 MONTH]</b></p>	<p>Number of months breastfeeding.....        </p> <p>Still breastfeeding..... 77</p> <p>NR..... 99</p>	
403.	<p>Now, I'd like to ask you some questions about your use of contraceptive methods other than the pill. Have you ever used...</p> <p><b>[READ OPTIONS]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p><b>READ</b></p> </div>	<p>a. injections?            yes        no</p> <p>b. the IUD?                yes        no</p> <p>c. the patch?              yes        no</p> <p>d. the vaginal ring?      yes        no</p> <p>e. condoms?                yes        no</p> <p>f. barrier methods?      yes        no</p> <p>g. rhythm methods?      yes        no</p> <p>h. withdrawal?            yes        no</p> <p>i. some other method     yes        no</p> <p>_____</p> <p>(SPECIFY OTHER METHOD)</p>	
404.	<p>Now I want to ask you about when you took the pill for the <u>FIRST</u> time, even if that time was only for a short period like a month or less than a month.</p> <p>When did you start using the pill for the <u>very first</u> time?</p> <p><b>[DK Month=88; DK Year=8888]</b></p> <p><b>[NR Month=99; NR Year=9999]</b></p>	<p>                                  </p> <p>          month                            year</p>	
405.	<p>When you <u>first</u> started using the pill, where did you get it?</p> <p><b>[PROBE FOR NAME OF CLINIC AND HOSPITAL IN EL PASO REGION]</b></p>	<p><b>US</b></p> <p>Clinic or hospital in EP region (Which? _____) . 01</p> <p>Clinic or hospital elsewhere ..... 02</p> <p>At a medical doctor's office ..... 03</p> <p>Pharmacy (prescription filled) ..... 04</p> <p>Other _____ ..... 05</p> <p>(SPECIFY)</p> <p><b>México</b></p> <p>Clinica pública (IMSS, SSA, ISSSTE)..... 06</p> <p>Hospital de la Familia ..... 07</p> <p>Consultorio, clínica u hospital privado..... 08</p> <p>Farmacia ..... 09</p> <p>Store ..... 10</p> <p>Other _____ ..... 11</p> <p>(SPECIFY)</p> <p>NR..... 99</p>	
406.	<p>Did you have a prescription from a doctor or nurse practitioner or other health care professional the <u>first</u> time you started using the pill?</p> <p><b>[IF YES] Who gave you the prescription and where did you get it from?</b></p>	<p>Yes, from a doctor/clinic in El Paso..... 1</p> <p>Yes, from a doctor/clinic in Ciudad Juarez..... 2</p> <p>Yes, from a doctor/clinic elsewhere in U.S..... 3</p> <p>Yes, from a doctor/clinic elsewhere in Mexico..... 4</p> <p>Yes, from a doctor/clinic elsewhere. .... 5</p> <p>_____</p> <p>(SPECIFY COUNTRY)</p> <p>No ..... 6</p> <p>NR..... 9</p>	
407.	<p>When did you <u>stop</u> taking the pill that first time?</p> <p><b>[IF still taking, PROBE:]</b> Have you been taking the pill continuously since the beginning, without any interruptions? An interruption is when you don't take the active pills for 7 days or more.</p> <p><b>[DK Month=88; DK Year=8888]</b></p> <p><b>[NR Month=99; NR Year=9999]</b></p>	<p>                                  </p> <p>          month                            year</p> <p>Taking continously since the beginning ..... 77 7777</p>	→ 414


