

NATIONAL PATIENT SURVEY

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The Guttmacher Institute

A not-for-profit organization for reproductive health research, policy analysis and public education
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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.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact Dr. Rachel Jones, the survey director, via email (rjones@guttmacher.org) or at the above address and phone number to find out more about the study.

Today's date: / / (11-16)
 Month Day Year

1. What is your age? _____ (17-18)

2. Are you Hispanic or Latina or of Spanish origin?
-1 Yes -2 No (19)

3. Which of these groups **best** describes your racial background?

- 1 American Indian
- 2 Asian or South Asian
- 3 Native Hawaiian or other Pacific Islander
- 4 Black or African American
- 5 White
- 6 Other: _____ (20)
(21)

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

- 1 Temporary Medicaid coverage (does not cover regular health care) (22)
- 2 Medicaid or another state-run health insurance program (23)
- 3 Private or employee-sponsored health insurance (24)
- 4 Some other type of health insurance: _____ (25)
- 5 I do not have health insurance (26)
(27)

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

- 1 I am paying for it out of pocket, but will be reimbursed by my insurance company (28)
- 2 The clinic accepts my private health insurance (29)
- 3 I am using Medicaid (state-sponsored health insurance) (30)
- 4 I am paying for all or part of it out of pocket (includes cash and credit cards) (31)
- 5 I received financial assistance from an outside organization (32)
- 6 I qualified for a price reduction (33)
- 7 Other: _____ (34)
(35)

6. Indicate if you experienced any of the following in the LAST 12 MONTHS (check all that apply):

- 1 A close friend died (36)
- 2 I fell behind on my rent or mortgage (37)
- 3 I separated from my husband/partner (38)
- 4 I was unemployed and looking for work for a month or more (39)
- 5 I had a serious medical problem (40)
- 6 A dependent or close family member had a serious medical problem (41)
- 7 I had a baby (42)
- 8 I was the victim of a robbery (mugging or stick-up) or personal assault (43)
- 9 My home was burglarized or broken into (44)
- 10 I had a partner who was arrested or incarcerated (45)
- 11 I moved 2 or more times (46)

7. When you made this appointment, had you already made up your mind to have an abortion?

- 1 Yes (47)
- 2 No

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

____/____/____ Don't remember (48-53)
Month Day Year (54)

9. About how many weeks pregnant are you?

_____ weeks (55-56)

10. 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 (57)

11. What was the **LAST** method of pregnancy prevention you used before you found out you were pregnant? (check all that apply)

- 1 Pill (58)
- 2 Condom, rubber (for males) (59)
- 3 Depo-Provera, the shot, injectables (60)
- 4 The patch, Ortho Evra (61)
- 5 NuvaRing, vaginal ring (62)
- 6 Implants in arm (63)
- 7 Spermicides (foam/cream/jelly/film/suppositories/inserts) (64)
- 8 Rhythm, natural family planning (65)
- 9 Withdrawal, pulling out (66)
- 10 Other method (specify): _____ (67)
- 11 I never used a method → **SKIP TO Q.14** (68)

12. In what month and year did you stop using that method? ____/____ Still using method (70-73)
Month Year (74)

13. For about how many months in a row had you been using that method? Please check only one box.

- 0 Less than 1 month -12 12 months
- 1 1 month -13 13 months
- 2 2 months -14 14 months
- 3 3 months -15 15 months
- 4 4 months -16 16 months
- 5 5 months -17 17 months
- 6 6 months -18 18 months
- 7 7 months -19 19-21 months
- 8 8 months -20 22-24 months
- 9 9 months -21 25-27 months
- 10 10 months -22 28 or more months
- 11 11 months (75-76)

14. In the month you became pregnant, what was your formal marital status?

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married (77)

15. In the month you became pregnant, were you living with your husband or boyfriend?

- 1 Yes -2 No (78)

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 (79)

17. What religion are you?

- 1 Protestant (for example, Baptist, Methodist, Lutheran, Pentecostal, etc.)
- 2 Catholic
- 3 Jewish
- 4 Other (specify) _____
- 5 None (80)

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 (82)

19. About how often do you attend religious services?

- 1 More than once a week
- 2 Once a week
- 3 1-3 times a month
- 4 Less than once a month
- 5 Never (83)

20. Including your children, how many family members do you currently live with?

Myself + _____ family members (84-85)
(This includes your husband or boyfriend if you live with him, and any of his family members that live with you.)

21. What was the total household income last year (2007), before taxes, of yourself and all the family members counted in Q.20? Please provide your best estimate if you do not know the exact amount.

- 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) (86-87)

22. Were you born in the United States?

- 1 Yes → **SKIP TO Q.24**
- 2 No, I was born in _____ (country) (88) (89-90)

23. When did you come to live in the United States?
_____ Year (91-92)

24. Where do you currently live?

State _____ (93-94)
ZIP _____ (95-99) (100) (101)

25. How many births have you had? _____ (102-103)

26. How many abortions have you had before this one?
_____ (104-105)

27. Right before you became pregnant, did you want to have a(n)other) baby at **any** time in the future?

- 1 Yes
- 2 No → **SKIP TO Q.29**
- 3 Not sure, don't know
- 4 Didn't care (106)

28. So would you say you became pregnant:

- 1 Too soon
- 2 At the right time
- 3 Later than I wanted
- 4 Didn't care (107)

29. On a scale of 1 to 10, circle the number that best describes how you felt when you found out you were pregnant.

1 2 3 4 5 6 7 8 9 10
Very Very
unhappy happy
(108-109)

30. At the time you became pregnant, how long had you been in a relationship with the man with whom you got pregnant?

- ___-1 Months ___-2 Years (110-111) (112-113)
- 3 I was not in a relationship with him (114)

31. Does he know that you are pregnant?

- 1 Yes
- 2 No
- 3 I don't know if he knows (115)

32. Does he know that you are choosing to have an abortion?

- 1 Yes
- 2 No
- 3 I don't know if he knows (116)

33. How supportive is he of your decision to have an abortion?
- 1 He doesn't know I'm having an abortion
 - 2 Very supportive
 - 3 Somewhat supportive
 - 4 Neither
 - 5 Somewhat unsupportive
 - 6 Very unsupportive
 - 7 I'm not sure how supportive he is (117)
34. Has he ever hit, slapped, kicked or otherwise physically hurt you?
- 1 Yes
 - 2 No (118)
35. Has he ever forced you to do anything sexual when you didn't want to?
- 1 Yes
 - 2 No (119)
36. Is this pregnancy the result of a partner forcing you to have sex when you didn't want to have sex?
- 1 Yes
 - 2 No
 - 3 Don't know (120)

37. Do you think abortion should be:
- 1 Legal in all cases
 - 2 Legal in most cases
 - 3 Illegal in most cases
 - 4 Illegal in all cases (121)
38. Did you take any of the following to try to bring back your period or end the CURRENT pregnancy BEFORE you came here? (*check all that apply*)
- 1 Cytotec, or misoprostol (122)
 - 2 Emergency contraception, also known as EC or the morning-after pill (123)
 - 3 Other: _____ (124)
 - 4 None of the above (125)
(126)
39. 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 (127)
 - 2 Yes, I have taken emergency contraception, also known as EC or the morning-after pill (128)
 - 3 Yes, I have taken another drug: _____ (129)
 - 4 None of the above (130)
(131)

Thank you very much for your help.