NSFG Cycle 6 Main Study (FEMALE questionnaire)
Section F (fn=FfemC6CRQ.doc)

SECTION F
Family Planning and Medical Services

VARIABLES IMPORTED FROM EARLIER SECTIONS

CMBIRTH	Century month of birth date (Section A)
AGESCRN	Age from the screener
CMLSTYR	Century month of interview minus 1 year (Section A)
CMINTVW	Century month of interview date (Section A)
CMLSTYR_FILL	Fill (month and year) to use as reference point for the past 12 months
MENARCHE	Age at first menstrual period (Section B)
CMLSTPRG	Century month date of last completed pregnancy (Section B)
CMLASTLB	Century month date of last live birth (Section B)
CMFSTSEX	Century month date of first sex (Section C)
CMFSTSEX_FILL	Fill(month and year) for date of first sex (Section C)
FLGDKMO2	Flag if DK month or month was reported as season for date of first sex (Section C)
RHADSEX	Whether R has ever had sex (Section C)
PLCFEMOP	Place where sterilization was performed (Section D)
STERCLIN	R received sterilization at a clinic in the last 12 months (Section D)
ANYFSTER	Ever had a sterilizing operation (Section D)
FSTROP12	Whether R had a sterilizing operation within last 12 mos (Section D)
CMOPER1	CM for R's 1st (or only) sterilizing operation (Section D)
PILL	Ever used birth control pills (Section E)
DIAFRAGM	Ever used Diaphragm (Section E)
DEPOPROV	Ever used Depo-provera or injectables (or shots) (Section E)
NORPLANT	Ever used Norplant (Section E)
CERVLCAP	Ever used a cervical cap (Section E)
IUD	Ever used an IUD, coil, or loop (Section E)
MORNPILL	Ever used 'morning after" pills or Emergency contraception (Section E)
PILL_12	Used birth control pills in last 12 months (METHOD CALENDAR Sec. E)
DIAPH_12	Used Diaphragm (METHOD CALENDAR Sec. E)
IUD_12	Used an IUD, coil, or loop (METHOD CALENDAR Sec. E)
NORP_12	Used Norplant (METHOD CALENDAR Sec. E)
DEPO_12	Used Depo-provera or injectables (or shots) (METHOD CALENDAR Sec. E)
CERVC_12	Used a cervical cap (METHOD CALENDAR Sec. E)
MPILL_ 12	Used 'morning after" pills or Emergency contraception (METHOD CALENDAR Sec. E)

VARIABLES COMPUTED IN THIS SECTION

NUMMTH12	Number of birth control methods used (drug or devices) in the last 12 months (Flow Check F-2)
NUMSVC12	Number of services received in last 12 months (Flow Check F-6)
DRUGDEVE	Number of birth control methods ever used (drug or devices) (Flow Check F-17)
IDCLINIC	Counter for number of times identified a clinic (Flow Check F-8aa)
CMFSTSVC	Century month recieved first birth control service (Flow Check Fa-17c)
FMPILL12	Fill for "morning after pill" or emergency contraception (Flow Check F-0)
FPILL12	Fill for birth control pills (Flow Check F-0)
FDIAPH12	Fill for Diaphragm (Flow Check F-0)
FIUD12	Fill for IUD (Flow Check F-0)
FNORP12	Fill for norplant (Flow Check F-0)
FDEPO12	Fill for Depo-provera (Flow Check F-0)
FCERVC12	Fill for cervical cap (Flow Check F-0)
FFSTRP12	Fill for sterilizing operation (Flow Check F-0)
FPILL	Fill for birth control pills - ever (Flow Check F-0)
FDIAFRGM	Fill for Diaphragm - ever (Flow Check F-0)
FDEPOPRV	Fill for Depo-provera - ever (Flow Check F-0)
FNORPLNT	Fill for norplant - ever (Flow Check F-0)
FCERVCAP	Fill for cervical cap - ever (Flow Check F-0)
FIUD	Fill for IUD - ever (Flow Check F-0)
FMORNPIL	Fill for "morning after pill" or emergency contraception - ever (Flow Check F-0)
FFSTOP12	Fill for sterilizing operation (Flow Check F-6a)
FBTHCN12	Fill for a method of birth control or a prescription for a method (Flow

	Check F-6a)
FMEDTS12	Fill for a check up or medical test related to using a birth control method (Flow Check F-6a)
FBCCNS12	Fill for counseling or information about birth control (Flow Check F-6a)
FSTCNS12	Fill for counseling or information about getting sterilized (Flow Check F-6a)
FEMCON12	Fill for emergency contraception or the morning after pill (Flow Check F-6a)
FECCNS12	Fill for counseling or information about emergency contraception or the morning after pill (Flow Check F-6a)
FPRGTS12	Fill for pregnancy test (Flow Check F-6a)
FABORT12	Fill for abortion (Flow Check F-6a)
FPAP12	Fill for Pap smear (Flow Check F-6a)
FPELVC12	Fill for pelvic exam (Flow Check F-6a)
FPRENT12	Fill for prenatal care (Flow Check F-6a)
FPARTM12	Fill for post-pregnancy care (Flow Check F-6a)
FSTDTS12	Fill for counseling for, or been tested or treated for a sexually transmitted disease (Flow Check F-6a)