<p>408.</p>	<p>What was the <u>primary reason</u> that you stopped using the pill when you used it for the first time?</p> <p><b>[IF “Got pregnant” PROBE:]</b> Did you get pregnant while you were taking the pill or did you stop taking the pill in order to get pregnant?</p>	<p>Got pregnant..... 01</p> <p>Wanted to get pregnant..... 02</p> <p>Experienced side effects ..... 03</p> <p>Fear of side effects ..... 04</p> <p>Doctor advised to stop method..... 05</p> <p>My pill brand not available at the clinic or pharmacy ..... 06</p> <p>Partner wanted me to stop ..... 07</p> <p>It was difficult to access the pill (couldn't get back to clinic or pharmacy, couldn't pay for pill) ..... 08</p> <p>Kept forgetting to take pills every day ..... 09</p> <p>Wanted to use a more effective method ..... 10</p> <p>Wanted to use an easier method..... 11</p> <p>Wanted to use a method without hormones..... 12</p> <p>Didn't need it (separated from partner, not sexually active, started menopause, became sterile) ..... 13</p> <p>Other _____ (SPECIFY) ..... 14</p> <p>NR..... 99</p>	<p style="text-align: right;">→ 410</p>														
<p>409.</p>	<p>Do you believe you got pregnant because the pill failed or because you did not use it correctly?</p>	<p>Method failed..... 1</p> <p>Incorrect use ..... 2</p> <p>Other _____ (SPECIFY) ..... 3</p> <p>Not Sure/DK ..... 8</p> <p>NR..... 9</p>															
<p>410.</p>	<p>Overall, how satisfied were you with the pill the first time you used it? Were you...</p> <p><b>[READ OPTIONS]</b></p> <div style="border: 1px solid black; padding: 5px; display: inline-block; margin-left: 20px;"> <p style="text-align: center; margin: 0;"><b>READ</b></p> </div>	<p>very satisfied ..... 1</p> <p>somewhat satisfied ..... 2</p> <p>somewhat unsatisfied, or ..... 3</p> <p>very unsatisfied? ..... 4</p> <p>DK..... 8</p> <p>NR..... 9</p>															
<p>411.</p>	<p>Now I'd like to talk about your <b>CURRENT</b> pill use. When did you <u>start</u> to use the pill <u>this time</u>? In other words, since when have you been taking the pill this time continuously, without interruptions? (An interruption is when you stopped taking the active pills for 7 days or more.)</p> <p><b>[DK Month=88; DK Year=8888]</b> <b>[NR Month=99; NR Year=9999]</b></p>	<p style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> <td style="border: 1px solid black; width: 40px; height: 15px; display: inline-block;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month</td> <td></td> <td colspan="3" style="text-align: center;">Year</td> <td></td> </tr> </table> </p>								Month			Year				
Month			Year														
<p>412.</p>	<p>When you started using the pill <u>THIS</u> time, where did you get it?</p>	<p><b>US</b></p> <p>Clinic or hospital in EP region (Which? _____) .01</p> <p>Clinic or hospital elsewhere ..... 02</p> <p>At a medical doctor's office..... 03</p> <p>Pharmacy (prescription filled) ..... 04</p> <p>Other _____ (SPECIFY) ..... 05</p> <p><b>México</b></p> <p>Clinica pública (IMSS, SSA, ISSSTE)..... 06</p> <p>Hospital de la Familia ..... 07</p> <p>Consultorio, clínica u hospital privado..... 08</p> <p>Farmacia ..... 09</p> <p>Store ..... 10</p> <p>Other _____ (SPECIFY) ..... 11</p> <p>NR..... 99</p>															

413.	<p>Did you get a prescription from a doctor or nurse practitioner or other health care professional for the pill this time that you're using it?  <b>[IF YES] Who gave you the prescription and where did you get it from?</b></p>	<p>Yes, from a doctor/clinic in El Paso..... 1  Yes, from a doctor/clinic in Ciudad Juarez.....2  Yes, from a doctor/clinic elsewhere in U.S.....3  Yes, from a doctor/clinic elsewhere in Mexico.....4  Yes, from a doctor/clinic other country.....5</p> <p>_____ (SPECIFY COUNTRY)</p> <p>No .....6  NR.....9</p>	
414.	<p>When was the LAST TIME you got a prescription for the pill from a doctor or nurse practitioner or other health care professional?  <b>[Never received a prescription= 77 7777]</b>  <b>[DK Month=88; DK Year=8888]</b>  <b>[NR Month=99; NR Year=9999]</b></p>	<p>_____   _____  Month                      Year</p>	

### V. MEDICAL HISTORY

Now I'm going to ask you some general questions about your health. If you tell me that you have any health condition that might be dangerous, I will give you a referral to see a physician or nurse after this interview.

501.	Do you have high blood pressure?	<p><b>Yes</b> ..... 1  No .....2  DK.....8  NR.....9</p>	→ 503
502.	Do you take medicine for high blood pressure?	<p><b>Yes</b> ..... 1  No .....2  NR.....9</p>	
503.	<p>When was the last time you had your blood pressure taken? <b>[IF DOESN'T REMEMBER DATE, PROBE:]</b>  What is your best guess?  <b>[BP never been taken= 77 7777] → SKIP to 505</b>  <b>[DK Month=88; DK Year=8888]</b>  <b>[NR Month=99; NR Year=9999]</b></p>	<p>_____   _____  Month                      Year</p>	
504.	In that case, was your blood pressure high, normal or low?	<p><b>High</b> ..... 1  Normal .....2  Low .....3  DK.....8  NR.....9</p>	
505.	Have you had a heart attack or stroke?	<p><b>Yes</b> ..... 1  No .....2  NR.....9</p>	
506.	<p>Do you have heart disease?  <b>[IF YES] What kind?</b></p>	<p><b>Yes</b> _____ . . . 1  (SPECIFY TYPE OF HEART DISEASE )  No .....2  NR.....9</p>	
507.	Have you had a blood clot (thrombosis) in your lung or in your leg (NOT just varicose veins)?	<p><b>Yes</b> ..... 1  No .....2  NR.....9</p>	
508.	Do you have diabetes?	<p>Yes..... 1  No .....2  NR.....9</p>	→ 512
509.	Do you have problems with your kidneys, eyes, or nerves related to your diabetes?	<p><b>Yes</b> ..... 1  No .....2  DK.....8  NR.....9</p>	

