

# North Carolina Family Planning Clinic Feedback

Summer 2012

Pregnancy Test / EC Clients



Thank you for helping us learn about the needs of our clients who come for family planning services. Your participation is completely voluntary. Your answers will remain confidential and not be linked to your name. Please return this booklet to the main desk when all questions are completed.

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# NC FAMILY PLANNING CLINIC FEEDBACK

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Which are you here for today?
  - Pregnancy Test
  - Morning after pill/ Plan B
  
2. Have you ever come here before for any kind of family planning service?
  - Yes
  - No
  
3. What makes you think you might be pregnant? (Check the answer that best applies)
  - I had a positive pregnancy test at home
  - I had a positive pregnancy test at another clinic/provider
  - I had unprotected sexual intercourse
  - I am more than a week late for my period/I am having morning sickness
  - I forgot to use my birth control
  - I was using my birth control but had a problem
  - I wasn't using any birth control because: \_\_\_\_\_
  
4. If it turns out that you are pregnant, how far along do you think you might be?
  - Less than 4 weeks (1 month)
  - 1-2 months (as many as 8 weeks)
  - In the third month (9 to 12 weeks)
  - More than 12 weeks
  - I don't know
  
5. Please select which of these statements best describe your situation right now:
  - I am in a serious relationship but not ready to start a family
  - I am not in a serious relationship and not ready for a family
  - I am not in a serious relationship and am ready to have a child / more children
  - I am in a serious relationship and ready for children

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6. Please check if you think the following statements are true or you agree, are false or you disagree, or you're not sure:

<b>Birth Control/ General Fertility</b>	<b>Agree/ True</b>	<b>Disagree /False</b>	<b>Not Sure</b>
If your period is more than a week late, then you may be pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's better for your health to be on a regular BC method, even if you don't think you'll need it, than to risk getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People think IUDs are risky, but really they are very safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abdominal pain can be a sign of pregnancy in your fallopian tube, and that can be a serious medical condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUDs can be inserted safely right after a woman has delivered her baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infections in the reproductive tract, like Chlamydia or Gonorrhea are a common cause of infertility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An IUD is a smart option, even for teens, if you want to wait awhile before getting pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surprise pregnancies that are unplanned are more likely to lead to either abortion or delivering a baby that is born too early or too small.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BC methods like the pill, patch, the shot may cause weight gain, but so does a pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17-P is a medicine (usually injected) that can help prevent an early delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spacing your pregnancies at least 18 months apart is the best timing to have a healthy baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Thinking about the possibility that I might be pregnant, I would say that:  
(Choose the answer for each question that best applies to you)

7. I hope the pregnancy test result is...

- Positive
- Negative
- Undecided

8. How do you feel about having a child now or sometime in the future?  
Would you say:

- I do not want to have a child
- I want to have a child, within the next 6 months
- I want to have a child, within the next 6-12 months
- I want to have a child, more than a year from now
- I don't know / I am not sure

9. If I am pregnant, this is...

- The right time.
- Ok, but not quite right time.
- The wrong time.

10. I would say...

- I am planning to be pregnant
- My plans keep changing
- I am not planning to be pregnant

11. If I really am pregnant, I...

- Want to have a baby now
- Have mixed feelings about having a baby now
- Don't want to have a baby now

12. If the pregnancy test results confirm I am pregnant now, then I will feel...

- Very upset
- Upset
- Pleased
- Very pleased
- Unsure

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13. How do you feel about having a child now or sometime in the future?

Would you say:

- I do not want to have a child
- I want to have a child, within the next year
- I want to have a child, within the next two years
- I want to have a child, in 2-5 years from now
- I want to have a child, after 5 years from now
- I don't know / I am not sure

14. In the month before you thought you might be pregnant, (Select the statement that most applies to you)

- I/we were not using contraception  **Go to Question 15**
- I/we were using contraception, but not on every occasion
- I/we always used contraception, but knew that the method had failed (that is, broke, moved, came off, came out, did not work, etc.) at least once
- I/we always used contraception

If you were using contraception at least some of the time, what did you or your husband/partner do to keep you from getting pregnant? (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Birth Control Pills          | <input type="checkbox"/> Jelly, Cream, or Foam                                      |
| <input type="checkbox"/> Condom (Male or Female)      | <input type="checkbox"/> Suppository, Insert  |
| <input type="checkbox"/> Depo-Provera, Shot           | <input type="checkbox"/> IUD  |
| <input type="checkbox"/> Hormonal Implants (Implanon) | <input type="checkbox"/> Withdrawal, Pulling Out                                    |
| <input type="checkbox"/> Contraceptive Patch          | <input type="checkbox"/> Rhythm, Calendar "Safe Period",<br>Natural Family Planning |
| <input type="checkbox"/> Diaphragm                    | <input type="checkbox"/> Sterilization (tubal ligation, tubes<br>tied, vasectomy)   |
| <input type="checkbox"/> Cervical Cap                 | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Sponge                       |   |

