



**Reproductive
Health Experiences
and Access Survey**

Prefield Programming Specifications

CHANGELOG:

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GENERAL PROGRAMMING NOTES

Font colors as follows:

Screen names are in **red font**

Input variable names are in **blue font**

Programmer notes are in **green font**

Skip logic can be assumed to proceed in a linear fashion except otherwise noted by question-specific directions in Green or in an IT INFO callout box that should guide navigation after the previous question.

Respondents should be able to complete over multiple sessions, using their PIN to log back in and resume where they left off.

Web skip behavior should be restricted by an active refusal approach: each screen will have an option for 'Prefer not to answer'. If someone tries to navigate forward without answering each row in a grid or at least one response in a radio button or checklist item, they should see an error message encouraging them to respond before proceeding:

PAGE HAS ERRORS: Answer is incomplete

The main navigation buttons will be:



Formatting for font options should be:

12 point font unless otherwise noted. Question text bold, response text non-bold. Emphases made with italics instead of underlining or capitalizing.

ENTRY/EXIT PAGES

LANDING SCREEN (ONLINE)

[HTTPS://RHEA.norc.org/](https://rhea.norc.org/)



Welcome to the Reproductive Health Experiences and Access Survey!

NORC at the University of Chicago is **asking for your help with an important study about reproductive health**. The information you provide will help researchers better understand reproductive health care experiences. Researchers want to know how you make decisions about reproductive health care. They also want to know about your experiences accessing and using this care.

Please have a woman, or someone assigned female at birth, between ages 18-49 who lives in your household fill out this survey. In some households, more than one person may fit this description. If that is the case, please have the eligible person who celebrated their birthday most recently fill it out.

Your participation is voluntary. Some topics may be sensitive for you, and you can decline to answer any question. We have a Federal Certificate of Confidentiality for this project. It is designed to protect the confidentiality of your research data from a court order or subpoena. We can provide you with more information if you would like. The survey takes about 20 minutes to complete. If you are eligible and complete the survey, we will offer you an extra \$10. This payment can be in the form of an Amazon.com, Target, Walmart, or Mastercard electronic gift card.

Your privacy is important to us. Your answers will be shared with authorized researchers, but only after we have removed personal identifiers. These researchers will use this information for statistical purposes only. All information we collect will be stored on secure, password protected computers.

Your responses are important to help us understand people's reproductive health care experiences.

If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

Please enter your PIN listed in the invitation letter we sent to you and then press the "Start Survey" button.

By pressing the "Start Survey" button to enter the survey, you indicate your willingness to voluntarily take part in this study.

COMPLETED.html

This survey has already been completed. Thank you.

CLOSED.html

We are sorry but this survey is now closed. For questions please email. Thank you.

SAVEEXIT

Are you sure you want to exit the survey?

If you reached this page by mistake, please click *Back* to return to the survey.

A. QUESTIONS ABOUT YOU

IT INFO: **ADD TIME STAMP BEFORE A1: DTS_SSTRT**

A1.

AGE1

What is your age (in years)?

___ (age in years) **[NUMERIC, 1-3 DIGITS POSITIVE INTEGER ONLY]** → **GO TO A3.**
9999. Prefer not to answer

A2.

AGE2

What if you had some age categories? Would you say you are...

1. Under 18
 2. 18-19
 3. 20-24
 4. 25-29
 5. 30-34
 6. 35-39
 7. 40-44
 8. 45-49
 9. 50 or older
 - 99.** Prefer not to answer
-

A3.

SOGI1

What sex were you assigned at birth, on your original birth certificate? *Please select one.*

1. Female
 2. Male
 - 99.** Prefer not to answer
-

A4.

SOGI2

What is your current gender identity? *Please select one.*

1. Female/Woman/Girl

2. Male/Man/Boy
3. Non-binary

[SOGI2_O] 4. I use a different term (Please specify) [1000 CHAR]

77. Don't know
99. Prefer not to answer

IT INFO

SCREEN INTO REMAINING QUESTIONS IF (AGE1=18 to 49 years old OR AGE2=2-8) AND SOGI1=1
[assigned female at birth].

IF 17<AGE1<50
AND AGE2 NOT IN (1, 9, 99)
AND SOGI1=1 THEN PROCEED TO **B0**

ALL OTHERS EXIT TO **INELIGIBLE.HTML**

INELIGIBLE.HTML

We are sorry but you are not eligible for this survey.

Thank you very much for your time and effort.

If you would like more information about the study, please call or send an email. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free)

[IT INFO: EXTERNAL TO VOXCO SURVEY; NO NEXT/BACK FUNCTIONALITY, JUST LANGUAGE TOGGLE BUTTON]

B. GENERAL HEALTH

IT INFO: **ADD TIME STAMP BEFORE B0: DTS_QX_STRT**

B0.

Welcome! Based on your answers, we have more questions for you.

To start, we have a few questions about your health and healthcare in general.

B1.

HLTH1

In general, would you say your health is:

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 99. Prefer not to answer
-

B1_2.

HLTH2

In general, would you say your *mental health* is:

1. Excellent
 2. Very good
 3. Good
 4. Fair
 5. Poor
 99. Prefer not to answer
-

B2.

HLTH3

Is there a place that you *usually* go to if you are sick and need health care?

1. Yes
 2. There is **no** place. → **GO TO B4.**
 3. There is **more than one** place.
 99. Prefer not to answer → **GO TO B4.**
-

B3.**HLTH4 What kind of place do you go to most often for care?**

1. A doctor's office or health center
2. An urgent care center
3. A clinic in a drug store or grocery store
4. A hospital emergency room
5. Some other place
99. Prefer not to answer

B4**HLTH5**

In the past 12 months, have you received any of the following types of health care?

	Yes	No, but I needed this care and did not get it	No, I did not need this care	Don't know	Prefer not to answer
HLTH5_1 Preventive gynecologic care (screening for cervical cancer, annual pelvic exam)	1	2	3	77	99
HLTH5_2 Care for irregular or painful periods	1	2	3	77	99
HLTH5_3 Care for premenstrual dysphoric disorder	1	2	3	77	99
HLTH5_4 Fertility assistance (e.g., in vitro fertilization, intra uterine insemination, fertility medicine)	1	2	3	77	99
HLTH5_5 Gender affirming care	1	2	3	77	99
HLTH5_6 Care for loss of sexual desire or dysfunction	1	2	3	77	99
HLTH5_7 Care for perimenopause or menopausal symptoms	1	2	3	77	99

Explanatory Text (for hover overs on web, text on SAQ):

- General gynecologic care (screening for cervical cancer, annual pelvic exam)