510.	Have you been told that you have problems with your arteries or veins related to your diabetes?	<b>Yes</b> ..... 1 No ..... 2 DK ..... 8 NR ..... 9	
511.	Have you had diabetes for more than 20 years?	<b>Yes</b> ..... 1 No ..... 2 DK ..... 8 NR ..... 9	
512.	Do you have migraine headaches?	Yes ..... 1 No ..... 2 NR ..... 9	→ 514
513.	When you get a migraine headache, do you have numbness or weakness or do you have difficulty seeing things?	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	
514.	Do you currently have liver disease (like hepatitis or cirrhosis) or have you had liver cancer in the past?	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	
515.	Do you currently have gall bladder disease? If you have had your gall bladder removed, please answer "no."	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	
516.	Do you currently have breast cancer or have you had breast cancer in the past?	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	
517.	Are you currently taking medication for high cholesterol?	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	
518.	Do you suffer from seizures (epilepsy) or tuberculosis (TB)?	Yes ..... 1 No ..... 2 NR ..... 9	→ 520
519.	Are you taking any of the following medications? <ul style="list-style-type: none"> <li>• Rifampicin (Rifampin)</li> <li>• Phenytoin (Dilantin)</li> <li>• Carbamazepine (Tegretol)</li> <li>• Barbituates</li> <li>• Primidone (Myidone or Mysoline)</li> <li>• Topiramate (Topamax)</li> <li>• Oxcarbazepine (Trileptal)</li> </ul>	<b>Yes</b> ..... 1 No ..... 2 DK ..... 8 NR ..... 9	
520.	Have you ever smoked?	Yes ..... 1 No ..... 2 NR ..... 9	→ 524
521.	Do you still smoke? <b>[NEEDS REFERRAL IF SMOKES AND IS 35+ YEARS OLD]</b>	<b>Yes</b> ..... 1 No ..... 2 NR ..... 9	→ 523
522.	How many cigarettes do you smoke a day? <b>[IF SMOKES LESS THAN ONE A DAY, COUNT AS 01]</b>	Number smoked per day .....         NR ..... 99	→ 524
523.	When did you stop smoking? <b>[DK Month=88; DK Year=8888]</b> <b>[NR Month=99; NR Year=9999]</b>	 Month                      Year	
524.	Would you say your health in general is . . . <b>[READ OPTIONS]</b> 	excellent, ..... 1 very good, ..... 2 good, ..... 3 fair, or ..... 4 poor? ..... 5 DK ..... 8 NR ..... 9	

## VIA. USE OF HEALTH SERVICES – REGULAR SOURCE OF CARE & RECENT USE

601.	When you feel sick or need advice about your health is there a place or doctor's office where you usually go?	Yes..... 1 No ..... 2 NR..... 9	→ 604
602.	Where do you usually go when you feel sick or need advice about your health? <b>[IF MORE THAN ONE PLACE:]</b> If you go to more than one place, which do you rely on <u>the most</u> when you are sick or need advice about your health?	<b>US</b> Clinic or hospital in EP region (not ER) (Which?.....) .01 Clinic or hospital elsewhere (not ER).....02 At a medical doctor's office.....03 Hospital emergency room.....04 Other US.....05 (SPECIFY) <b>México</b> Clinica pública (IMSS, SSA, ISSSTE).....06 Hospital de la Familia .....07 Consultorio, clínica u hospital privado.....08 Promotora de salud/clínica comunitaria .....09 Farmacia .....10 Other MX.....11 (SPECIFY) NR.....99	
603.	How many times have you been to this place in the last 12 months?	Number of visits.....  __   __   __  None .....88 NR.....99	→ 605
604.	<b>[IF 'No' IN 601, ASK:]</b> Have you been to any place for medical care or advice about your health in the last 12 months? <b>[IF YES:]</b> Where did you go?  <b>[IF 'None' IN 603, ASK:]</b> Have you been to any place for medical care or advice about your health in the last 12 months? <b>[IF YES:]</b> Where did you go?  <b>[PROBE FOR NAME OF CLINIC OR HOSPITAL]</b>	No, has not gotten medical care in last 12 months .....00 <b>US</b> Clinic or hospital in EP (not ER) (Which?.....) .01 Clinic or hospital elsewhere (not ER).....02 At a medical doctor's office.....03 Hospital emergency room.....04 Other US.....05 (SPECIFY) <b>México</b> Clinica pública (IMSS, SSA, ISSSTE).....06 Hospital de la Familia .....07 Consultorio, clínica u hospital privado.....08 Promotora de salud/clínica comunitaria .....09 Farmacia .....10 Other MX.....11 (SPECIFY) NR.....99	
605.	<b>[IF DOES NOT WORK, CIRCLE #7 &amp; GO TO 606]</b> If you go to a doctor's appointment or clinic visit during work time, do you get paid for that time?	Yes..... 1 No ..... 2 Inapplicable – Doesn't work..... 7 DK..... 8 NR..... 9	
606.	<b>[IF DOES NOT HAVE CHILDREN OR ONLY HAS A NEWBORN, CIRCLE #7 &amp; GO TO 607]</b> <b>[IF HAS CHILDREN, ASK]</b> If you go to a doctor's appointment or clinic visit, do you usually have to pay someone to take care of your children? If you usually bring your children to the visit or if a friend or relative takes care of the children without being paid, please answer "no".	Yes..... 1 No ..... 2 Inapplicable – No children / Only newborn..... 7 DK..... 8 NR..... 9	
607.	In the last year, have you or anyone in your household taken antibiotics for any reason?	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	→ 609
608.	In the last year, did you (or someone in your household) buy antibiotics in a Mexican pharmacy at least once?	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	