<u>CM VARIABLES TO CHECK AGAINST BOTH CMBIRTH AND CMINTVW</u>
CMFSTSVC

<u>COMPUTED VARIABLES (from this section) TO BE INCLUDED ON OUTPUT DATA FILE</u>
NUMMTH12
NUMSVC12
DRUGDEVE
CMFSTSVC

-------------------- SECTION F BEGINS HERE ----------------

FLOW CHECK F-0:   CONSTRUCTING FILLS FOR METHODS OF CONTRACEPTION BROUGHT IN FROM SECTION E

      COMPUTE FPILL12
          IF PILL12 = 1 THEN FPILL12 = BIRTH CONTROL PILLS
          ELSE FPILL12 = BLANK

      COMPUTE FDIAPH12
          IF DIAPH12 = 1 THEN FDIAPH12 = DIAPHRAGM
          ELSE FDIAPH12= BLANK

      COMPUTE FIUD12
          IF IUD12 = 1 THEN FIUD12 = IUD, COIL OR LOOP
          ELSE FIUD12 = BLANK

      COMPUTE FNORP12
          IF NORP12 = 1 THEN FNORP12 = NORPLANT
          ELSE FNORP12 = BLANK

      COMPUTE FDEPO12
          IF DEPO12 = 1 THEN FDEPO12= DEPO-PROVERA OR INJECTABLES (OR SHOTS)
          ELSE FDEPO12 = BLANK

      COMPUTE FCERVC12
          IF CERVC12 = 1 THEN FCERVC12 = CERVICAL CAP
          ELSE FCERVC12 = BLANK

      COMPUTE FMPILL12
          IF MPILL12 = 1 THEN FMPILL12 = 'MORNING AFTER" PILLS OR EMERGENCY CONTRACEPTION
          ELSE FDEPO12 = BLANK

      COMPUTE FFSTRP12
          IF FSTROP12 = 1 THEN FFSTRP12 = STERILIZING OPERATION
          ELSE FFSTRP12 = BLANK

      COMPUTE FPILL

```
                    IF PILL = 1 THEN FPILL = BIRTH CONTROL PILLS
                    ELSE FPILL = BLANK

            COMPUTE FDIAFRGM
                    IF DIAFRAGM = 1 THEN FDIAFRGM = DIAPHRAGM
                    ELSE FDIAFRGM = BLANK

            COMPUTE FDEPOPRV
                    IF DEPOPROV = 1 THEN FDEPOPRV = DEPO-PROVERA OR INJECTABLES
                                                    (OR SHOTS)
                    ELSE FDEPOPRV = BLANK

            COMPUTE FNORPLNT
                    IF NORPLANT = 1 THEN FNORPLNT = NORPLANT
                    ELSE FNORPLNT = BLANK

            COMPUTE FCERVCAP
                    IF CERVLCAP = 1 THEN FCERVCAP = CERVICAL CAP
                    ELSE FCERVCAP = BLANK

            COMPUTE FIUD
                    IF IUD = 1 THEN FIUD = IUD, COIL, OR LOOP
                    ELSE FIUD = BLANK

            COMPUTE FMORNPIL
                    IF MORNPILL =1 THEN FMORNPIL ='MORNING AFTER" PILLS OR EMERGENCY
                                                   CONTRACEPTION
                    ELSE FMORNPIL = BLANK
```

INTRSVC

FA-0. We have already asked you a few questions about sterilizing operations. The questions in this section are about your medical visits for these and other types of birth control, pregnancy, and health care services for women.

ENTER [1] to continue

{ASK SECTION FA OF ALL R
Birth control and medical services in past 12 months series (FA)

INTRO_FA

FA-1. Let's talk about the past 12 months, that is, since [CMLSTYR_FILL].

IF CMOPER1 LT CMLSTYR, ASK:
Have you received any of the following birth control services shown on Card 49 from a doctor or other medical care provider?

ELSE IF CMOPER1 GE CMLSTYR, ASK:
In addition to your sterilizing operation, have you received any of the following birth control services shown on Card 49 from a doctor or other medical care provider?

ENTER [1] to continue

BTHCON12
FA-1b.   (In the past 12 months, have you received)
              A method of birth control or a prescription for a method?

[SHOW CARD 49]

                     Yes.........1
                     No..........5

MEDTST12
FA-1c.   (In the past 12 months, have you received) A check-up or medical
              test related to using a birth control method?

[SHOW CARD 49]

                     Yes.........1
                     No..........5

BCCNS12
FA-1d.   (In the past 12 months, have you received) Counseling or
              information about birth control?

[SHOW CARD 49]

                     Yes.........1
                     No..........5

STCNS12
FA-1e.   (In the past 12 months, have you received) Counseling or
              information about getting sterilized?

[SHOW CARD 49]

                     Yes.........1
                     No..........5

**FLOW CHECK F-1:   IF EA-17 MORNPILL = 1 (YES) OR DK, ASK FA-1f EMCON12
                    ELSE IF EA-17 MORNPILL = 5 (NO) OR RF, GO TO FA-1g ECCNS12**

EMCON12
FA-1f.   (In the past 12 months, have you received) Emergency contraception
              or the 'Morning-after pill,' or a prescription for it?

[SHOW CARD 49]

                     Yes.........1
                     No..........5

ECCNS12
FA-1g.   (In the past 12 months, have you received) Counseling or
              information about Emergency contraception or the 'Morning-after
              pill?'

