

Baseline Questionnaire

Contraception

Are you currently using any contraception (things to stop you getting pregnant)?

If no, please tell us why

Please give details

-

If yes, please select all that apply

The Pill (combined hormonal pill)

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

The Mini pill (progesterone only pill)

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

The Pill (not sure which one)

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Contraceptive patch

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Vaginal ring

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Male Condoms

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Female Condoms

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Emergency contraceptive pill (morning after pill)

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Diaphragm/ cervical cap/ spermicide

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Did you get your contraception in person or online?

-

Injection

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Contraceptive implant

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

IUS (hormonal coil /hormonal intrauterine device)

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

IUD (copper coil/ copper Intrauterine device)

-

Where did you get this contraception from?

-

Please state where you got this contraception from

-

Did you pay for this method of contraception in the last year?

-

Male sterilisation

-

Did you pay for this method of contraception in the last year?

-

Female sterilisation

-

Did you pay for this method of contraception in the last year?

-

Withdrawal (pulling out)

-

Natural family planning (fertility awareness method/ calendar rhythm method)

-

Not sure which contraceptive method

-

Other

-

Please state which contraceptive method

-

Satisfaction with current contraception

How satisfied are you with the contraception you are using currently?

-

Further comments

Please comment if you would like to

-

Which contraceptive methods have you EVER used?

Methods you have used at any time

The Pill (combined hormonal pill)

-

The Mini pill (progesterone only pill)

-

The Pill (not sure which one)

-

Contraceptive patch

-

Vaginal ring

-

Male Condoms

-

Female Condoms

-

Emergency contraceptive pill (morning after pill)

-

Diaphragm/ cervical cap/ spermicide

-

Injection

-

Contraceptive implant

-

IUS (hormonal coil /hormonal intrauterine device)

-

IUD (copper coil/ copper Intrauterine device)

-

Male sterilisation

-

Female sterilisation

-

Withdrawal (pulling out)

-

Natural family planning (fertility awareness method/ calendar rhythm method)

-

Not sure which contraceptive method

-

Other

-

Please state which contraceptive method

-

In the last 3 months, have you been told by a doctor or other healthcare professional that you had any of the following sexually transmitted infections?

Chlamydia

No

Gonorrhoea

Genital Warts

Herpes (genital herpes)

Trichomonas vaginalis (Trich, TV)

Pubic lice / crabs

Syphilis

Hepatitis B

Hepatitis C

HIV

Pelvic Inflammatory Disease (PID, salpingitis)

Bacterial vaginosis

Yes, but can't remember which

Other (please state)

Please state which STI

-

No STIs in the last 3 months

Demographics

Thanks for getting this far. Below are a few questions about you and your use of contraception.

About you

What is your age?

What is your ethnic group?

Any other White background

Please describe your ethnic group

Is English your first language?

If no, please state your first language

What is your highest completed level of education?