**VIB. USE OF GYNECOLOGICAL & CONTRACEPTIVE HEALTH SERVICES**

609.	Have you ever had a breast exam? <b>A breast exam is when a doctor or nurse touches your breasts to look for lumps or tumors.</b>	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	
610.	Have you ever had a pelvic exam? <b>A pelvic exam is when a doctor or nurse examines your vagina and feels your uterus and ovaries. Usually this involves placing a metal or plastic speculum into the vagina, and the doctor or nurse usually puts 1 or 2 fingers inside your vagina to examine you inside.</b>	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	
611.	Have you ever been checked for sexually transmitted infections (STIs) like chlamydia and gonorrhea?	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	
612.	Have you ever been tested for HIV, the virus that causes AIDS?	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	
613.	Have you ever had a Pap smear exam? <b>A Pap Smear is when a doctor or nurse takes a sample of the cervix to test if you have abnormal cells that could develop into cancer.</b>	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	→ 620 → 620
614.	When was the last time you had a Pap smear done?	Within the past 3 years ..... 1 Three to five years ..... 2 More than five years ..... 3 NR..... 9	
615.	The last time that you had your Pap smear exam done, where did you go for the exam?  <b>[PROBE FOR NAME OF CLINIC OR HOSPITAL]</b>	<b>US</b> Clinic or hospital in EP (Which? _____) ... 1 Clinic or hospital elsewhere ..... 2 At a medical doctor's office ..... 3 Other US ..... 4 (SPECIFY)  <b>México</b> Clínica pública (IMSS, SSA, ISSSTE) ..... 5 Hospital de la Familia ..... 6 Consultorio, clínica u hospital privado ..... 7 Other MX ..... 8 (SPECIFY) NR..... 9	
616.	Was the person who performed your last Pap smear female or male?	Female ..... 1 Male ..... 2 DK/Don't remember ..... 8 NR..... 9	
617.	Did the person who performed your last Pap smear speak Spanish with you?	Yes..... 1 No ..... 2 DK..... 8 NR..... 9	
618.	Thinking about the last time you had a Pap smear, how satisfied were you with the experience? Would you say you were..... <b>[READ OPTIONS]</b>	very satisfied, ..... 1 somewhat satisfied, ..... 2 somewhat unsatisfied, or ..... 3 very unsatisfied? ..... 4 DK..... 8 NR..... 9	
619.	Please tell me what was the main reason you felt this way about your last Pap smear.	(open response)	



620.	At any time, have you received counseling about contraceptive methods? By counseling, I mean information about the various methods of family planning.	Yes..... 1 No ..... 2 NR..... 9	→ 701								
621.	When was the MOST RECENT time you had that counseling? [DK Month=88; DK Year=8888] [NR Month=99; NR Year=9999]	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; padding: 2px;"> _ </td> <td style="border: 1px solid black; padding: 2px;"> _ </td> <td style="padding: 0 10px;"> _ _ _ </td> <td style="border: 1px solid black; padding: 2px;"> _ _ </td> </tr> <tr> <td colspan="2" style="text-align: center;">month</td> <td colspan="2" style="text-align: center;">year</td> </tr> </table>	_	_	_ _ _	_ _	month		year		
_	_	_ _ _	_ _								
month		year									
622.	Where did you receive the counseling that you got most recently?  [PROBE FOR CLINIC AND HOSPITAL NAME]	<b>US</b> Clinic or hospital in EP (Which?.....) .01 Clinic or hospital elsewhere .....02 At a medical doctor's office.....03 Other US: .....04  <b>México</b> Clinica pública (IMSS, SSA, ISSSTE).....05 Hospital de la Familia .....06 Consultorio, clínica u hospital privado.....07 Promotora de salud/clínica comunitaria .....08 Farmacia .....09 Other MX .....10 NR.....99									
623.	Who provided this counseling?	Family Doctor ..... 1 Gynecologist ..... 2 Nurse ..... 3 Midwife ..... 4 Health Educator..... 5 Other: ..... 6 NR..... 9									
624.	Thinking about the counseling you got, how satisfied were you with the experience? Would you say you were..... [READ OPTIONS]	very satisfied, ..... 1 somewhat satisfied, ..... 2 somewhat unsatisfied, or ..... 3 very unsatisfied? ..... 4 DK ..... 8 NR..... 9									
625.	Did this counseling influence your choice to use the pill now?	Yes..... 1 No ..... 2 NR..... 9									
626.	In the last 3 months, have you talked to a doctor, nurse, or other health professional about your experiences with the pill?	Yes..... 1 No ..... 2 Doesn't apply (just started taking pill) ..... 8 NR..... 9	→ 701								
627.	Who was the last person you talked to (during the last 3 months)?	Family Doctor ..... 1 Gynecologist ..... 2 Nurse ..... 3 Midwife ..... 4 Health Educator..... 5 Other: ..... 6 NR..... 9									
628.	Where did you talk to this person?	<b>US</b> Clinic or hospital in EP (Which?.....) .01 Clinic or hospital elsewhere .....02 At a medical doctor's office.....03 Other US: .....04  <b>México</b> Clinica pública (IMSS, SSA, ISSSTE).....05 Hospital de la Familia .....06 Consultorio, clínica u hospital privado.....07 Promotora de salud/clínica comunitaria .....08 Farmacia .....09 Other MX .....10 NR.....99									

### VII. SOCIAL NETWORKS

Women often talk to each other about their experiences with contraception. We are interested to learn if there are any women you are close to who use or have used the pill, injectables, or the patch. Please tell the first names or initials of up to five women you know who use or have used the pill, injectables, or the patch.