- **Description for programming:** Routine care that involves the reproductive system, annual exams can include a “pap smear” or testing for sexually transmitted infections (STIs).
 - Care for irregular or painful periods
 - **Description for programming:** Care for periods that are irregular or painful and hinder a person’s quality of life, frequently caused by fibroids, endometriosis, polycystic ovarian syndrome or another condition.
 - Care for Premenstrual Dysphoric Disorder (PMDD)
 - **Description for programming:** This is a severe or chronic form of premenstrual syndrome (PMS). Symptoms start during the week before menstruation. These symptoms prevent people from doing daily tasks.
 - Fertility assistance (e.g., in vitro fertilization, intra uterine insemination, fertility medicine)
 - **Description for programming:** Fertility services are provided by healthcare providers to people who struggle to conceive or carry a pregnancy to term. These services are also used by same-sex couples or single people who want to conceive.
 - Gender affirming care
 - **Description for programming:** This care is to support people whose gender identity conflicts with the sex they were assigned at birth. For example, a person assigned female at birth who identifies as a man or non-binary. This care can include medical interventions to affirm a person’s gender identity—such as hormone therapy or surgery (e.g., hysterectomy; breast reconstruction or “top surgery”).
 - Care for loss of sexual desire or dysfunction
 - **Description for programming:** Care for sexual dysfunction, a problem that can prevent a person from experiencing satisfaction from sex, can address different symptoms, such as lack of interest in sex, arousal issues, and pain with sex.
 - Care for Perimenopause or menopausal symptoms
 - **Description for programming:** Healthcare for people experiencing the transition to menopause (perimenopause) or menopause can include hormone therapy and other medications to address symptoms, such as hot flashes, irregular periods, and vaginal dryness.
-

C. PREGNANCY HISTORY AND DESIRES

IT INFO: **ADD TIME STAMP BEFORE C0: SEC_C_TMSTMP**

C0.

Next, we have a few questions about your experiences with pregnancy and thoughts about becoming pregnant.

C2.

PREG1

Are you currently pregnant?

1. Yes → **GO TO D0**
 2. No
 3. Not sure
 99. Prefer not to answer
-

C1.

PREG2

In your lifetime, have you ever been pregnant? Please include any prior pregnancies that may have ended in miscarriage or abortion, in addition to births.

1. Yes
 2. No
 99. Prefer not to answer
-

IT INFO

IF PREG1 = 2, 3, 99 THEN PROCEED TO C4

IF PREG1 = 1 THEN SKIP TO D0

C4.

PREG3

Are you currently trying to get pregnant?

- 1. Yes
- 2. No
- 99. Prefer not to answer

C5.

PREG4

Please indicate whether you agree or disagree with each of the following statements.

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree	Prefer not to answer
PREG4_1	1	2	3	4	5	99
PREG4_2	1	2	3	4	5	99
PREG4_3	1	2	3	4	5	99

D. CONTRACEPTIVE USE AND ACCESS

IT INFO: **ADD TIME STAMP BEFORE D0: SEC_D_TMSTMP**

D0.

The next few questions are about using birth control **to prevent pregnancy or for other reasons that are not related to pregnancy prevention**. Birth control refers to *all* the different methods, including condoms, birth control pills, Depo-Provera (the shot), IUDs, implants, and non-prescription methods like withdrawal or “pulling out.” It also includes permanent methods like having your tubes tied or vasectomy and other methods you might use, even if you used them for reasons other than to prevent pregnancy.

D1.

BC1

Have you ever visited a doctor or other health care provider *for birth control care*? Birth control care includes getting a method of birth control or a prescription for birth control (including tubal ligation and other forms of sterilization); a check-up or medical test related to using birth control; or counseling or information about birth control. Please include telemedicine and app-based birth control care.

1. Yes
 2. No → **GO TO D5/BC5.**
 99. Prefer not to answer → **GO TO D5/BC5.**
-

D2.

BC2 .

About how long ago was your last *birth control care* visit?

1. Less than a year
 2. One or more years
 99. Prefer not to answer
-

D3.

BC3 .

Where did you have your most recent *birth control care* visit?

1. Doctor’s office

2. Telehealth visit (i.e., visit with a health care provider over the phone or using a computer)
3. Planned Parenthood
4. Another family planning clinic or a community health center
5. School or school-based clinic or college health center
6. Walk-in clinic, such as an urgent care center or clinic inside a store
7. Pharmacy or drug store
8. Online birth control website or app (e.g., Nurx, The Pill Club, Hims or Hers)
9. Some other place
99. Prefer not to answer

D4.

BC4

Please rate the health care provider you saw most recently for *birth control care* with respect to the following qualities.

	Poor	Fair	Good	Very Good	Excellent	Not Applicable	Prefer not to answer	
BC4_1	Respecting me as a person	1	2	3	4	5	6	99
BC4_2	Letting me say what mattered to me about my birth control method	1	2	3	4	5	6	99
BC4_3	Taking my preferences about my birth control seriously	1	2	3	4	5	6	99
BC4_4	Giving me enough information to make the best decision about my birth control method	1	2	3	4	5	6	99
BC4_5	Keeping information about me and my care private	1	2	3	4	5	6	99
BC4_6	Having an interpreter and/or material translated into my language	1	2	3	4	5	6	99

available when I want/need it							
-------------------------------	--	--	--	--	--	--	--

D5.

BC5 .

The next question asks about sexual intercourse. It is referring to sex where a penis is inserted into the vagina.

In the past three months, did you have sexual intercourse?

- 1. Yes
- 2. No
- 3. Not sure
- 99. Prefer not to answer

IT INFO

IF PREGSTAT2 =2,3,99 AND BC5=2 THEN PROCEED TO (BC6)

IF PREGSTAT2 =2,3,99 AND BC5=1,3,99 THEN SKIP TO (BCSCREEN1)

IF PREGSTAT2 =1 THEN SKIP TO (BC16)

D6.

BC6 .

If BC5 = 2

Is avoiding pregnancy a reason you have not had sexual intercourse in the past three months?

- 1. Yes
- 2. No
- 99. Prefer not to answer

D7.

BC7

In the past three months, have you used *any* form of birth control, either to prevent pregnancy or for other reasons?

- 1. Yes

- 2. No → GO TO (BC11).
- 99. Prefer not to answer → GO TO J1 (BC11).

D8.

BC8

In the past three months, which of the following birth control method or methods have you or your partner/s used, even if you have used them for reasons other than to prevent pregnancy? Please include methods that you may have started more than three months ago but used in the past three months, such as sterilization or an IUD. (Continued on the next screen.)