[SHOW CARD 49]

                     Yes.........1
                     No..........5

FLOW CHECK F-2:   CREATE COUNTER AND INITIALIZE TO 0:
COUNTER FOR NUMBER OF THESE METHODS USED IN LAST 12 MONTHS
**NUMMTH12 = ADD 1 FOR EACH OF THESE METHOD USED
VARIABLES** (FROM SECTION D OR E) **THAT IS EQUAL TO 1 (YES):**
**MPILL_ 12   PILL_12   DIAPH_12   IUD_12
NORP_12   DEPO_12   CERVC_12   FSTROP12**

FLOW CHECK F-3:
IF ((BTHCON12 = 5, OR DK, OR RF) AND
(MEDTST12 = 5, OR DK, OR RF) AND
(BCCNS12 = 5, OR DK, OR RF)),
AND NUMMTH12 GE 1, ASK FA-2 FOLLOW12.
IF R HAS REPORTED NONE OF THESE METHODS IN FA
SERIES, BUT DID REPORT USE OF 1 OR MORE METHODS
IN SECTION E'S METHOD HISTORY, WE ASK FOLLOW12
ELSE GO TO INTR_MED.

FOLLOW12
FA-2. IF NUMMTH12 = 1, ASK:
In the last 12 months, that is, since [CMLSTYR_FILL] have you visited a
doctor or medical care provider about the following methods which you
used in that period:
[LIST FILLS THAT ARE NOT BLANK, THAT IS,
SERVICE WITH RESPONSE = 1 (YES):
**FMPILL12
FPILL12
FDIAPH12
FIUD12
FNORP12
FDEPO12
FCERVC12
FFSTRP12**   ]

ELSE IF NUMMTH12 GE 2, ASK:
Earlier you mentioned you have used
[LIST FILLS THAT ARE NOT BLANK, THAT IS,
SERVICE WITH RESPONSE = 1 (YES):
**FMPILL12
FPILL12
FDIAPH12
FIUD12
FNORP12
FDEPO12
FCERVC12
FFSTRP12**   ]

in the past 12 months. Did you receive any of these at a visit to a
doctor or medical care provider within the past 12 months?

Yes.......................................1 (SET BTHCON12= 1 YES)
No..5
Didn't use the medical method(s) in 12 months
after all, as reported in section E........6

INTR_MED
FA-3. We're also interested in where women go to get other kinds of
      reproductive health care. Please look at Card 50.

      In the past 12 months, that is, since [CMLSTYR_FILL], have you received
      any of the following <u>medical services</u> from a doctor or other medical
      care provider...

                    ENTER [1] to continue

[SHOW CARD 50]

PRGTST12
FA-3a.   IF CURRPREG = 1 (YES) OR (CMLSTPRG GT CMLSTYR), SAY: You may have
              already told me, but in the past 12 months have you received a
              pregnancy test?

              ELSE IF RHADSEX=1, SAY: (In the past 12 months have you received)
              A pregnancy test?

[SHOW CARD 50]

                    Yes...........1
                    No............5

ABORT12
FA-3b.   (In the past 12 months have you received) An abortion?

[SHOW CARD 50]

                    Yes...........1
                    No............5

PAP12
FA-3c.   (In the past 12 months have you received) A Pap smear?

[SHOW CARD 50]

                    Yes...........1
                    No............5

PELVIC12
FA-3d.   (In the past 12 months have you received) A pelvic exam?

[SHOW CARD 50]

                    Yes...........1
                    No............5

**FLOW CHECK F-4:   IF CMLSTPRG GE CMLSTYR (R had a pregnancy ending within last
                    12 months), ASK FA-3E PRENAT12.**

                    ELSE GO TO FLOW CHECK F-5

PRENAT12
FA-3e.   You may have told me this already, but in the past 12 months, have
              you received prenatal care?

[SHOW CARD 50]

> Yes...........1
> No...........5

FLOW CHECK F-5: **IF CMLASTLB GE CMLSTYR (R's most recent live birth occurred within last 12 months), ASK FA-3F PARTUM12.**

ELSE GO TO FA-3g STDTST12

PARTUM12
FA-3f.   (In the past 12 months have you received) Post-pregnancy care?

[SHOW CARD 50]

> Yes...........1
> No...........5

STDTST12
FA-3g.   In the past 12 months, have you received counseling for, or been tested or treated for a sexually transmitted disease?

[SHOW CARD 50]

> Yes...........1
> No...........5

FLOW CHECK F-6:   **CREATE COUNTER AND INITIALIZE TO 0:**
NUMSVC12 = ADD 1 FOR EACH OF THESE METHODS THAT IS EQUAL TO 1 (YES): NUMBER OF SERVICES RECEIVED IN LAST 12 MONTHS

FSTROP12	**BTHCON12**	**MEDTST12**	**BCCNS12**
STCNS12	**EMCON12**	**ECCNS12**	**PRGTST12**
ABORT12	**PAP12**	**PELVIC12**	**PRENAT12**
PARTUM12	**STDTST12**		

FLOW CHECK F-6a: CREATING FILLS FOR METHODS REPORTED IN FA
          COMPUTE FFSTOP12
          IF FSTROP12 = 1 THEN FFSTOP12=STERILIZING OPERATION
          ELSE FFSTOP12= BLANK

