

B6. In the next six months, how do you think your partner would feel if you got pregnant?

- Very upset 1
- Somewhat upset..... 2
- Would not care 3
- Somewhat happy..... 4
- Very happy 5
- I do not have a current partner 6

B7. How many children do you want in total, including the ones you already have?

- None 1
- 1 2
- 2 3
- 3 or more 4

Now I am going to ask you some questions about birth control.

B8. Have you ever used any method of birth control to prevent pregnancy? This would include condoms, pills, patches, vaginal rings, injections, intrauterine devices (IUDs), implants, or other methods.

- YES 1
- NO 2 (B9)

a. Have you used condoms?

- Past 1
- Current, every time I have sex 2
- Current, not every time I have sex 3
- Never..... 4 (b)

i. How satisfied were you with this method?

- Very satisfied 1
- Somewhat satisfied 2
- Not satisfied..... 3

ii. How satisfied was your partner with this method?

- Very satisfied 1
- Somewhat satisfied 2
- Not satisfied..... 3

b. Have you used female condoms?

- Past 1
- Current 2
- Never..... 3 (c)

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- c. Have you used birth control pills?
 - Past 1
 - Current 2
 - Never..... 3 **(d)**
 - i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

 - ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- d. Have you used the contraceptive patch?
 - Past 1
 - Current 2
 - Never..... 3 **(e)**
 - i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

 - ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- e. Have you used the vaginal ring?
 - Past 1
 - Current 2
 - Never..... 3 **(f)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- f. Have you used the Depo Provera shot?
 - Past 1
 - Current 2
 - Never..... 3 **(g)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- g. Have you used Norplant, Implanon, or Nexplanon?
 - Past 1
 - Current 2
 - Never..... 3 **(h)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- h. Have you used the 3-year hormonal IUD (Skyla)?
 - Past 1
 - Current 2
 - Never..... 3 **(B8i)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- i. Have you used the 5-year hormonal IUD (Mirena)?
 - Past 1
 - Current 2
 - Never..... 3 **(j)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- j. Have you used the 10-year copper IUD (ParaGard)?
 - Past 1
 - Current 2
 - Never..... 3 **(k)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- k. Have you used permanent sterilization (e.g., tubal ligation, Essure, or Adiana)?
 - Past 1
 - Current 2
 - Never..... 3 **(l)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- I. Have you used withdrawal?
 - Past 1
 - Current 2
 - Never..... 3 **(m)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- m. Have you used any other method (e.g., vasectomy, natural family planning, diaphragm)?
 - Past 1
 - Current 2
 - Never..... 3 **(B9)**

- i. How satisfied were you with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

- ii. How satisfied was your partner with this method?
 - Very satisfied 1
 - Somewhat satisfied 2
 - Not satisfied..... 3

B9. HAND PARTICIPANT RESPONSE CARD BCS03.

Who has the most say about your choice of birth control?

- You alone 1
- You and your partner equally 2
- Mostly your partner..... 3
- You and your medical provider..... 4
- Mostly your medical provider..... 5
- Your partner and your medical provider 6
- You, your partner, and your provider equally 7
- Other 8

SPECIFY: _____

B10. HAND PARTICIPANT RESPONSE CARD BCS04.

If you are currently using birth control, who prescribed or placed it?

- I'm not using birth control 1
- I only use condoms and don't need a prescription 2
- A provider who sees me for WIHS 3
- Another HIV care provider 4
- My gynecologist..... 5
- My primary care provider..... 6
- A community health center (like Planned Parenthood) 7

B11. How does using birth control (other than condoms) affect your willingness to use condoms?

- Not at all. I use them the same as I would if I didn't use other birth control
OR I don't use condoms 1 **(B12)**
- I use them more 2 **(b)**
- I use them less 3

a. HAND PARTICIPANT RESPONSE CARD BCS05.

What is the primary reason you use condoms less?

- I only use them for pregnancy prevention and not STD prevention 1
- My partner prefers not to use them 2
- I forget more frequently because I know I have other birth control 3
- My partner is also HIV-positive, and we are not concerned about transmission..... 4
- Other 5

SPECIFY: _____

b. HAND PARTICIPANT RESPONSE CARD BCS06.

What is the primary reason you use condoms more?

- I have multiple sex partners 1
- I am concerned the birth control can increase HIV transmission 2
- I am concerned my HIV medication makes my birth control less effective 3
- Other 4

SPECIFY: _____

WIHS ID #

B12. How many times have you been pregnant? Include any miscarriages and abortions. |__|__|__|

B13. How many times have you gotten pregnant when you weren't trying to? |__|__|__|

B14. Have you ever had an abortion?

YES 1
NO 2 (B16)

B15. Why did you decide to have your most recent abortion?

	<u>YES</u>	<u>NO</u>
a. Unplanned or poorly timed pregnancy	1	2
b. You were worried you would give the baby HIV	1	2
c. You were worried that having HIV/AIDS made pregnancy dangerous for you	1	2
d. You were told you had another medical problem that made pregnancy dangerous for you	1	2
e. You were told the baby had a medical problem	1	2
f. Your partner then did not want a baby or demanded that you have an abortion	1	2
g. Another person close to you suggested or demanded that you have an abortion	1	2
h. A medical care provider suggested that you have an abortion	1	2

B16. **HAND PARTICIPANT RESPONSE CARD BCS07.**

Who has the most say about your use of condoms?

You alone 1
You and your partner equally 2
Mostly your partner..... 3
Your partner alone..... 4
I don't use condoms 5 (B18)

B17. For what reason do you use condoms?

Pregnancy prevention only 1
STD prevention (HIV, syphilis, gonorrhea, Chlamydia) 2

B18. Have you ever had a sterilization procedure (tubal ligation, Essure, Adiana)?

YES 1
NO 2 (B22)

B19. **HAND PARTICIPANT RESPONSE CARD BCS08.**

Did you feel pressured to have the procedure?

NO 1
Yes, because I was afraid a baby would get HIV 2
Yes, by my partner at the time 3
Yes, by my family 4
Yes, by my medical provider 5

WIHS ID #

B20. Did you later wish you could get pregnant?

YES 1
NO 2

B21. Did you later try to get your sterilization procedure reversed/undone?

YES 1
NO 2

B22. **HAND PARTICIPANT RESPONSE CARDS BCS09.**

If you wanted or needed birth control now, what would you do?

I don't know how to get birth control 1
Get/find a source of (free) condoms 2
Ask my HIV doctor 3
Ask my obstetrician/gynecologist 4
Ask my primary (non-HIV) care provider 5
Go to a community health center (like Planned Parenthood) 6

B23. WHAT IS PARTICIPANT'S HIV STATUS?

HIV-POSITIVE 1
HIV-NEGATIVE 2 (END)

B24. Have you ever been told by a health care provider (HIV care provider/nurse practitioner/physician assistant, obstetrician/gynecologist, primary care physician or specialist) that a method of birth control is not safe for you because of your HIV infection?

YES 1
NO 2 (END)

Which one(s)?		YES	NO
a.	Pills	1	2
b.	Patch	1	2
c.	Vaginal ring	1	2
d.	Depo shot	1	2
e.	Implant	1	2
f.	Hormonal IUD (3-years) (Skyla)	1	2
g.	Hormonal IUD (5-years) (Mirena)	1	2
h.	Copper IUD (10-years) (ParaGard)	1	2