	Yes	No	Prefer not to answer
BC8_1	1	2	99
BC8_2	1	2	99
BC8_3	1	2	99
BC8_4	1	2	99
BC8_5	1	2	99
BC8_6	1	2	99
BC8_8	1	2	99
BC8_8	1	2	99

D9

BC8

In the past three months, which of the following birth control method or methods have you or your partner/s used, even if you have used them for reasons other than to prevent pregnancy? Please include methods that you may have started more than three months ago but used in the past three months, such as sterilization or an IUD. (Continued from the previous screen)

	Yes	No	Prefer not to answer
BC8_9	1	2	99

BC8_10	Other barrier methods (diaphragm, sponge, cervical cap, or female condom)	1	2	99
BC8_11	Natural family planning methods (also called calendar/rhythm method, cycle beads, or basal body temperature)	1	2	99
BC8_12	An app, computer program, or website that helps keep track of your menstrual cycle or period	1	2	99
BC8_13	Emergency contraception (morning after pill, also known as Plan B or Ella)	1	2	99
BC8_14	Permanent contraception or “sterilization” (tubal ligation, tubal removal, or “Essure”)	1	2	99
BC8_15	Hysterectomy	1	2	99
BC8_16	Partner's vasectomy	1	2	99
BC8_17 [BC8_0]	Other method (please specify): [CHAR 1000]	1	2	99

IT INFO

If BC8_14 = 1 THEN PROCEED TO BC9.
ALL OTHERS SKIP TO (BC11).

D10

BC9

Approximately how old were you when you had your tubal removal or ligation (“tubes tied” or “Essure”)?

___ years old [NUMERIC 3 Digit Input]

7777. Don't know

9999. Prefer not to answer

D11

BC10

As things look to you now, if your tubal removal or ligation could be reversed safely, would you want to have it reversed?

1. Definitely yes
2. Probably yes
3. Probably no
4. Definitely no
5. Not sure
99. Prefer not to answer

D21

BC11

In the past 12 months, have you delayed or had trouble getting the birth control method you wanted for any reason?

1. Yes
2. No → GO TO D12 (BC13)
99. Prefer not to answer → GO TO D12 (BC13)

D22/D23

BC12

If BC11 = 1

Why did you delay or have trouble getting the birth control method that you wanted? Please check all that apply.

1. I could not afford it
2. My health insurance did not cover it
3. I did not have health insurance
4. My health insurance co-pays/deductibles were too high
5. I did not know where I could get it
6. It was too hard to get to the clinic or the place where I get my birth control (e.g., no transportation or childcare, could not take time off work)
7. My doctor/clinic did not offer it
8. My health care provider advised against it
9. It was hard to get an appointment (e.g., provider availability, long wait)

10. My partner did not want me to use it
11. Other, please specify: [BC12_0] [CHAR 1000]
99. Prefer not to answer

IT INFO

If PREG1= 2,3,99 THEN PROCEED TO D12.
IF PREG1= 1 SKIP TO D20/BC15

D12

BC13

If PREG1 = 2, 3, 99

Is there a method of birth control that you would like to use but you are not currently using?

1. Yes, I want to use a different method
2. No, I am using my preferred method → **GO TO D20**
3. No, I am actively trying to get pregnant → **GO TO D20**
4. No, I am not interested in using any form of birth control → **GO TO D20**
5. No, I am not having sexual intercourse → **GO TO D20**
6. I am not sure if there is another method I would rather be using → **GO TO D20**
99. Prefer not to answer → **GO TO D20**

D13/D14

BC14

What is the main reason you are not currently using the birth control method you want to use?

1. I can't afford it.
2. My health insurance doesn't cover it.
3. I don't have health insurance.
4. My health insurance co-pays/deductibles are too high.
5. I don't know where I can get it.
6. It is too hard to get to the clinic or the place where I get my birth control (e.g., no transportation or childcare, can't take time off work).
7. My doctor/clinic doesn't offer it.
8. My health care provider advised against it.
9. It is hard to get an appointment (e.g., provider availability, long wait).
10. My partner doesn't want me to use it.
11. Side effects

- 12. Other, please specify: [BC14_0] [CHAR 1000]
- 99. Prefer not to answer

D15/D16

BC15

If you could use any birth control method you wanted, what method(s) would you use, even if you would use them for reasons other than to prevent pregnancy? Please check all that apply.

- 1. Withdrawal (also called “the pull-out method”)
- 2. Birth control pills
- 3. Birth control patch (Evra® or other)
- 4. Vaginal ring (Nuvaring® or other)
- 5. Depo-Provera® (also called “the shot”)
- 6. IUD with hormones (Mirena®, Skyla®, Liletta®, or Kyleena®)
- 7. Copper IUD (Paragard®)
- 8. Implant (Implanon® or Nexplanon®)
- 9. Male condoms
- 10. Other barrier methods (diaphragm, sponge, cervical cap, female condom)
- 11. Natural family planning methods (also called calendar/rhythm method, cycle beads, basal body temperature)
- 12. An app, computer program, or website that helps keep track of your menstrual cycle or period
- 13. Emergency contraception (morning after pill, also known as Plan B or Ella)
- 14. Permanent contraception or “sterilization” (tubal ligation, tubal removal)
- 15. Partner's vasectomy
- 16. Other method (please specify): [BC15_0] [CHAR 1000]
- 17. Not sure
- 99. Prefer not to answer

D20

BC16

In the past 12 months, have you used any of the following forms of emergency contraception (contraception that you use right *before* or *after* you have sexual intercourse)?

	Yes	No	Prefer not to answer
BC16_1 I used Plan B One-Step® (or a generic like Next Choice® or My Way®) and I got it over-the-counter .	1	2	99
BC16_2 I used Plan B One-Step®, Ella®, or a generic like Next Choice® or My	1	2	99

	Way® and I got it with a prescription.			
BC16_3	I had an IUD placed for emergency contraception (after unprotected sex).	1	2	99
BC16_4	I tried an at-home method like eating certain foods or douching.	1	2	99

D24

BC17

In the past 12 months, has a health care provider...

		Yes	No	Prefer not to answer
BC17_1	Made you feel like you had to use birth control?	1	2	99
BC17_2	Made you use a specific birth control method?	1	2	99
BC17_3	Made you keep using a birth control method that you wanted to stop using?	1	2	99
BC17_4	Refused to give you the birth control method you wanted?	1	2	99
BC17_5	Made you feel that you should not use birth control?	1	2	99

D25

BC18

Universe: All respondents

In the past 12 months, has someone you were dating or otherwise in a sexual relationship with...

		Yes	No	Prefer not to answer
BC18_1	Told you not to use any birth control (like the pill, shot, ring, etc.)?	1	2	99
BC18_2	Taken your birth control (like pills) away from you?	1	2	99

BC18_3	Kept you from going to the clinic to get birth control?	1	2	99
BC18_4	Made you have sex without a condom?	1	2	99
BC18_5	Taken off the condom while you were having sex without your consent?	1	2	99
BC18_6	Put holes in the condom or broken the condom on purpose?	1	2	99
BC18_7	Made you use a method to prevent pregnancy when you did not want to use one?	1	2	99
BC18_8	Made you get an abortion when you did not want one?	1	2	99
BC18_9	Prevented you from getting an abortion when you wanted one?	1	2	99

IT INFO

IF PREG2 = 1 THEN PROCEED TO F0 (PREGEXP_INTRO)

IF PREG1 = 1 THEN PROCEED TO F0 (PREGEXP_INTRO)

IF PREG2 AND PREG1 = 2, 3, 99 THEN SKIP TO H0 (HC_INTRO)

F. PREGNANCY EXPERIENCES

IT INFO: **ADD TIME STAMP BEFORE F0: SEC_F_TMSTMP**

F0.