          COMPUTE FBTHCN12
          IF BTHCON12 = 1 THEN FBTHCN12= BIRTH CONTROL OR A PRESCRIPTION
                                        FOR A METHOD
          ELSE FBTHCN12= BLANK

          COMPUTE FMEDTS12
          IF MEDTST12 = 1 THEN FMEDTS12 = CHECK UP OR MEDICAL TEST RELATED
                                TO USING A BIRTH CONTROL
          ELSE FMEDTS12 = BLANK

          COMPUTE FBCCNS12
          IF BCCNS12 = 1 THEN FBCCNS12 = COUNSELING OR INFORMATION ABOUT BIRTH
                                        CONTROL
          ELSE FBCCNS12 = BLANK

          COMPUTE FSTCNS12
          IF STCNS12 = 1 THEN FSTCNS12 = COUNSELING OR INFORMATION ABOUT GETTING
                                        STERILIZED
          ELSE FSTCNS12 = BLANK

```
COMPUTE FEMCON12
IF EMCON12 = 1 THEN FEMCON12 = EMERGENCY CONTRACEPTION OR THE "MORNING-
                                 AFTER PILL" OR A PRESCRIPTION FOR IT
ELSE FEMCON12 = BLANK

COMPUTE FECCNS12
IF ECCNS12 = 1 THEN FECCNS12 = COUNSELING OR INFORMATION ABOUT
                    EMERGENCY CONTRACEPTION OR THE "MORNING-AFTER PILL
ELSE FECCNS12 = BLANK

COMPUTE FPRGTS12
IF PRGTST12 = 1 THEN FPRGTS12 = A PREGNANCY TEST
ELSE FPRGTS12 = BLANK

COMPUTE FABORT12
IF ABORT12 = 1 THEN FABORT12 = AN ABORTION
ELSE FABORT12 = BLANK

COMPUTE FPAP12
IF PAP12 = 1 THEN FPAP12 = A PAP SMEAR
ELSE FPAP12 = BLANK

COMPUTE FPELVC12
IF PELVIC12 = 1 THEN FPELVC12 = A PELVIC EXAM
ELSE FPELVC12 = BLANK

COMPUTE FPRENT12
IF PRENAT12 = 1 THEN FPRENT12 = PRENATAL CARE
ELSE FPRENT12 = BLANK

COMPUTE FPARTM12
IF PARTUM12 = 1 THEN FPARTM12 = POST-PREGNANCY CARE
ELSE FPARTM12 = BLANK

COMPUTE FSTDTS12
IF STDTST12 = 1 THEN FTSDTS12 = COUNSELING FOR, OR BEEN TESTED OR
                 TREATED FOR A SEXUALLY TRANSMITTED DISEASE
ELSE FSTDTS12 = BLANK
```

```
FLOW CHECK F-7:   IF  FSTROP12 = 5  AND BTHCON12 = 5
                  AND MEDTST12 = 5  AND  BCCNS12 = 5
                  AND  STCNS12 = 5  AND  ECCNS12 = 5
                  AND (EMCON12 = 5 OR BLANK)
                  AND PRGTST12 = 5  AND  ABORT12 = 5
                  AND    PAP12 = 5  AND PELVIC12 = 5
                  AND PRENAT12 = 5  AND PARTUM12 = 5
                  AND STDTST12 = 5
                       SET NUMSVC12=0 AND GO TO FLOW CHECK F-17a
                       IF NO SERVICE IN THE LAST 12 MONTHS GO TO FB (FIRST
                       SERVICE SERIES)

                  ELSE IF NUMSVC12 GE 1, ASK FA-4 NUMBCVIS.
                             ONE OR MORE SERVICES REPORTED IN FA-1b BTHCON12
                             THROUGH FA-1g ECCNS12 AND FA-3a PRGTST12 THROUGH
                             FA-3g STDTST12 AND FSTROP12, ASK NUMBER OF
                             VISITS
```

NUMBCVIS
FA-4. You said that in the past 12 months you received the following services:

    [LIST FILLS THAT ARE NOT BLANK, THAT IS,
    SERVICE WHICH THEY RECEIVED:

FFSTOP12
FBTHCN12
FMEDTS12
FBCCNS12
FSTCNS12
FEMCON12
FECCNS12
FPRGTS12
FABORT12
FPAP12
FPELVC12
FPRENT12
FPARTM12
FSTDTS12

Did you receive those services during a single visit, or in more than one visit?

                    Single visit..........1
                    More than one visit....5

FLOW CHECK F-8:   **IF FSTROP12 = 1 (YES), DO NOT ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR THAT SERVICE.**
                        Sterilization operation is asked about later

                    ELSE IF NUMSVC12 GE 1 AND FSTROP12 = 1 (YES), ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR EACH SERVICE OTHER THAN FSTROP12.
                        FOR ALL OTHER SERVICES REPORTED IN FA-1b
                        BTHCON12 - FA-1g ECCNS12 AND FA-3a PRGTST12 -
                        FA-3g STDTST12, EXCEPT STERILIZATION

                    ELSE IF NUMSVC12 GE 1 AND FSTROP12 NE 1 (YES), ASK FA-5 BC12PLCX THROUGH FA-8a ADCLIN12 FOR EACH SERVICE.
                        FOR ALL OTHER SERVICES REPORTED IN FA-1b
                        BTHCON12 - FA-1g ECCNS12 AND FA-3a PRGTST12 -
                        FA-3g STDTST12

FLOW CHECK F-8a: **IF NUMBCVIS = 1 (SINGLE VISIT),**
                        ASK FA-5 BC12PLCX THROUGH FA-9 REGCAR12 ONE TIME.
                    ELSE IF NUMBCVIS = 5 (MORE THAN ONE VISIT),
                        ASK FA-5 BC12PLCX FOR EACH SERVICE,
                        THEN FA-6 BC12PAYX FOR EACH SERVICE.

