

Family Planning¹⁷

Please think about the following questions...	[3 months] Pre- COVID diagnosis <i>(skip if you have not been diagnosed)</i>	Post-COVID diagnosis <i>(skip if you have not been diagnosed)</i>	[3 months] Pre-Vaccine <i>(skip if you have not been vaccinated)</i>	Post-Vaccine <i>(skip if you have not been vaccinated)</i>
Have you had vaginal sex, even once?	No/Yes	No/Yes	No/Yes	No/Yes

¹⁷ Adapted from the NORC Teen Sexual Health Survey

How many times have you had vaginal sex? Your best guess is okay	_____ # times Not sure	_____ # times Not sure	_____ # times Not sure	_____ # times Not sure
In the past 3 months, have you had vaginal sex without you or your partner using any methods of birth control? Types of birth control listed in drop-down below.	No/Yes	No/Yes	No/Yes	No/Yes
How many times have you had vaginal sex without you or your partner using any of these methods of birth control?	_____ # times Not sure	_____ # times Not sure	_____ # times Not sure	_____ # times Not sure

Types of birth control [Drop-down]

- Birth control pills
- Condom
- Partner’s vasectomy
- Female sterilizing operation, such as tubal sterilization and hysterectomy
- Withdrawal, pulling out
- Depo-Provera™, injectables
- Hormonal implant (Norplant™, Implanon™, or Nexplanon™)
- Calendar rhythm, Standard Days, or Cycle Beads method
- Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, or Sympto-thermal Method)
- Diaphragm
- Female condom, vaginal pouch
- Foam
- Jelly or cream
- Cervical cap
- Suppository, insert
- Today™ sponge
- Intrauterine device (IUD), coil, loop (Mirena, Paraguard)
- Emergency Contraception
- Respondent was sterile
- Respondent’s partner was sterile
- Lunelle™ injectable (monthly shot)
- Contraceptive patch
- Vaginal contraceptive ring
- Other method (please specify) : _____

START Time to Pregnancy Assessment

Think about the 12 months *before* you were diagnosed with COVID-19:

1. Were you pregnant during that time?
 - a. No: → go to question 2
 - b. Yes: → go to question 3
2. Were you *trying* to become pregnant during that time?
 - a. No: → go to question 5
 - b. Yes: → go to question 4
3. How many months of trying did it take you to get pregnant?

- a. _____ months; → go to question 5
- 4. How many months did you try but not get pregnant?
 - a. _____ months; → go to question 5

Now think about the 12 months *after* you were diagnosed with COVID-19:

- 5. Were you pregnant during that time?
 - a. No: → go to question 6
 - b. Yes: → go to question 7
- 6. Were you trying to become pregnant?
 - a. No: → go to question 9
 - b. Yes: → go to question 8
- 7. How many months of trying did it take you to get pregnant?
 - a. _____ months; → go to question 9
- 8. How many months did you try but not get pregnant?
 - a. _____ months; → go to question 9

Think about the 12 months *before* you received the COVID-19 vaccine:

- 9. Were you pregnant during that time?
 - a. No: → go to question 10
 - b. Yes: → go to question 11
- 10. Were you *trying* to become pregnant during that time?
 - a. No: → go to question 13
 - b. Yes: → go to question 12
- 11. How many months of trying did it take you to get pregnant?
 - a. _____ months; → go to question 13
- 12. How many months did you try but not get pregnant?
 - a. _____ months; → go to question 13

Now think about the 12 months *after* you received the COVID-19 vaccine:

- 13. Were you pregnant during that time?
 - a. No: → go to question 14
 - b. Yes: → go to question 15
- 14. Were you *trying* to become pregnant during that time?
 - a. No: *end of questionnaire*
 - b. Yes: → go to question 16
- 15. how many months of trying did it take you to get pregnant?
 - a. _____ months; *end of questionnaire*
- 16. How many months did you try but not get pregnant?
 - a. _____ months; *end of questionnaire*

END Time to Pregnancy Assessment