PREGEXP_INTRO

The next section contains questions about your experiences with pregnancy, miscarriage, and abortion. As a reminder, your responses are voluntary and the information you provide is confidential. Regardless of your answers, the responses you provide are very important to this study.

F1

UNPLN1

Have you ever gotten pregnant when you did not plan to or want to? Please include pregnancies that ended in miscarriage or abortion, in addition to births.

1. Yes
 2. No
 99. Prefer not to answer
-

F2

MISCR1

Have you ever experienced a miscarriage (losing a pregnancy before 20 weeks)?

1. Yes
 2. No → **SKIP TO F9/ABORT1**
 99. Prefer not to answer → **SKIP TO F9/ABORT1**
-

F3

MISCR2

Did you have a miscarriage in the past 2 years?

1. Yes
 2. No
 99. Prefer not to answer
-

F4

MISCR3

Did you contact a health care provider about your most recent miscarriage?

- 1. Yes
- 2. No → **SKIP TO F6**
- 99. Prefer not to answer → **SKIP TO F6**

F5

MISCR4

When you contacted a health care provider about your most recent miscarriage, which of the following, if any, did your health care provider suggest or offer:

	Yes	No	Prefer not to answer
MISCR4_1 My provider suggested that I “wait and see” if I finished miscarrying at home without intervention.	1	2	99
MISCR4_2 My provider offered me medication that I could take at home to complete the miscarriage.	1	2	99
MISCR4_3 My provider offered me a procedure (sometimes called a D&C).	1	2	99

F6

MISCR5

Universe: IF MISCR1 = 1

Did you experience any of the following when you experienced your most recent miscarriage?

	Yes	No	Prefer not to answer
MISCR5_1 I waited to finish miscarrying at home.	1	2	99
MISCR5_2 I took medications to complete the miscarriage.	1	2	99
MISCR5_3 I had a procedure (sometimes called a D&C).	1	2	99

MISCR5_4	I never obtained care for my miscarriage.	1	2	99
MISCR5_5 [MISCR5_O]	Something else happened (please specify). [1000 CHAR]	1	2	99

F7

MISCR6

Universe: IF MISCR1 = 1

At the time of your most recent miscarriage, did you take time away from work due to the miscarriage?

1. Yes
2. No
3. I was not employed at the time
4. Don't recall
99. Prefer not to answer

F9

ABORT1

Have you ever had an abortion?

1. Yes
2. No → SKIP TO F10 (ABORT3)
99. Prefer not to answer → SKIP TO F10 (ABORT3)

F9_2

ABORT2

Universe: Respondents who have ever had an abortion

IF ABORT1 = 1

Did you have an abortion *in the past 2 years*?

1. Yes
2. No
99. Prefer not to answer

F10

ABORT3

Have you ever needed or wanted an abortion that you were unable to get?

- 1. Yes
- 2. No → SKIP TO LOGIC BEFORE F13/PREGEXP13
- 3. I'm not sure → SKIP TO LOGIC BEFORE F13/PREGEXP13
- 99. Prefer not to answer → SKIP TO LOGIC BEFORE F13/PREGEXP13

F10_2

ABORT4

Universe: Respondents who have ever had an unmet need for an abortion

IF ABORT3 = 1

Did you need or want an abortion that you were unable to get *in the past 2 years*?

- 1. Yes
- 2. No
- 99. Prefer not to answer

IT INFO

If ABORT1 = 1 or ABORT3 = 1 THEN PROCEED TO **F13 (ABORT5)**

ALL OTHERS SKIP TO **F11 (PREGEXP11)**

F13

ABORT5

Thinking about the last time you got an abortion or tried to get an abortion, did you...

	Yes	No	Prefer not to answer
ABORT5_1 Have any trouble making an appointment for an abortion?	1	2	99
ABORT5_2 Have to travel a far distance to have an abortion?	1	2	99

ABORT5_3

Have to travel out of state to have an abortion?	1	2	99
Have trouble affording an abortion?	1	2	99

ABORT5_4

F11

ABORT6

People make different choices about how to end a pregnancy. Some people may go to a health care provider to have an abortion by visiting a hospital, clinic, or doctor's office in person or through telehealth services. Other people may do something to try to end a pregnancy without medical assistance. For example, they may get information from the internet, a friend, or family member about pills, medicine, or herbs they can take on their own, or they may do something else to try to end the pregnancy.

Have you ever taken or used something on your own, without medical assistance, to try to end a pregnancy?

1. Yes
2. No → SKIP TO H0 (HC_INTRO)
99. Prefer not to answer → SKIP TO H0 (HC_INTRO)

F12

ABORT7

What methods did you use to try to end a pregnancy on your own? Select all that apply.

1. Misoprostol or Cytotec
2. Mifepristone
3. Emergency contraception, also known as EC or the morning after pill, before I confirmed I was pregnant
4. Emergency contraception, after I confirmed I was pregnant
5. Other drug or medication
6. Herbs
7. Physical (e.g., hit in abdomen)
8. Something else
99. Prefer not to answer

H. HEALTH CARE EXPERIENCES

IT INFO: **ADD TIME STAMP BEFORE H0: SEC_H_TMSTMP**

H0.

HC_INTRO

The next few questions are about your experiences with getting health care.

H1.

DISC1

Was there a time in the past 12 months when you felt you were treated or judged unfairly at a health care provider's office, clinic, or hospital because of any of the following reasons? (Continued on the next screen.)

	Yes	No	Prefer not to answer
DISC1_1	1	2	99
DISC1_2	1	2	99
DISC1_3	1	2	99
DISC1_4	1	2	99
DISC1_5	1	2	99
DISC1_6	1	2	99
DISC1_7	1	2	99
DISC1_8	1	2	99

PAGE BREAK AFTER FIRST 8 QUESTIONS

H2.

DISC1

Was there a time in the past 12 months when you felt you were treated or judged unfairly at a health care provider's office, clinic, or hospital because of any of the following reasons? (Continued from the previous screen.)

	Yes	No	Prefer not to answer
DISC1_9	1	2	99
DISC1_10	1	2	99
DISC1_11	1	2	99
DISC1_12	1	2	99
DISC1_13	1	2	99
DISC1_14	1	2	99

H3.

DISC2

Was there a time in the past 12 months when you *did not* see a health care provider because you thought you would be treated or judged unfairly because of any of the following reasons?

		Yes	No	Prefer not to answer
DISC2_1	Your race	1	2	99
DISC2_2	Your ethnicity	1	2	99
DISC2_3	Your age	1	2	99
DISC2_4	Your gender	1	2	99
DISC2_5	Your gender identity	1	2	99
DISC2_6	Your sexual orientation	1	2	99
DISC2_7	Your country of origin or primary language	1	2	99
DISC2_8	Your health insurance coverage type	1	2	99

PAGE BREAK AFTER FIRST 8 QUESTIONS

H4.