	Name/ Initials	701. What is your relationship with {NAME}?  Friend .....01 Neighbor .....02 Coworker .....03 Mother .....04 Sister .....05 Sister-in-law .....06 Daughter .....07 Cousin .....08 Mother-in-law .....09 Other (specify) .....10 NR .....99	702. In the last 6 months, how often have you talked with {NAME}?  At least once a week ..... 1 1-3 times per month ..... 2 Less than once/ month.... 3 One or twice ..... 4 Not at all ..... 5 NR ..... 9	703. Where does {NAME} live?  El Paso region ..... 1 Other in U.S. .... 2 Ciudad Juarez region.. 3 Other in Mexico..... 4 Other ..... 5 NR ..... 9	704. How old is {NAME}? [IF UNSURE:] What is your best guess?  DK = 88 NR = 99	705. What is {NAME'S} current marital status?  Single ..... 1 Living together (in a romantic relationship)..2 Married ..... 3 Separated/Divorced .... 4 Widowed ..... 5 DK ..... 8 NR ..... 9
1		Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> yrs	<input type="text"/>
2		Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> yrs	<input type="text"/>
3		Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> yrs	<input type="text"/>
4		Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> yrs	<input type="text"/>
5		Other: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> yrs	<input type="text"/>

	Name/ Initials	706. Is {NAME} using the pill, injectables, or the patch <u>now</u> or did she use it <u>in the past</u> ?  Now (current user) ..... 1 In the past.....2 DK.....8 NR .....9	707. <b>IF CURRENT USER:</b> Which method is she using now?  <b>IF PAST USER:</b> Which of these three was the last hormonal method that she used?  Pill ..... 1 Injection .....2 Patch .....5 DK.....8 NR.....9	708. <b>IF CURRENT USER:</b> Where does she obtain her {METHOD}?  <b>IF PAST USER:</b> Where did she get her {last hormonal method}?  Pharmacy in Mexico ..... 1 Clinic/Hospital in Mexico ..... 2 Other in Mexico ..... 3 Clinic/Hospital in US..... 4 Other in US..... 5 DK.....8 NR ..... 9	709. <b>IF CURRENT USER:</b> From your conversations with {NAME}, how satisfied would you say she is with this method? Would you say that she is...  <b>IF PAST USER:</b> From your conversations with {NAME}, how satisfied would you say she was with {last hormonal method} that she used? Would you say that she is...(NOTE: applies to last use of pill, injection, or patch)  very satisfied, ..... 1 somewhat satisfied, ..... 2 somewhat unsatisfied, or .... 3 very unsatisfied ..... 4 DK ..... 8 NR ..... 9
1		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**READ**

### VIIIA. RECENT CONTRACEPTIVE USE HISTORY


Now I'm going to ask you some more questions about your recent use of the pill and other contraceptives.

801.	When was the last time you got a pill pack or packs? [DK Month=88; DK Year=8888] [NR Month=99; NR Year=9999]	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> _ _ _ </td> <td style="border: none; text-align: center;"> _ _ _ _ _ </td> </tr> <tr> <td style="border: none; text-align: center;">month</td> <td style="border: none; text-align: center;">year</td> </tr> </table>	_ _ _	_ _ _ _ _	month	year	
_ _ _	_ _ _ _ _						
month	year						
802.	How many pill packs did you get at that time?	Number pill packs.....  _ _ _ _  NR.....99					
803.	Where did you get your pill packs that time?  [INTERVIEWER CHECK: REFER TO #003 ON FRONT PAGE FOR WHERE RECRUITED. IF SOURCE DOES NOT MATCH, ASK FOR CLARIFICATION AND MAKE NOTE HERE]	<b>US</b> Clinic or hospital in EP region (Which? _____) .01 Clinic or hospital elsewhere .....02 At a medical doctor's office.....03 Pharmacy (prescription filled) .....04 Other _____ .....05 (SPECIFY) <b>México</b> Clínica pública (IMSS, SSA, ISSSTE).....06 Hospital de la Familia .....07 Consultorio, clínica u hospital privado.....08 Farmacia .....09 Store .....10 Other _____ .....11 (SPECIFY) NR.....99					
804.	Have you ever asked someone else to buy your pills in Ciudad Juarez?	Yes ..... 1 No .....2 NR .....9					
805.	In the past 12 months, how many packs did you get (or did someone else get for you) in <i>farmacias</i> in Mexico?	<table style="border: none;"> <tr> <td style="border: none;"> _ _ _ </td> </tr> <tr> <td style="border: none;"># packs farmacias Mex</td> </tr> </table>	_ _ _	# packs farmacias Mex			
_ _ _							
# packs farmacias Mex							
806.	In the past 12 months, how many packs did you get from clinics in the US?	<table style="border: none;"> <tr> <td style="border: none;"> _ _ _ </td> </tr> <tr> <td style="border: none;"># packs clinics US</td> </tr> </table>	_ _ _	# packs clinics US			
_ _ _							
# packs clinics US							
807.	What brand of pills are you using now? [IF UNSURE: REFER TO PILL PICTURES]	_____ Name of pills DK.....8 NR.....9					




The following are some experiences that many women have, whether or not they take the pill. These can be either good or bad experiences.