BC12PLCX
FA-5.   Please look at Card 25. During the past 12 months, that is since [CMLSTYR_FILL], where did you receive

             [DISPLAY FILL FOR Nth SERVICE REPORTED
             (THE FILL WILL NOT BE EQUAL TO BLANK)
             FBTHCN12
             FMEDTS12
             FBCCNS12
             FSTCNS12
             FEMCON12
             FECCNS12

FPRGTS12
FABORT12
FPAP12
FPELVC12
FPRENT12
FPARTM12
FSTDTS12]?

[Show Card 25]
[HELP AVAILABLE]

```
Private doctor's office...........................................1
HMO facility......................................................2
Community health clinic, Community clinic, Public health clinic....3
Family planning or Planned Parenthood Clinic......................4
Employer or company clinic........................................5
School or school-based clinic.....................................6
Hospital outpatient clinic........................................7
Hospital emergency room...........................................8
Hospital regular room.............................................9
Urgent care center, urgi-care or walk-in facility................10
Some other place.................................................20
```

FLOW CHECK F-8aa: CREATE COUNTER IDCLINIC AND INITIALIZE TO 0.
IF BC12PLCX = 3 or 4 OR 6 OR 7 OR 8 OR 9 OR 10, THEN ADD 1
TO THE IDCLINIC COUNTER
(This is a counter of how many times identified a
clinic)

FLOW-CHECK F-8b: IF FA-3a PRGTST12 = 1 (YES), ASK FA-5a PGTSTBC2
ELSE GO TO FLOW CHECK F-8c.

PGTSTBC2
FA-5a.   During your visit in the past 12 months when you received a
pregnancy test, did a doctor or medical provider talk to you about
using birth control?

```
Yes.........1
No..........5
```


FLOW CHECK F-8c: IF (PAP12 = 1 (YES) OR PELVIC12 = 1 (YES) and NUMBCVIS=1,
ASK FA-5c PAPPELEC.
R received a Pap smear or pelvic exam in last 12
months -all services in the last 12 months at only 1
visit

IF (PAP12 = 1 (YES) OR PELVIC12 = 1 (YES) R received a Pap
smear or pelvic exam in last 12 mos), ASK FA-5b PAPPLBC2.

ELSE GO TO FLOW CHECK F-8d.

PAPPLBC2
FA-5b.   (During your visit in the past 12 months) when you received a Pap
smear or a pelvic exam, did a doctor or medical provider talk to
you about using birth control?

```
Yes.........1
No..........5
```

PAPPELEC

FA-5c.   (During your visit in the past 12 months) when you received a Pap
            test or a pelvic exam, did a doctor or medical provider talk to
            you about using emergency contraception or the "morning after
            pill"?

                        Yes.........1
                        No..........5

FLOW CHECK F-8d: IF FA-3g STDTST12 = 1 (YES), ASK FA-5d STDTSCON.

                ELSE GO TO FA-6 BC12PAYX.

STDTSCON
FA-5d.   (During your visit in the past 12 months) when you received STD
            testing or treatment, did a doctor or medical provider talk to you
            about using condoms to prevent disease?

                        Yes.........1
                        No..........5

BC12PAYX
FA-6.   Looking at Card 16, please tell me all of the ways in which the
            bill for

            [DISPLAY FILL FOR Nth SERVICE REPORTED
            (THE FILL WILL NOT BE EQUAL TO BLANK)
            FBTHCN12
            FMEDTS12
            FBCCNS12
            FSTCNS12
            FEMCON12
            FECCNS12
            FPRGTS12
            FABORT12
            FPAP12
            FPELVC12
            FPRENT12
            FPARTM12
            FSTDTS12]

            was paid?

        Enter all that apply.

        PROBE: Any other ways?
        Ask if R volunteers bill <u>still unpaid</u>, DISPLAY: how do you think that
        bill will be paid?

[Show Card 16]
[HELP AVAILABLE]

                        Insurance..................................1
                        Co-payment, or out-of-pocket payment.....2
                        Medicaid 3
                        No payment required 4
                        Some other way 5

**FLOW CHECK F-9:   RETURN TO FA-6 BC12PAYX FOR NEXT SERVICE, IF APPLICABLE.
                      ELSE, GO TO FLOW CHECK F-10.**

**FLOW CHECK F-10:   IF BC12PLCX NE 3 or 4 OR 6 OR 7 OR 8 OR 9 OR 10, GO TO FLOW
                CHECK F-13.
                ELSE GO TO FA-8 STATE_NAME**
                        IF SVC REC'D IN PAST 12 MONTHS WAS NOT AT CLINIC, GO TO FLOW
                        CHECK FOR STERILIZING OPERATION. ELSE CONTINUE WITH THE
                        CLINIC DATABASE

STATE_NAME
FA-8.   What is the name and address of the place where you received

               [DISPLAY NTH SERVICE REPORTED WHERE BC12PLCX=3,4,,6,7,8,9, OR 10]

               (THE FILL WILL NOT BE EQUAL TO BLANK)
               **FBTHCN12
               FMEDTS12
               FBCCNS12
               FSTCNS12
               FEMCON12
               FECCNS12
               FPRGTS12
               FABORT12
               FPAP12
               FPELVC12
               FPRENT12
               FPARTM12
               FSTDTS12**]?