Was there a time in the past 12 months when you *did not* see a health care provider because you thought you would be treated or judged unfairly because of any of the following reasons?

		Yes	No	Prefer not to answer
DISC2_9	A disability or health condition	1	2	99
DISC2_10	Your substance use	1	2	99
DISC2_11	Your weight	1	2	99
DISC2_12	Your income	1	2	99
DISC2_13	Your education	1	2	99
DISC2_14	Other reason	1	2	99

H5.

INSI1

This question asks about your health insurance or health coverage plans. In answering this question, please *exclude* plans that pay for only one type of service (such as nursing home care, accidents, family planning, vision or dental care) and plans that only provide extra cash when hospitalized.

Are you *currently* covered by any of the following types of health insurance or health coverage plans?

	Yes	No	Not sure	Prefer not to answer
INS1_1 Insurance through a current or former employer or union (of yours or another family member's). This would include COBRA coverage. SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_2 Insurance purchased directly from an insurance company (by you or another family member). This would include coverage purchased through an exchange or marketplace, such as Healthcare.gov SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_3 Medicare, for people 65 and older, or people with certain disabilities SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_4 Medicaid, Medical Assistance (MA), the Children's Health Insurance Program (CHIP) or any kind of state or government-sponsored assistance plan based on income or a disability SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_5 TRICARE or other military health care, including VA health care SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_6 Indian Health Service SKIP TO H8 IF "1" SELECTED	1	2	3	99
INS1_7 Any other type of health insurance or health coverage plan SKIP TO H8 IF "1" SELECTED	1	2	3	99

H6.

INS2

Universe: Respondents who are not currently covered by any type of health insurance

IF 1 ("Yes") NOT SELECTED FOR ANY ITEM IN HCEXP3

Does this mean you currently have *no* health insurance or health coverage plan? *Please exclude plans that pay only for one type of service (such as nursing home care, accidents, family planning, or vision or dental care) and plans that only provide extra cash when hospitalized.*

1. I do *not* have health insurance
2. I *have* some kind of health insurance
99. Prefer not to answer

H8.

INS3

Universe: All respondents

Thinking about your health insurance coverage over the *past 12 months*, how many months were you insured? Your best estimate is fine.

- 1. I was insured all 12 months
- 2. I was insured 6 to 11 months
- 3. I was insured 1 to 5 months
- 4. I did not have health insurance at all over the past 12 months
- 99. Prefer not to answer

H13.

DISAB1

Universe: All respondents

The next question asks about difficulties you may have doing certain activities because of a health problem.

		Yes	No	Prefer not to answer
DISAB1_1	Are you deaf or do you have serious difficulty hearing?	1	2	99
DISAB1_2	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	1	2	99
DISAB1_3	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	1	2	99
DISAB1_4	Do you have serious difficulty walking or climbing stairs?	1	2	99

PAGE BREAK AFTER 4 ROWS

H14.

DISAB1

Universe: All respondents

The next question asks about difficulties you may have doing certain activities because of a health problem.

		Yes	No	Prefer not to answer
DISAB1_5	Do you have difficulty dressing or bathing?	1	2	99
DISAB1_6	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	1	2	99

DISAB1_7	Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?	1	2	99
DISAB1_8	Do you have serious difficulty learning how to do things most people your age can learn?	1	2	99
DISAB1_9	Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?	1	2	99

H18

DISAB2

Has a medical professional diagnosed you as having a condition commonly associated with neurodivergence or *have you diagnosed yourself* with one of those conditions?

Neurodivergence describes the range of differences that humans have in the ways their brains work, how they behave, and how they interact with the world around them. This could include associated diagnoses such as attention-deficit hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, or other neurodivergent diagnoses.

1. Medical professional has diagnosed me with a neurodivergent-associated condition
2. I have diagnosed myself as having a neurodivergent-associated condition
3. I have not been diagnosed by a medical professional or myself as having a neurodivergent-associated condition → SKIP TO I0
77. Don't know → SKIP TO I0
99. Prefer not to answer → SKIP TO I0

Explanatory Text (for hover overs on web, text on SAQ):

- Dyspraxia
 - o **Description for programming:** Dyspraxia is a neurological disorder that affects the planning and coordination of fine and gross motor skills; it may also affect memory, judgment, perception, information processing, and other cognitive abilities.

H19

DISAB3

Please answer whether you have the following conditions:

	Diagnosed by medical professional	Diagnosed by self	Not diagnosed	Prefer not to answer	
DISAB3_1	Autism/Asperger's syndrome	1	2	3	99
DISAB3_2	Attention Deficit Disorder (ADD)/Attention-Deficit Hyperactivity Disorder (ADHD)	1	2	3	99

DISAB3_3	Dyslexia	1	2	3	99
DISAB3_4	Dyspraxia	1	2	3	99
DISAB3_5	Tourette Syndrome	1	2	3	99
DISAB3_6 [DISAB3_O]	Other type of neurodivergent-associated condition, please specify: [100 CHAR]	1	2	3	99

Explanatory Text (for hover overs on web, text on SAQ):

- Dyspraxia
 - o **Description for programming:** Dyspraxia is a neurological disorder that affects the planning and coordination of fine and gross motor skills; it may also affect memory, judgment, perception, information processing, and other cognitive abilities
-

I. ABORTION VIEWS

IT INFO: **ADD TIME STAMP BEFORE IO: SEC_I_TMSTMP**

I0.

We would like to learn more about your thoughts on abortion. We understand that people in the U.S. have different opinions and attitudes about abortion and are interested in hearing from everyone on this topic.

PAGE BREAK BEFORE I1

I1.

ABORTV1

Universe: All respondents

Which comes closest to your own view on abortion?

1. Having an abortion is acceptable
 2. Having an abortion may be acceptable depending on the circumstances
 3. Having an abortion is never acceptable
 99. Prefer not to answer
-

I2.

ABORTV2

Based on what you know or have heard, how easy or difficult is it to get an abortion in your state?

1. Very easy
 2. Somewhat easy
 3. Neither easy nor difficult
 4. Somewhat difficult
 5. Very difficult
 6. It depends on the situation
 77. Don't know
 99. Prefer not to answer
-

I3.

ABORTV3

Do you think laws in this country should make abortion:

1. Easier to obtain
2. More difficult to obtain
3. The laws should remain as they are
4. No opinion
99. Prefer not to answer

15.

ABORTVIEW_TRANS

In 2022, the U.S. Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization* overturned *Roe v. Wade*, ruling that individual states can determine whether abortion is legal.

THIS WILL BE ITS OWN PAGE

17.

DOBBS1

Have your thoughts or decisions about pregnancy changed in the following ways because of the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* overturning *Roe v. Wade*?

	Yes	No	Prefer Not to Answer
DOBBS1_1	1	2	99
DOBBS1_2	1	2	99
DOBBS1_3	1	2	99
DOBBS1_4	1	2	99
DOBBS1_5	1	2	99
DOBBS1_6 [DOBBS1_O]	1	2	99

19.