808.	Since you started taking the pill, have you gained weight, lost weight, or had no change at all in weight?	Gained weight ..... 1 Lost weight.....2 No change in weight .....3 DK.....8 NR.....9	→ 811
809.	Did you experience a little change, some change, or a lot of change in your weight?	Little change.....1 Some change .....2 A lot change of change.....3 DK.....8 NR.....9	
810.	Do you think the change was mostly due to the pill or mostly due to something else?	Due to the pill ..... 1 Due to something else.....2 DK.....8 NR.....9	

811.	Since you started taking the pill, have you had more headaches, fewer headaches, or no change at all in headaches?	More headaches.....1 Fewer headaches.....2 No change in headaches.....3 DK.....8 NR.....9	→ 814
812.	Did you experience a little change, some change, or a lot of change in headaches?	Little change.....1 Some change.....2 A lot change of change.....3 DK.....8 NR.....9	
813.	Do you think the change was mostly due to the pill or mostly due to something else?	Due to the pill.....1 Due to something else.....2 DK.....8 NR.....9	
814.	Since you started taking the pill, has your vision gotten better, worse or have you had no change at all in vision?	Better.....1 Worse.....2 No change in vision.....3 DK.....8 NR.....9	→ 817
815.	Did you experience a little change, some change, or a lot of change in your vision?	Little change.....1 Some change.....2 A lot change of change.....3 DK.....8 NR.....9	
816.	Do you think the change was mostly due to the pill or mostly due to something else?	Due to the pill.....1 Due to something else.....2 DK.....8 NR.....9	
817.	Since you started taking the pill, have you had more sexual satisfaction, less sexual satisfaction, or have you had no change at all in sexual satisfaction?	More satisfaction.....1 Less satisfaction.....2 No change in satisfaction.....3 DK.....8 NR.....9	→ 820
818.	Did you experience a little change, some change, or a lot of change in your sexual satisfaction?	Little change.....1 Some change.....2 A lot change of change.....3 DK.....8 NR.....9	
819.	Do you think the change was mostly due to the pill or mostly due to something else?	Due to the pill.....1 Due to something else.....2 DK.....8 NR.....9	
820.	Since you started taking the pill, have you become more moody, less moody, or have you had no change at all in mood?	More moody.....1 Less moody.....2 No change in mood.....3 DK.....8 NR.....9	→ 823
821.	Did you experience a little change, some change, or a lot of change in your mood?	Little change.....1 Some change.....2 A lot change of change.....3 DK.....8 NR.....9	
822.	Do you think the change was mostly due to the pill or mostly due to something else?	Due to the pill.....1 Due to something else.....2 DK.....8 NR.....9	

823.	In the past 3 months, did you stop taking your active pills for seven (7) or more days in a row? (Active pills are the ones you take during the first three weeks of your cycle.)	Yes.....1 No .....2 NR.....9	
824.	How satisfied are you with the pill you are taking? Are you... [READ OPTIONS] 	very satisfied, .....1 somewhat satisfied, .....2 somewhat unsatisfied, or .....3 very unsatisfied? .....4 DK.....8 NR.....9	→ 826
825.	Please explain why you are NOT very satisfied with the pill you're taking?	(open response)	





**VIII.B. REPRODUCTIVE INTENTIONS**

826.	Now I'm going to ask you a few questions about sex. By sex, I mean sexual intercourse. Have you had sex in the <u>past month</u> ?	Yes.....1 No .....2 NR.....9	→ 828
827.	All together, about how many times did you have sex in the <u>past month</u> ? [PROBE:] On average, about how many times do you usually have sex per week? [INTERVIEWER: IF RESPONDS AVERAGE PER WEEK, MULTIPLY BY 4]	Number per month .....         NR.....99	
828.	How likely is it that you will have sex during the <u>next month</u> ? Do you think you... [READ OPTIONS] 	definitely will, ..... 1 probably will, ..... 2 probably will not, or.....3 definitely will not? .....4 DK.....8 NR.....9	
829.	Now I'm going to ask you a few questions about your (boyfriend/partner/husband). Does he know that you use the pill?	Yes.....1 No .....2 Not in a relationship.....3 DK.....8 NR.....9	→ 832
830.	[IF PARTNER KNOWS ABOUT PILL USE ASK:] How do you think he feels about you using the pill. Does he... [IF PARTNER DOES NOT KNOW ABOUT PILL USE ASK:] How do you think he would feel about you using the pill? [READ OPTIONS] 	strongly approve, ..... 1 approve, ..... 2 disapprove, or.....3 strongly disapprove? .....4 DK.....8 NR.....9	→ 832 → 832
831.	What are reasons you think he disapproves of your using the pill? [CIRCLE ALL THAT APPLY] 	Health risks to respondent.....1 He wants a child.....2 You'll gain weight .....3 Using it means you don't love him enough.....4 Other _____ (SPECIFY) .....5 DK.....8 NR.....9	

