



2015 NATIONAL PATIENT SURVEY

Guttmacher Institute
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The Guttmacher Institute, a non-profit research organization, is asking abortion patients across the country to provide us with information in order to improve health programs and policies in the United States. Please help by answering the below questions about yourself, your decision to have an abortion and other aspects of your life.

Your participation is voluntary and will not affect the services you receive. There are no direct benefits to participating in this study. While the risks are minimal some of the items are about sensitive issues such as sexual assault and may make you uncomfortable; you can skip these questions as well as any that you are unable to answer. The survey should take 5 to 10 minutes to complete. When you are done with it, place it in the attached envelope and return it to a staff member. Your name is not requested here. This survey is confidential and anonymous. The information you provide will be used for research purposes only and will not be shared with the health facility staff.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact Jenna Jerman, the fielding manager, via email (jjerma@guttmacher.org) or at the above address and phone number to find out more about the study.

(13-18) Today's date: ___/___/___
Month Day Year

(19-20) 1. What is your age? _____

2. Are you Spanish, Hispanic, or Latina?
(21) []-1 Yes []-2 No

3. Please choose one or more races that you consider yourself to be: (check all that apply)

(22) []-1 American Indian or Alaska Native

(23) []-1 Asian

(24) []-1 Native Hawaiian or Pacific Islander

(25) []-1 Black or African American

(26) []-1 White

(27) []-1 Other: _____

4. Which of the following types of health insurance do you currently have? (check all that apply)

(29) []-1 Temporary Medicaid coverage (does not cover regular health care)

(30) []-1 Medicaid or another state-run health insurance program

(31) []-1 Health insurance from HealthCare.gov or a state-run health insurance marketplace or exchange

(32) []-1 Other private or employee-sponsored health insurance

(33) []-1 Some other type of health insurance:

(34) _____

(35) []-1 I do not have health insurance

5. How are you paying for this abortion? (check all that apply)

[]-1 I am paying out of pocket, but will be reimbursed by my insurance company (36)

[]-1 The clinic accepts my private health insurance (37)

[]-1 I am using Medicaid (state-sponsored health insurance) (38)

[]-1 I am paying for all or part of it out of pocket (includes cash and credit cards) (39)

[]-1 I received financial assistance from an organization (40)

[]-1 I qualified for a price reduction (41)

[]-1 Other: _____ (42)

[]-1 Other: _____ (43)

6. What was the first day of your last menstrual period?

___/___/___ [] Don't remember (44-49) (50)

Month Day Year

7. About how many weeks pregnant are you?

_____ weeks (51-52)

8. About how pregnant were you when you found out you were pregnant?

_____ weeks (53-54)

9. Before you became pregnant this time, had you stopped using all methods of pregnancy prevention, including condoms, withdrawal, rhythm etc.?
-1 Yes
-2 No
-3 Never used any pregnancy prevention
(55)
10. What was the LAST method of pregnancy prevention you used before you found out you were pregnant? (*check all that apply*)
(56) -1 Pill
(57) -1 Condom, rubber (for males)
(58) -1 Depo-Provera, the shot, injectables
(59) -1 NuvaRing, vaginal ring
(60) -1 Implants in arm
(61) -1 IUD
(62) -1 Withdrawal, pulling out
(63) -1 Other method (specify): _____
(64) -1 I never used a method → **SKIP TO**
(65) **Q.13**
11. In what month and year did you stop using that method?
(66-69) _____ / _____ . Still using method
(70) Month Year
12. For about how many months in a row had you been using that method? Please check only ONE box.
-0 Less than 1 month -11 11 months
-1 1 month -12 12 months
-2 2 months -13 13 months
-3 3 months -14 14 months
-4 4 months -15 15 months
-5 5 months -16 16 months
-6 6 months -17 17 months
-7 7 months -18 18 months
-8 8 months -19 19-21 months
-9 9 months -20 22-24 months
(71-72) -10 10 months -21 >2 years
13. In the month you became pregnant, what was your marital status?
-1 Married
-2 Divorced
-3 Widowed
-4 Separated
-5 Never married (73)
14. In the month you became pregnant, were you living with your partner?
-1 Yes -2 No (74)
15. Are you now going to, or on vacation from, high school, college, or university?
-1 Yes -2 No (75)
16. What is the highest grade of school you have completed?
-1 0-11th grade
-2 High school graduate or GED
-3 Some college or Associate degree
-4 College graduate or more (76)
17. What religion are you now, if any?
-1 Protestant (for example, Baptist, Methodist, Lutheran, Pentecostal, etc.)
-2 Catholic
-3 Jewish
-4 Other (specify): _____
-5 None (77)
(78)
18. Which of these do you consider yourself to be, if any?
-1 Born-again Christian
-2 Charismatic
-3 Evangelical
-4 Fundamentalist
-5 None of the above (79)
19. Were you born in the United States?
-1 Yes → **SKIP TO Q.21**
-2 No (80)