               What state is the place in?

               *Either PRESS [backspace] to see the lookup table or start typing
               the name of the state*

[HELP AVAILABLE]
[LINK TO STATE DATABASE]

CLINIC12
FA-8. (What is the name and address of the place where you received

       [DISPLAY NTH SERVICE REPORTED WHERE BC12PLCX=3,4,6,7,8,9, OR 10]?)

[LINK TO CLINIC DATABASE]
[HELP AVAILABLE]

               *Either PRESS [backspace] to see the lookup table or start typing
               the name of the city where the clinic is located
               (1) TYPE OR SELECT A CITY;
               (2) SELECT A CITY BY SCROLLING UP OR DOWN;
               (3) PRESS ENTER*

        CONFIRM
        I have found a clinic (by that name/in that city) at:

         [list clinic selected]

        Is this correct?

                Yes.......................1
                No........................5
                Clinic not in database ...6

FLOW CHECK F-10c: IF CONFIRM = 1 (CLINIC IDENTIFIED IN DATABASE)**,**
GO TO FLOW CHECK F-11.
ELSE, ASK FA-8a ADCLIN12.

ADCLIN12
FA-8a.   *ENTER name and address of clinic you were unable to find in*
             database

             If necessary: (REFER R to personal records or area phone books
                                  to obtain clinic name and address. If R is
                                  unable to provide the full address, record as
                                  much information as she can provide.)

FLOW CHECK F-11:   IF CLINIC CODE IN CLINIC12 IS THE SAME CLINIC CODE AS
REPORTED IN EARLIER CLINIC12 FOR ANOTHER SERVICE,
SET FA-9 REGCAR12 TO EARLIER REGCAR12
AND GO TO FLOW CHECK F-12.

ELSE, ASK FA-9 REGCAR12.

REGCAR12
FA-9. Is this clinic your <u>regular</u> place for medical care, or do you <u>usually</u> go
      somewhere else for medical care?

            Regular place...1
            Regular place, but go to more than 1 place regularly....2
            Usually go somewhere else..............................3
            No usual place..4

FLOW CHECK F-12:   RETURN TO FLOW CHECK F-10 FOR NEXT CLINIC, IF APPLICABLE.
ELSE, GO TO FLOW CHECK F-13.

FLOW CHECK F-13:   IF STERCLIN = 1 OR (ANYFSTER= 1 AND STERCLIN = BLANK), GO TO
FLOW CHECK F-13a.

ELSE, GO TO FLOW CHECK F-15.

FLOW CHECK F-13a: IF IDCLINIC =1, ASK STCLSAME FA-10.
ONLY ONE CLINIC PREVIOUSLY SELECTED FROM THE DATABASE
FROM PREVIOUS LOOP CLINIC12

ELSE IF IDCLINIC NE 1, GO TO STATE_NAME FA-10a.
(IF NO CLINICS YET IDENTIFIED, OR MORE THAN ONE CLINIC
ALREADY IDENTIFIED FROM THE DATABASE FROM PREVIOUS
LOOP CLINIC12)

STCLSAME
FA-10.   Did you receive your sterilizing operation from the same clinic
              you named earlier or from a different clinic?

                    Same clinic..............1
                    Different clinic........5

FLOW CHECK F-13b: IF STCLSAME = 1:

**SET STERCLIN FA-10a TO EARLIER CLINIC12 FA-8,
SET FA-12 STREGCAR TO EARLIER FA-9 REGCAR12
AND GO TO FLOW CHECK F-15.**

STATE_NAME

FA-10a.   What is the name and address of the clinic where you received your
           sterilizing operation?

           What state is the place in?

           *Either PRESS [backspace] to see the lookup table or start typing
           the name of the state*

STERCLIN

FA-10a.   What is the name and address of the clinic where you received your
           sterilizing operation?

[LINK TO CLINIC DATABASE]

           *Either PRESS [backspace] to see the lookup table or start typing
           the name of the city where the clinic is located
           (1) TYPE OR SELECT A CITY;
           (2) SELECT A CITY BY SCROLLING UP OR DOWN;
           (3) PRESS ENTER*

   CONFIRM1

   I have found a clinic (by that name/in that city) at:

    [list clinic selected]

   Is this correct?

           Yes.......................1
           No........................5
           Clinic not in database ...6

FLOW CHECK F-13c: IF CONFIRM1 = 1 (CLINIC SELECTED FROM DATABASE),
                    GO TO FLOW CHECK F-14.
               ELSE, ASK FA-11 STCLNAME.

STCLNAME

FA-11.   *ENTER name and address of clinic you were unable to find in
           database.*

           *If necessary: (REFER R to personal records or area phone books
                               to obtain clinic name and address. If R is
                               unable to provide the full address, record as
                               much address information as she can provide.)*

**FLOW CHECK F-14:   IF CLINIC CODE IN STERCLIN WAS REPORTED EARLIER IN CLINIC12
                    FOR ANOTHER SERVICE, SET STREGCAR TO REGCAR12 REPORTED IN
                    THAT SAME LOOP AND GO TO FLOW CHECK F-15.**

                    ELSE, ASK STREGCAR.