DOBBS2

Have your thoughts or decisions about birth control changed in the following ways because of the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* overturning *Roe v. Wade*?

	Yes	No	Prefer not to answer

DOBBS2_1	My thoughts or desires about birth control have not changed	1	2	99
DOBBS2_2	I want to change to a more effective form of birth control	1	2	99
DOBBS2_3	I have already changed to a more effective form of birth control	1	2	99
DOBBS2_4	I want to get permanent birth control (tubal ligation, tubes tied, hysterectomy, or other permanent sterilization procedure)	1	2	99
DOBBS2_5	I have already gotten permanent birth control (tubal ligation, tubes tied, hysterectomy, or other permanent sterilization procedure)	1	2	99
DOBBS2_6	I have stocked up on emergency contraception (morning after pill, also known as Plan B or Ella)	1	2	99
DOBBS2_7 [DOBBS2_O]	Something else [please specify]: NO MORE THAN 1000 CHARS	1	2	99

J. REPRODUCTIVE HEALTH CARE IDEALS

IT INFO: **ADD TIME STAMP BEFORE J0: SEC_J_TMSTMP**

J0.

[ABORTV4_INTRO](#)

In the next section we ask about ways to improve reproductive health care. For these questions, we would like you to imagine what an ideal reproductive health care experience would look like.

PAGE BREAK BEFORE J1

J3.

[ABORTV4](#)

We recognize that people have complex and varied feelings about abortion. Are there any circumstances in which you might consider having an abortion?

1. Yes
 2. It depends
 3. No, I would not have an abortion under any circumstances → **SKIP TO GO (DEM_INTRO)**.
 99. Prefer not to answer
-

J4.

[ABORTV4_2](#)

In the following questions, we would like to ask about your preferences if you wanted or needed to have an abortion for any reason. For these questions, assume that you can have the abortion as soon as you want and that it is safe and affordable to you.

J5.

[IDEAL1](#)

IF ABORTV4 = 1, 2, or 99

Universe: Respondents who would consider having an abortion if they wanted or needed it

How important would the following factors be if you wanted or needed an abortion? Please answer for each of the following on a scale of extremely important to not at all important.

	Extremely important	Very important	Somewhat important	A little important	Not at all important	Don't know	Prefer not to answer
IDEAL1_1 Without judgment from your health care provider and/or	1	2	3	4	5	77	99

	health care staff?							
IDEAL1_2	Without judgment from your friends and family?	1	2	3	4	5	77	99
IDEAL1_3	Without judgment from your community?	1	2	3	4	5	77	99
IDEAL1_4	With emotional support from a partner, friend, family-member, professional, or spiritual leader?	1	2	3	4	5	77	99

J6.

IDEAL2

IF ABORTV4 = 1, 2, or 99

Universe: Respondents who would consider having an abortion if they wanted or needed it

How important would the following factors be if you wanted or needed an abortion? Please answer for each of the following on a scale of extremely important to not at all important.

Having an abortion from a:

	Extremely important	Very important	Somewhat important	A little important	Not at all important	Don't know	Prefer not to answer
IDEAL2_1	Health care provider who is the same gender as you?	1	2	3	4	5	77 99
IDEAL2_2	Health care provider who is the same race or ethnicity as you?	1	2	3	4	5	77 99

IDEAL2_3	Health care provider who speaks your language?	1	2	3	4	5	77	99
IDEAL2_4	Health care provider who provides gender-affirming healthcare?	1	2	3	4	5	77	99
IDEAL2_5	Health care facility that is accessible to all bodies and abilities (e.g., exam tables for bigger bodies, wheelchair accessible)?	1	2	3	4	5	77	99

J7.

IDEAL3

IF ABORTV4 = 1, 2, or 99

Universe: Respondents who would consider having an abortion if they wanted or needed it

How important would the following factors be if you wanted or needed an abortion? Please answer for each of the following on a scale of extremely important to not at all important.

		Extremely important	Very important	Somewhat important	A little important	Not at all important	Don't know	Prefer not to answer
IDEAL3_1	Having access to an abortion procedure at a clinic, where when I leave I am no longer pregnant	1	2	3	If	5	77	99
IDEAL3_2	Having access to an abortion with pills, where I complete the process at home	1	2	3	4	5	77	99
IDEAL3_3	Having access to pain management	1	2	3	4	5	77	99

options that fit my needs							
---------------------------	--	--	--	--	--	--	--

J8.

IDEAL4

IF ABORTV4 = 1, 2, or 99

Universe: Respondents who would consider having an abortion if they wanted or needed it

How important would the following factors be if you wanted or needed an abortion? Please answer for each of the following on a scale of extremely important to not at all important.

	Extremely important	Very important	Somewhat important	A little important	Not at all important	Don't know	Prefer not to answer
IDEAL4_1	1	2	3	4	5	77	99
IDEAL4_2	1	2	3	4	5	77	99
IDEAL4_3	1	2	3	4	5	77	99
IDEAL4_4	1	2	3	4	5	77	99

J9.

IDEAL5

IF ABORTV4 = 1, 2, or 99

[IT INFO: ONLY ALLOW 99 IF OTHER OPTIONS ARE NOT SELECTED]

Universe: Respondents who would consider having an abortion if they wanted or needed it

If you wanted or needed an abortion, who could you ask for *financial support, if needed (check all that apply)*?

1. My partner or spouse
 2. My immediate family (parent/sibling)
 3. My extended family (aunt/uncle/cousin/grandparent)
 4. My friend(s)
 5. Someone else
 6. There is no one I could ask [EXCLUSIVE OF OTHER RESPONSES]
 99. Prefer not to answer
-

J10.

IDEAL6

IF ABORTV4 = 1, 2, or 99

[IT INFO: ONLY ALLOW 99 IF OTHER OPTIONS ARE NOT SELECTED]

Universe: Respondents who would consider having an abortion if they wanted or needed it

If you wanted or needed an abortion, who could you ask for *logistical support such as child care, or a ride to the clinic, if needed (check all that apply)*?

1. My partner or spouse
2. My immediate family (parent/sibling)
3. My extended family (aunt/uncle/cousin/grandparent)
4. My friend(s)
5. Someone else
6. There is no one I could ask [EXCLUSIVE OF OTHER RESPONSES]
99. Prefer not to answer

J11.

IDEAL7

IF ABORTV4 = 1, 2, or 99

[IT INFO: ONLY ALLOW 99 IF OTHER OPTIONS ARE NOT SELECTED]

Universe: Respondents who would consider having an abortion if they wanted or needed it

If you wanted or needed an abortion, who could you ask for *emotional support (someone to talk to), if needed (check all that apply)*?

1. My partner or spouse
2. My immediate family (parent/sibling)
3. My extended family (aunt/uncle/cousin/grandparent)
4. My friend(s)
5. Someone else
6. There is no one I could ask [EXCLUSIVE OF OTHER RESPONSES]

99. Prefer not to answer

G. DEMOGRAPHICS

IT INFO: **ADD TIME STAMP BEFORE G0: SEC_G_TMSTMP**

G0.