832.	<p>How long do you plan to use the pill without stopping or switching to another method?</p> <p><b>[READ OPTIONS]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;"><b>READ</b></p> </div>	<p>This is probably the last pill pack you will use ..... 1          1-3 months more ..... 2          4 months to a year ..... 3          At least one more year ..... 4          Two or more years ..... 5          DK/ Is unsure ..... 8          NR ..... 9</p>	<p>→ 835</p>
833.	<p>What is the main reason you would stop taking the pill in the next 3 months?</p>	<p>Wants to get pregnant ..... 01          Experiencing side effects ..... 02          Fears side effects ..... 03          Doctor advised to stop method ..... 04          Pill brand not available at the clinic or pharmacy ..... 05          Partner wants me to stop ..... 06          It is difficult to access the pill (can't get back to clinic or pharmacy, couldn't pay for pill) ..... 07          Kept forgetting to take pills every day ..... 08          Want to use a more effective method ..... 09          Want to use an easier method ..... 10          Want to use a method without hormones ..... 11          Don't need it (separated from partner, not sexually active, started menopause, became sterile) ..... 12          Other _____ (SPECIFY) ..... 13          NR ..... 99</p>	<p>→ 835</p>
834.	<p>Are you considering switching to another method of contraception?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8          NR ..... 9</p>	
835.	<p>How likely do you think it is that you will become pregnant in the next three months? Is it...</p> <p><b>[READ OPTIONS]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;"><b>READ</b></p> </div>	<p>very likely ..... 1          somewhat likely ..... 2          somewhat unlikely, or ..... 3          very unlikely? ..... 4          DK ..... 8          NR ..... 9</p>	
836.	<p>How would you feel if you became pregnant in the next three months? Would you be...</p> <p><b>[READ OPTIONS]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;"><b>READ</b></p> </div>	<p>very happy ..... 1          somewhat happy ..... 2          somewhat upset, or ..... 3          very upset? ..... 4          DK ..... 8          NR ..... 9</p>	
837.	<p>How would your (boyfriend/partner/husband) feel if you became pregnant in the next three months? Would he be...</p> <p><b>[READ OPTIONS; IF NOT IN A RELATIONSHIP, CIRCLE #7]</b></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center;"><b>READ</b></p> </div>	<p>very happy ..... 1          somewhat happy ..... 2          somewhat upset, or ..... 3          very upset? ..... 4          Not applicable (not in a relationship) ..... 7          DK ..... 8          NR ..... 9</p>	
838.	<p>Do you plan to have (more) children in your lifetime?</p>	<p>Yes ..... 1          No ..... 2          DK ..... 8          NR ..... 9</p>	<p>→ 901</p>
839.	<p><b>[IF WANTS MORE CHILDREN:]</b> Do you and your (boyfriend/partner/husband) agree about having more children in the future?</p> <p><b>[IF DOESN'T WANT MORE CHILDREN:]</b> Do you and your (boyfriend/partner/husband) agree about not having more children in the future?</p> <p><b>[IF NOT IN A RELATIONSHIP, CIRCLE #7]</b></p>	<p>Yes, we agree ..... 1          No, he wants (more) children and I don't ..... 2          No, he doesn't want (more) children and I do ..... 3          Not applicable (not in a relationship) ..... 7          DK ..... 8          NR ..... 9</p>	

## IX. ASSESSMENT OF KNOWLEDGE ABOUT PILL USE AND PRACTICE

We are now in the last section of the interview. I'd like to ask a few questions about how the pill works.

901.	For the birth control pill to be most effective, how often and when do you need to take it? <b>[READ OPTIONS]</b>  	Every day at the same time ..... 1 Every day but time of day doesn't matter ..... 2 On the days you have sex but not necessarily every day ..... 3 DK ..... 8 NR ..... 9	
902.	If you miss <u>three</u> pills in a row, during the <u>first</u> week of your pack what should you do? Please tell me all the answers that are correct.  <b>[READ OPTIONS. CIRCLE ALL THAT APPLY]</b>   	Nothing different. Keep taking 1 pill each day ..... 1 Take a missed pill as soon as you remember, then keep taking one pill each day ..... 2 Take the three missed pills as soon as you remember, then keep taking one pill each day ..... 3 Use a back-up method of birth control (like condoms) for the next 7 days ..... 4 Take emergency contraceptive pills if you've had sex since missing the pills ..... 5 Anything else: ..... 6 DK ..... 8 NR ..... 9	
903.	For emergency contraceptive pills to be most effective, how soon after unprotected sex do you need to take them? <b>[READ OPTIONS]</b> 	Within 6 hours ..... 1 Within 24 hours ..... 2 As soon as possible, but not more than 5 days later .. 3 Within a week (7 days) ..... 4 DK ..... 8 NR ..... 9	
904.	Before today, have you ever heard about emergency contraceptive pills (also known as the "morning after pill" or ECPs) to prevent pregnancy after unprotected sex?	Yes ..... 1 No ..... 2 DK ..... 8 NR ..... 9	→ 906
905.	In the last year have you used emergency contraception?	Yes ..... 1 No ..... 2 DK ..... 8 NR ..... 9	