STREGCAR
FA-12.   Is this clinic your <u>regular</u> place for medical care, or do you
              <u>usually</u> go somewhere else for medical care?

                   Regular place...1
                   Regular place, but go to more than 1 place regularly......2
                   Usually go somewhere else...............................3
                   No usual place..4

FLOW CHECK F-15:   IF IDCLINIC GE 1, ASK INTR_CLN.
                           REPORTED A CLINIC IN THE LAST 12 MONTHS IN ANY
                           OF THE BC12PLCX LOOPS

                   ELSE, GO TO FLOW CHECK F-17.

{clinic users in last 12 months
INTR_CLN
FA-13.   In the past 12 months, have you received any of the following from
              a clinic...

              ENTER [1] to continue

FCONDOM
FA-13a.   (In the past 12 months, have you received)
              Free condoms (from a clinic)?

                        Yes.......1
                        No........5

FFOAM
FA-13b.   (In the past 12 months, have you received)
              Free foam or jelly (from a clinic)?

                        Yes.......1
                        No........5

FORAL
FA-13c.   (In the past 12 months, have you received)
              Free oral contraceptive pills (from a clinic)?

                        Yes.......1
                        No........5

RORAL
FA-13d.   (In the past 12 months, have you received)
              Reduced-price oral contraceptive pills (from a clinic)?

                        Yes.......1
                        No........5

**FLOW CHECK F-16:   IF BC12PAYX = 2 (co-payment or out-of-pocket payment), ASK
                     SLSCSRV.**

                   ELSE GO TO FLOW CHECK F-17.

SLSCSRV
FA-14.   In the past 12 months, have you paid for any clinic services on a
              sliding scale based on your income?

[HELP AVAILABLE]

```
            Yes.......................1
            No........................5
```

FLOW CHECK F-17:   IF AGESCRN LT 25, create DRUGDEVE AND GO TO FLOW CHECK F-17a
**   CREATE COUNTER AND INITIALIZE TO 0:**
**   DRUGDEVE = ADD 1 FOR EACH OF THESE METHOD USE**
**   VARIABLES THAT IS EQUAL TO 1 (YES):**
**   PILL   DEPOPROV NORPLANT DIAFRAGM**
**   CERVLCAP IUD   MORNPILL ANYFSTER**
                        THESE REFER TO EVER USE(SECTION D AND E)

**   ELSE IF AGESCRN GE 25, GO TO GA-0 GAINTRO1**

First service ever received series (FB)

FLOW CHECK F-17a:
**   IF NUMSVC12 = 0 and DRUGDEVE= 0, THEN GO TO FLOW CHECK F-18**
**   ELSE IF NUMSVC12 = 0 and DRUGDEVE GE 1, THEN GO TO**
**   FB-2 WNFSTSVC_M**
**   ELSE IF NUMSVC12 GE 1, ASK FB-1 FSTSVC12**

FSTSVC12
FB-1 IF NUMSVC12 = 1, SAY:
      You told me that in the last 12 months you received a birth control
      service from a doctor or medical care provider. Was this the first birth
      control service you have ever received in your life?

      ELSE IF NUMSVC12 GT 1, SAY:
      You told me that in the last 12 months you received birth control
      services from a doctor or medical care provider. Were any of these
      services the first birth control service you have ever received in your
      life?

```
            Yes.......................1
            No........................5
```

WNFSTSVC_M
FB-2. Now I'd like to know about the very <u>first</u> time you received a birth
      control service from a doctor or medical care provider. In what month
      and year did you receive your first birth control service?

      ENTER Month
      PROBE for season if DK month

```
1. January      5. May          9.  September    13. Winter
2. February     6. June         10. October      14. Spring
3. March        7. July         11. November     15. Summer
4. April        8. August       12. December     16. Fall
```


WNFSTSVC_Y
FB-3. (Now I'd like to know about the very <u>first</u> time you received a birth

control service from a doctor or medical care provider. In what month
and year did you receive your first birth control service?)

ENTER year in 4 digits

UNDERLYING RANGE: 1962 to 2002

FLOW CHECK F-17c: COMPUTE CMFSTSVC:
(CENTURY MONTH RECEIVED 1ST BIRTH CONTROL SERVICE**)**

SET CMFSTSVC = NULL/BLANK
IF WNFSTSVC_Y = RF, THEN CMFSTSVC = 9998 (RF)
ELSE IF WNFSTSVC_Y = DK, THEN CMFSTSVC = 9999 (DK)

ELSE IF WNFSTSVC_M = 13 OR 14 OR 15 OR 16, USE MONTH
APPROPRIATE TO SEASON (MONTH) THEN CMFSTSVC =
(WNFSTSVC_Y-1900) + MONTH

ELSE IF WNFSTSVC_M = DK OR RF,
THEN CMFSTSVC = (WNFSTSVC_Y-1900) + 6

ELSE CMFSTSVC = (WNFSTSVC_Y-1900)*12 + WNFSTSVC_M

FLOW CHECK F-17d: **IF FSTSVC12 = 1 (1ST SERVICE IN LAST 12 MONTHS) AND**
CMFSTSVC NE BLANK, GO TO FLOW CHECK F-18.
1ST SERVICE IN LAST 12 MONTHS, GOT DATE OF 1ST
SERVICE AND SKIPPED TO SECTION FC

ELSE IF RHADSEX = 1 (YES) AND ((CMFSTSVC = DK OR RF)
OR CMFSTSVC = CMFSTSEX OR CMFSTSEX=DK), ASK FB-4
B4AFSTIN.
FOR THOSE FOR WHOM DATE OF FIRST SERVICE
RECEIPT IS UNKNOWN, OR IS THE <u>SAME</u> AS DATE OF
FIRST SEX OR DON'T KNOW DATE OF 1ST SEX, ASK
WHICH CAME FIRST, AND RELATIVE TIMING.

