

SECTION K. CONTRACEPTIVE HISTORY

The next questions are about methods of family planning or birth control that you may have used.

K1. Have you ever used pills, shots, or implants as methods of birth control?

YES 1
NO 2

K2. Sometimes women are given birth control pills, shots, or implants such as Norplant for reasons other than birth control -- such as, irregular menstrual periods, acne, cramps, or menopausal symptoms. Did you ever use birth control pills, shots, or implants for reasons other than birth control?

YES 1
NO 2

BOX K-1

IF THE SUBJECT EVER USED BIRTH CONTROL PILLS, SHOTS, OR NORPLANT FOR ANY REASON
(K1 = YES OR K2 = YES), GO TO K4. OTHERWISE, CONTINUE.

K3. What was the main reason you never used birth control pills, shots, or implants, such as Norplant?

FEAR 01
DID NOT NEED 02
DOCTOR RECOMMENDED AGAINST DUE TO MEDICAL REASON 03
DOCTOR RECOMMENDED AGAINST DUE TO OTHER REASON..... 04
METHOD DID NOT EXIST 05
OTHER (SPECIFY) 96

(SECTION L)

HORMONAL BIRTH CONTROL HISTORY

Now, I would like to record more detailed information about times when you were using birth control pills, shots, or implants.

ASK K4-K6 FOR ONE EPISODE OF USE BEFORE ASKING ABOUT NEXT EPISODE.

	K4. Tell me which type of birth control you (first/next) used. Was it in the form of a pill, shot, or implant?	K5. During what month and year did you (first/next) <u>start</u> using birth control (pills/shots/implants)?	K6. When did you (first/next) <u>stop</u> using birth control (pills/shots/implants)?
1ST INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
2ND INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
3RD INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
4TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
5TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
6TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
7TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
8TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
9TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR
10TH INTERVAL	PILL 1 SHOT 2 IMPLANT 3	_ _ / _ _ MONTH/YEAR	_ _ / _ _ MONTH/YEAR