The following are some things that can happen to you when you're on the pill. Some of them are normal, and some can be a sign of something seriously wrong. For each of the following symptoms, please tell me if it is a normal thing to experience when you take the pill or if it is a "warning sign" if it could be a sign of something serious.

906.	Nausea (feeling like you might throw up)	Normal thing to experience ..... 1 Warning sign ..... 2 DK ..... 8 NR ..... 9	
907.	Mild headache	Normal thing to experience ..... 1 Warning sign ..... 2 DK ..... 8 NR ..... 9	
908.	Very bad pain in your stomach	Normal thing to experience ..... 1 Warning sign ..... 2 DK ..... 8 NR ..... 9	
909.	Very bad pain in your chest	Normal thing to experience ..... 1 Warning sign ..... 2 DK ..... 8 NR ..... 9	
910.	Pain or tenderness in your breasts	Normal thing to experience ..... 1 Warning sign ..... 2 DK ..... 8 NR ..... 9	



911.	Very bad leg pain	Normal thing to experience..... 1 Warning sign ..... 2 DK..... 8 NR..... 9	
912.	Blurry vision or can't see clearly	Normal thing to experience..... 1 Warning sign ..... 2 DK..... 8 NR..... 9	
913.	Feeling sadder or moodier than normal for you	Normal thing to experience..... 1 Warning sign ..... 2 DK..... 8 NR..... 9	
914.	Feeling either more interested in sex or less interested in sex than normal for you	Normal thing to experience..... 1 Warning sign ..... 2 DK..... 8 NR..... 9	

*In this last section, I'm going to read some more statements about birth control pills. Some of the following statements are true and some are not. Please tell me which ones are true and which are false.*

915.	The pill protects against sexually transmitted infections like chlamydia and gonorrhea.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
916.	Taking the pill can prevent you from getting some kinds of cancer, like cancer of the ovaries.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
917.	Women who smoke and are over 35 years old should NOT take the pill.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
918.	Women who have a tendency to forms blood clots in their veins (thrombosis) should NOT take pills.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
919.	Women sometimes need to take a break from their pills to let their body rest.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
920.	Taking the pill <u>will</u> protect you from getting HIV, the virus that causes AIDS.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
921.	It usually takes a long time to get pregnant after stopping the pill.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
922.	The pill can make your periods more regular and less painful.	True..... 1 False ..... 2 DK..... 8 NR..... 9	
923.	The pill can help reduce acne.	True..... 1 False ..... 2 DK..... 8 NR..... 9	

<b>*CHECK IF RESPONDENT NEEDS A HEALTH CARE REFERRAL*</b>	
Look at answers to Q501-521. If any of her responses are the choice that is <b><i>bold italic</i></b> , fill out a "Contraindication Referral Form," using the information below. Fill out BOTH English and Spanish portions of referral form	
If the answer to this question is YES...	Write this in the blank on the referral form...
501, 502, or 504 (alta)	Hypertension
505	Heart attack or stroke
506	Heart disease
507	History of thrombosis
509, 510, or 511	Severe diabetes
513	Migraine with aura
514	Liver disease or cancer
515	Gall bladder disease
516	Breast cancer
517	High cholesterol
519	Medications that might interact with oral contraceptives
521 <b>AND</b> age=35 or older (see Q102 for age)	Smoking age 35 and over

**[SAY TO ALL]** *Thank you for participating in our study. We look forward to talking to you again in three months, when we will call you to arrange the 2nd interview. Even if you are no longer taking the pill, we would like you to continue to participate in the study, so please respond. The 2nd interview will be by telephone, at a time that is convenient for you.*

-----  
**→ To be filled out immediately after interview is completed:**

<b>Flag1</b>	Gave respondent health care referral because of possible contraindication to continued pill use.	Yes ..... 1 No ..... 2
<b>Flag2</b>	Did respondent ask for correct answers in the last section (901-923)?	Yes ..... 1 No ..... 2
<b>Flag3</b>	Did respondent open randomization envelope in front of you (the interviewer)? <b>IF OPENED</b> , Did you see what was inside?	No ..... 1 Yes, but I did not see the contents..... 2 Yes, I saw it contained the leaflet ..... 3 Yes, I saw that it did NOT contain the leaflet.... 4

**→ Also note time interview ended (009 on first page)**

**INTERVIEWER OBSERVATIONS**

- Comment on:
1. Questions the participant had difficulty understanding or made her uncomfortable.
  2. Questions that the participant asked you.
  3. Discuss context of the interview (where it was, was anyone else present, was she comfortable or anxious, etc.)
  4. Any other comments.

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