20. When did you come to live in the United States?
 (81-82) _____ Year (97-98)
21. Including your children, how many family members do you currently live with?
 (83-84) Myself + _____ family members
(This includes your partner if you live with them, and any of their family members that live with you.)
22. What was the total household income last year (2014), before taxes, of yourself and all the family members counted in Q.21? Please provide your best estimate if you do not know the exact amount.
 (85-86)
- 1 Under \$9,999 (less than \$192/week)
 - 2 \$10,000-14,999 (\$192-287/week)
 - 3 \$15,000-19,999 (\$288-384/week)
 - 4 \$20,000-24,999 (\$385-480/week)
 - 5 \$25,000-29,999 (\$481-576/week)
 - 6 \$30,000-34,999 (\$577-672/week)
 - 7 \$35,000-39,999 (\$673-768/week)
 - 8 \$40,000-44,999 (\$769-864/week)
 - 9 \$45,000-49,999 (\$865-961/week)
 - 10 \$50,000-59,999 (\$962-1153/week)
 - 11 \$60,000-74,999 (\$1154-1441/week)
 - 12 \$75,000 or more/year (\$1442 or more/week)
23. Indicate if you experienced any of the following in the LAST 12 MONTHS *(check all that apply)*:
 (87) -1 A close friend died
 (88) -1 I fell behind on my rent or mortgage
 (89) -1 I separated from my husband/partner
 (90) -1 I was unemployed and looking for work for a month or more
 (91) -1 A dependent or close family member had a serious medical problem
 (92) -1 I had a baby
 (93) -1 I had a partner who was arrested or incarcerated
 (94) -1 I moved 2 or more times
24. How many births have you had?
 (95-96) _____
25. How many abortions have you had before this one?
 _____ (97-98)
26. Which, if any, of the below influenced your decision to come to THIS particular facility? *(check all that apply)*
- 1 It was the most affordable (99)
 - 1 It was the closest (100)
 - 1 It takes my insurance (101)
 - 1 It offers medication abortion (i.e., the abortion pill, mifepristone, RU-486) (102)
 - 1 It was recommended to me by another health care provider (103)
 - 1 It was recommended to me by a friend, family member or someone I trust (104)
 - 1 I have been here before (105)
 - 1 It could see me the soonest (106)
 - 1 I wanted to avoid the waiting period in the state I live in (107)
 - 1 I wanted to avoid parental involvement laws in the state I live in (108)
 - 1 I am too far along in my pregnancy to go to other providers (109)
 - 1 Some other reason: (110)
 _____ (111)
27. About how much time passed from when you decided to have an abortion until when you made the appointment you are here for today?
 _____ hours OR _____ days (112-113)
 (114-115)
28. About how long ago did you call to schedule the appointment you are here for today?
 _____ days OR _____ weeks (116117)
 (118119)
29. About how much time did you spend getting from home, or the place you are currently living, to this facility?
 _____ minutes (120-121)
 _____ hours (122-123)
 _____ days (124-125)

- (126-130) 30. What is your zip code?

- (131-132) 31. What state do you live in?

- (133) 32. Do you think of yourself as ...
(134) -1 Heterosexual or straight
-2 Homosexual, gay, or lesbian
-3 Bisexual
-4 Something else: _____
- (135) 33. Right before you became pregnant, did you want to have a(nother) baby at any time in the future?
-1 Yes
-2 No → **SKIP TO Q.35**
-3 Not sure, don't know
-4 Didn't care
- (136) 34. So would you say you became pregnant (please check only one):
-1 Too soon
-2 At the right time
-3 Later than I wanted
-4 Didn't care
- (137) 35. Did a health care provider recommend that you come here because you are or were having a miscarriage?
-1 Yes
-2 No
-3 Don't know

36. Have you ever taken anything on your own to try to bring back your period or end a pregnancy? (check all that apply)
-1 Yes, I have taken cytotec, or misoprostol (138)
-1 Yes, I have taken emergency contraception, also known as EC or the morning-after pill (139)
-1 Yes, I have taken another drug: _____ (140)
-1 None of the above (141) (142)
37. Has the man with whom you got pregnant ever hit, slapped, kicked, or otherwise physically hurt you?*
- 1 Yes -2 No (143)
38. Has he ever forced you to do anything sexual when you didn't want to?*
- 1 Yes -2 No (144)
39. Is this pregnancy the result of a man forcing you to have sex when you didn't want to have sex?*
- 1 Yes
-2 No
-3 Don't know (145)

*Everyone has the right to live free of violence. If you would like more information about violence prevention, or how to seek help or support in getting out of a violent situation, please pick up a free "Futures Without Violence" card at the front desk for more information. You can also speak to your doctor or nurse about how to get help, support, or resources during your visit today.