DEM_INTRO

We'd like to know a little more about you to help us understand how experiences vary for different people. The next few questions ask about your individual characteristics.

G1.

EDUC1

What is the highest degree or level of school you have completed?

1. Less than high school
 2. Some high school
 3. High school graduate or equivalent (for example GED)
 4. Some college, but degree not received or is in progress
 5. Associate's degree (for example, AA, AS)
 6. Bachelor's degree (for example, BA, BS, AB)
 7. Graduate degree (for example, master's, professional, doctorate)
 99. Prefer not to answer
-

G2.

HISPI

Are you of Hispanic, Latino/a, or Spanish origin? Check all that apply.

1. No, not of Hispanic, Latino/a, or Spanish origin **[EXCLUSIVE OF OTHER RESPONSES]**
 2. Yes, Mexican, Mexican American, Chicano/a
 3. Yes, Puerto Rican
 4. Yes, Cuban
 5. Yes, another Hispanic, Latino/a, or Spanish origin
 99. Prefer not to answer **[EXCLUSIVE OF OTHER RESPONSES]**
-

G3.

RACE1

What is your race? Please check all that apply.

1. American Indian or Alaska Native
2. Asian

3. Black or African American
 4. Native Hawaiian or other Pacific Islander
 5. White
 6. Some other race
 99. Prefer not to answer
-

IT INFO

IF RACE1 in (2) then show them G3_2 (there's no G3_1)

IF RACE1 in (3) then show them G3_3

IF RACE1 in (4) then show them G3_4

IF RACE1 IN (1, 5, 6, 99) then skip to G3_6

G3_2.

RACE2

Which of the following Asian groups are you? Please check all that apply.

1. Asian Indian
 2. Chinese
 3. Filipino
 4. Japanese
 5. Korean
 6. Vietnamese
 7. Other Asian
 99. Prefer not to answer
-

G3_3.

RACE3

Which of the following Black or African American groups are you? Please check all that apply.

1. African American
 2. Caribbean (for example, Jamaican, Haitian, Trinidadian and Tobagonian)
 3. African (for example, Nigerian, Ethiopian, Somali)
 4. Other Black or African American
 99. Prefer not to answer
-

G3_4.

RACE4

Which of the following Native Hawaiian or Other Pacific Islander groups are you? Please check all that apply.

1. Native Hawaiian
2. Chamorro
3. Samoan
4. Other Pacific Islander

99. Prefer not to answer

G3_6.

RACE5

Are you of Middle Eastern or North African origin?

1. No, not of Middle Eastern or North African origin
 2. Yes, of Middle Eastern or North African origin
 99. Prefer not to answer
-

G4.

RACE6

This question is about how others see your race, not how you identify yourself. If you were out in public, what race do you think other people who do not know you personally would assume you were based on what you look like (for example, your skin color, facial features, and hair)? Select all that apply.

1. White
 2. Black or African American
 3. East or Southeast Asian (such as Chinese, Japanese, Korean, Filipino, or Vietnamese)
 4. South Asian (such as Indian or Pakistani)
 5. American Indian or Alaska Native
 6. Hispanic or Latino/a
 7. Middle Eastern or North African (such as Lebanese or Egyptian)
 8. Native Hawaiian or other Pacific Islander
 9. Some other race
 99. Prefer not to answer
-

G17.

BORN1

Where were you born?

1. United States (including its territories: Puerto Rico, Guam, etc.)
 2. Outside of the United States
 99. Prefer not to answer
-

G7.

LANG1

Do you speak a language other than English at home?

1. Yes
 2. No → **GO TO G5**
 99. Prefer not to answer → **GO TO G5**
-

G8.

LANG2

How well do you speak English?

1. Very well
 2. Well
 3. Not well
 4. Not at all
 99. Prefer not to answer
-

G5.

SOGI3

What is your current sexual orientation? (Check all that apply.)

1. Straight/Heterosexual
 2. Gay or Lesbian
 3. Bisexual
 4. Another sexual orientation
 99. Prefer not to answer
-

G6.

SOGI4

Were you born with a variation in your physical sex characteristics? (This is sometimes called being intersex or having a difference in sex development, or DSD.)

1. Yes
 2. No
 77. Don't know
 99. Prefer not to answer
-

G9.

WRK1

Last week, did you do any work for pay at a job (or business)?

1. Yes → GO TO G12
 2. No, did not work (or retired)
 99. Prefer not to answer
-

G10.

WRK2

IF WRK1 = 2 OR 99

Last week, did you do any work for pay, even for as little as one hour?

1. Yes → GO TO G12
 2. No
 99. Prefer not to answer
-

G11.

WRK3

IF WRK2 = 2 OR 99

Universe: Respondents who did not report working for pay last week

Last week, were you temporarily absent from a job or business?

1. Yes, on vacation, temporary illness, maternity leave, other family/personal reasons, bad weather, etc.
 2. No → **GO TO G14**
 99. Prefer not to answer → **GO TO G14**
-

G12.

WRK4

IF WRK1 = 1 OR WRK2 = 1 OR WRK3 = 1

Universe: Respondents who worked for pay last week or were temporarily absent from a job or business

Thinking about the job where you usually work the most hours, are you working for an employer or are you self-employed?

1. Working for an employer
 2. Self-employed → **GO TO G14**
 99. Prefer not to answer → **GO TO G14**
-

G13.

WRK5

IF WRK4 = 1

Universe: Respondents who work for an employer

Thinking about the job where you usually work the most hours, do you receive paid leave on your job?

1. Yes
 2. No
 77. Don't know
 99. Prefer not to answer
-

G14.

POL1

In politics today, do you consider yourself a Republican, Democrat, an independent or something else?

1. Republican → **GO TO G16**
2. Democrat → **GO TO G16**
3. Independent
4. Something else

99. Prefer not to answer → GO TO G16

G15.

POL2

IF POL1 = 3 OR 4

As of today, do you lean more to the Republican Party or more to the Democratic Party?

1. Republican
 2. Democratic
 3. Neither
 99. Prefer not to answer
-

G16.

POL3

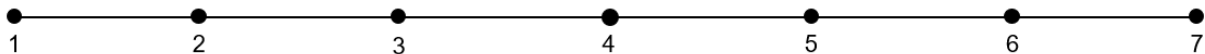
Some people believe strongly that the government should play an active role in supporting social and political change, and they support a strong role for the government in economic and social matters. Suppose these people are on one end of the scale, at point 1.

Other people believe strongly that the government should uphold traditional values, and that government intervention in economic and social matters should be as little as possible. Suppose these people are at the other end, at point 7.

And, of course, some other people have beliefs somewhere in between.

Where would you place yourself on this scale?