ELSE, GO TO FB-7 BCPLCFST (SOURCE OF 1ST SERVICE)**.**

(User Note: This flow check did not work as intended. Only the initial
variables in the series are included on the data file. See User's Guide
section on "Data Quality" for further information.)

B4AFSTIN
FB-4. IF CMFSTSEX = BLANK, DK, OR RF, ASK:
Was it before or after the first time you had intercourse?

ELSE IF (CMFSTSEX NE BLANK, DK OR RF) OR CMFSTSVC = CMFSTSEX, ASK:
Was it before or after the first time you had intercourse in
[CMFSTSEX_FILL])?

Before........................ 1 (BCPLCFST FB-7)
After......................... 2

FLOW CHECK F-17e: IF CMFSTSVC = CMFSTSEX, GO TO FLOW CHECK F-17f
IF THEY'RE THE SAME MONTH DON'T NEED TO ASK HOW MANY MONTHS

APART

TMAFTIN
FB-5. How long after your first intercourse did you receive your first birth
control service(s)? Was it...

> *READ List*

> Less than a month after your first intercourse............1
> One to three months after your first intercourse.........2
> Four to twelve months after your first intercourse 3
> More than a year after your first intercourse............4

FLOW CHECK F-17f: IF DRUGDEVE = 1, GO TO BCPLCFST FB-7
                IF ONLY ONE SERVICE EVER RECEIVED,
                DON'T NEED TO ASK WHICH ONE WAS FIRST.
         ELSE IF DRUGDEVE GT 1, GO TO FSTSERV FB-6

(User Note: The routing (flow checks F-17d and F-17f) to this variable,
FSTSERV, did not work as intended. Everyone that should have gone to this
variable did not do so. Therefore this variable is not included in the data
file. See User's Guide section on "Data Quality" for further information.)
FSTSERV
FB-6. Which service or services did you get that first time? Did you get

[HELP AVAILABLE]

> *READ List and ENTER all that apply*

> [LIST FILLS THAT ARE NOT BLANK, THAT IS,
> SERVICE WITH RESPONSE = 1 (YES):
> > **FMORNPIL**
> > **FPILL**
> > **FDEPOPRV**
> > **FNORPLNT**
> > **FDIAFRGM**
> > **FCERVCAP**
> > **FIUD**
> > **FFSTRP12 (IF ANYFSTER = 1)**

BCPLCFST
FB-7. IF DRUGDEVE = 1, ASK:
      Please look at Card 25. Where did you receive your first birth control
      service?

      ELSE IF DRUGDEVE GT 1, ASK:
      Please look at Card 25. Where did you receive your first birth control
      services?

[SHOW CARD 25]

> Private doctor's office...1
> HMO facility..2
> Community health clinic, Community clinic, Public health clinic....3
> Family planning or Planned Parenthood Clinic......................4
> Employer or company clinic..5

```
School or school-based clinic.....................................6
Hospital outpatient clinic........................................7
Hospital emergency room...........................................8
Hospital regular room.............................................9
Urgent care center, urgi-care or walk-in facility................10
Some other place.................................................20
```

{FOR R LT 25 YEARS OLD
Clinic series (FC)

**FLOW CHECK F-18:   IF (BCPLCFST NE 3 OR 4 OR 6 OR 7 OR 8 OR 9 OR 10) AND
                    (IDCLINIC LT 1) AND
                    (PLCFEMOP NE 3 OR 4 OR 6 OR 7 OR 8 OR 9 OR 10) AND
                    (MENARCHE NE 96), ASK FC-1 EVERFPC.**

ELSE GO TO GA-0 GAINTRO1.

EVERFPC
FC-1.   IF MENARCHE NE DK OR RF, ASK:
            Since your first menstrual period when you were [MENARCHE], have
            you ever visited a <u>clinic</u> for any kind of medical or birth control
            service?

            ELSE IF MENARCHE = DK OR RF, ASK:
            Since your first menstrual period, have you ever visited a <u>clinic</u>
            for any kind of medical or birth control service?

[HELP AVAILABLE]

```
                Yes..............1
                No..............5 (GA-0 GAINTRO1)
```


KNDMDHLP
FC-2. What kind of medical service did you receive at the clinic?

        Enter all that apply

[SHOW CARD 51]

```
        A method of birth control (or prescription).......................1
        Birth control counseling.........................................2
        Emergency contraception..........................................3
        Counseling about Emergency Contraception.........................4
        A check-up or test for birth control.............................5
        A pregnancy test.................................................6
        An abortion .....................................................7
        A Pap smear or pelvic exam.......................................8
        Post-pregnancy care .............................................9
        STD or HIV testing/treatment/counseling.........................10
        Other ..........................................................20
```