(INCLUDE AN IMAGE OF A SLIDING SCALE 1 TO 7 WITH MARKERS)



99. Prefer not to answer

G16_2

POL4

On a scale of 1 to 7 where 1 is extremely liberal, 7 is extremely conservative, and 4 is exactly in the middle, where would you place yourself?



1. Extremely liberal
2. Somewhat liberal
3. Lean liberal
4. In the middle
5. Lean conservative

- 6. Somewhat conservative
 - 7. Extremely conservative
 - 99. Prefer not to answer
-

G18.

RELIG1

Currently, how important is religion in your daily life?

- 1. Very important
 - 2. Somewhat important
 - 3. Not important
 - 77. Don't know
 - 99. Prefer not to answer
-

G19.

RELIG2

About how often do you attend religious services?

- 1. More than once a week
 - 2. Once a week
 - 3. 2-3 times a month
 - 4. Once a month (about 12 times a year)
 - 5. 3-11 times a year
 - 6. Once or twice a year
 - 7. Never
 - 99. Prefer not to answer
-

G20.

RELIG3

Universe: All respondents

Which of these statements comes closest to describing your feelings about the Bible?

- 1. The Bible is the actual word of God and is to be taken literally, word for word.
 - 2. The Bible is the word of God but not everything in it should be taken literally, word for word.
 - 3. The Bible is a book written by men and is not the word of God.
 - 4. Other
 - 99. Prefer not to answer
-

E. HOUSEHOLD INFORMATION

IT INFO: **ADD TIME STAMP BEFORE E0: SEC_E_TMSTMP**

E0.

The next set of questions ask about your relationship status and your household.

E1:

MARIT1

IT INFO: **Universe: All respondents**

What is your current marital status?

1. Married → **GO TO E3.**
 2. Widowed
 3. Divorced
 4. Separated
 5. Never married
 99. Prefer not to answer
-

E2:

MARIT1. [Source: Research Team]

Are you currently in a relationship with a romantic partner?

1. Yes, I am in a relationship.
 2. No, I am not in a relationship.
 99. Prefer not to answer
-

E3.

HH1 . [Source: Household [Pulse](#) Survey]

IT INFO: Universe: All respondents

Including yourself, how many total people – adults and children – *currently* live in your household?

1. 1 (yourself only) → **SKIP TO E6.**
1. 2
2. 3
3. 4
4. 5

- 5. 6
 - 6. 7
 - 7. 8 or more
 - 77 Don't know
 - 99 Prefer not to answer
-

E4.

HH2 . [Source: Modified Household Pulse]

Including yourself, how many people assigned female at birth live in your household who are ages 18 to 49?

- 1. 1 (yourself only)
 - 2. 2
 - 3. 3
 - 4. 4 or more
 - 99. Prefer not to answer
-

E5.

HH3 . [Source: Household Pulse Survey]

How many children under 18 years old currently live in your household?

_____ [NUM

ERIC ENTRY] [IF HH3>=HH1, display "Invalid response; your answer exceeds the number of household members you indicated previously."
error message and halt progress. If HH3>6 then display "Please confirm your response before continuing." But allow forward navigation.

99 Prefer not to answer

E6:

HOME1 .

Is the house, apartment, or mobile home that you're living in...

- 1. Owned or being bought by you or someone in your household
- 2. Rented
- 3. Occupied without payment of rent
- 77. Don't know
- 99. Prefer not to answer

E7:

HOME2 .

At any time in the past 12 months, did you have to temporarily stay with a family member or friend because of financial difficulties, stay in a homeless shelter or transitional housing program, or stay in an unsheltered location (on a street, in a vehicle, or somewhere else not meant for people to live in)?

1. Yes
2. No
99. Prefer not to answer

E8.

INC1 .

IT INFO: Universe: All respondents

In studies like this, people are often grouped according to the income shared by an entire household. Thinking about your *household's* income from all sources in the past 12 months, what was the approximate income earned by everyone, *before taxes and other deductions*? Please include your income *plus* the income of anyone else who is living with you. Your best guess is fine.

1. Less than \$10,000
2. \$10,000 to \$14,999
3. \$15,000 to \$19,999
4. \$20,000 to \$24,999
5. \$25,000 to \$34,999
6. \$35,000 to \$49,999
7. \$50,000 to \$74,999
8. \$75,000 to \$99,999
9. \$100,000 to \$149,999
10. \$150,000 to \$199,999
11. \$200,000 and above
77. Don't know
99. Prefer not to answer

E9.

BASIC1 . [Source: [Turnaway](#)]

IT INFO: Universe: All respondents

During the past month, how often would you say you had enough money to meet your basic living needs such as food, housing, and transportation?

1. All of the time
2. Most of the time

3. Some of the time
4. Rarely
5. Never
77. Don't know
99. Prefer not to answer

J12.

FINALQS

Universe: All respondents

Those are all of the questions we have for you at this time. Before we end, is there anything else that you think is important for us to know?

[FINALQS_O]

[5000 CHAR]

J13.

RECONT_INFO

Universe: All respondents

Are you interested in being contacted in the future to participate in follow-up studies? If you are contacted to participate in future studies, you have the right to refuse.

1. Yes GO TO RECONT_DESC
2. No GO TO R_INC_TYPE

RECONT_DESC. In order to reach you in the future, please provide your contact information below. By providing your cell phone, we will be able to send you the invite by text.

[RECONT_NAME] Name: [5000 CHAR]

[RECONT_EMAIL] Email: [5000 CHAR, MUST HAVE @]

[RECONT_PHONE] Cell Phone: [10 CHARACTERS]

[RECONT_REFUSE] 1. I do not want to be contacted [IT INFO: CLEARS TEXT ENTRIES OVERHEAD AND DISABLES FIELDS]

K. Incentives Information

IT INFO: **ADD TIME STAMP BEFORE K1: SEC_K_TMSTMP**

K1.

R_INC_TYPE

Congratulations, you are eligible for a \$10 electronic gift code to one of the following stores. Please select *one* store to which you would like to receive your gift code.

AMZN Amazon

TRGT Target

WMRT Walmart

MSTR Mastercard

9999. I do not want a gift code → **SKIP TO K3**

K2.

[INCENT3] Please provide an email address to which we can send your \$10 gift code.

[WEBINEM1] Email address:

[WEBINEM2] Please reenter your email address to confirm:

99. Please click here if you would not like to provide an email address and prefer to view your gift code on the final screen. You will then need to write down the code or take a screen shot to retain the code for your use.

K3.

[THANK_YOU]

Thank you very much for your time and effort. Please click next to complete the survey and receive your giftcode

If you would like more information about the study, please call or send an email. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free)

For technical assistance, please contact NORC

If you would like information or assistance regarding women's health issues, please contact:

All-Options

888-493-0092

<https://www.all-options.org/>

RESOLVE: The National Infertility Association
703-556-7172
<https://resolve.org/>

Postpartum Support International
800-944-4773
<http://www.postpartum.net/>

[INCENTIVE PORTAL – FINAL SCREEN]