**After selecting your method(s), skip Question 15 and go to Question 16.** 

15. If you said that you or your partner were not doing something to prevent your becoming pregnant in the month before you thought you might be pregnant, what was your main reason for *not* doing anything to keep you from getting pregnant? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> No regular partner/didn't plan to have sex                  | <input type="checkbox"/> Don't think you or your partner can get pregnant |
| <input type="checkbox"/> Didn't think about it                                       | <input type="checkbox"/> Already sterilized (you or your partner)         |
| <input type="checkbox"/> Wouldn't mind getting pregnant                              | <input type="checkbox"/> Had a hysterectomy                               |
| <input type="checkbox"/> Want a pregnancy  | <input type="checkbox"/> Currently breast-feeding or just had a baby      |
| <input type="checkbox"/> Don't like birth control/side effects (you or your partner) | <input type="checkbox"/> Forced to have sex/sexually assaulted            |
| <input type="checkbox"/> Birth control costs too much                                | <input type="checkbox"/> Other: _____                                     |
| <input type="checkbox"/> Problem getting birth control                               |   |
| <input type="checkbox"/> Medical reasons   |   |
| <input type="checkbox"/> Religious reasons   |   |

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16. What method or methods have you ever used and then stopped because you were not satisfied?
- Birth Control Pills
  - Depo-Provera, Shot, Injectables
  - Implants
  - Contraceptive Patch
  - Diaphragm, Cervical Cap, Sponge
  - Jelly, Cream, or Foam
  - Suppository, Insert
  - IUD, Coil, Loop
  - Condom (Male or Female)
  - Withdrawal, Pulling Out
  - Rhythm, Calendar “Safe Period”, Natural Family Planning
  - Vaginal Ring
  - Other: \_\_\_\_\_
17. If you stopped using a method previously, what was the reason or reasons you were not satisfied with the method(s)?
- Too expensive
  - Too hard to use, too messy
  - My partner didn’t like it
  - Side effects: \_\_\_\_\_
  - Wasn’t sure it would be good enough protection
  - I became pregnant
  - It didn’t protect me from infection
  - Health problems I was warned about by doctor
  - Method decreased sexual pleasure
  - Too hard to get the method
  - Didn’t like how it changed my cycle
  - Other: \_\_\_\_\_
18. Has a doctor, nurse, or other provider ever talked with you about birth control or ways to avoid pregnancy?
- Yes
  - No
  - Don’t know/Not sure
19. Has a doctor, nurse, or other provider ever talked with you about ways to prepare for a healthy pregnancy and baby?
- Yes
  - No
  - Don’t know/Not sure

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20. How do you feel about becoming pregnant now or sometime in the future?  
Would you say:
- I do not want to become pregnant
  - I want to become pregnant, within the next 6 months
  - I want to become pregnant, within the next 6-12 months
  - I want to become pregnant, more than a year from now
  - I don't know / I am not sure
21. Before you thought you might be pregnant, did you do anything to improve your health in preparation for possible pregnancy?
- Yes
  - No  **Go to Question 23**
22. If yes, what did you do to improve your health? (Check all that apply)
- I took a multi-vitamin (folic acid)
  - I stopped or cut down smoking
  - I stopped or cut down drinking alcohol
  - I ate healthier
  - I got medical/health advice
  - Other: \_\_\_\_\_
23. How many times have you been pregnant before now? (Circle your response)
- 0      1      2      3      4      5 or more
24. How old were you at your first pregnancy? \_\_\_\_\_
25. How many children have you had? \_\_\_\_\_ (0 if never had children)
26. Which of the following statements best describes you during the past 3 months. (Check one)
- I have been trying to get pregnant
  - I've tried to keep from getting pregnant but haven't been trying very hard
  - I have been trying hard to keep from getting pregnant
27. Before the time that I thought I might be pregnant, my partner and I...
- Never discussed the topic of having children together
  - Discussed having children together, but hadn't agreed for me to get pregnant
  - Agreed that we would like me to be pregnant

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28. How does your husband / partner feel about the possibility that you are pregnant?

(Check one answer)

- I don't have a regular partner
- He has wanted me to get pregnant for a while
- He wants me to be pregnant, but later
- He wants me to be pregnant now
- He doesn't want me to be pregnant now, or at any time in the future
- I don't know what they feel about it

29. Would you say you are in a healthy or unhealthy relationship? Here are some signs to look for: (Check all that apply to you)

- Sometimes my partner messes with my birth control or tries to get me pregnant when I don't want to be
- Sometimes my partner refuses to use condoms when I ask
- Sometimes my partner makes me have sex when I don't want to
- Sometimes my partner tells me who I can talk to and where I can go

### Demographic Information

30. What is your age? \_\_\_\_\_ years

31. What is your race? (Check all that apply)

- White
- African American
- Asian
- Native American
- Other race(s) \_\_\_\_\_

32. Are you Hispanic?

- Yes
- No

33. Relationship Status:

- Married
- Living Together
- Separated
- In a relationship but not living together
- Single
- Divorced

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- 34.** What type of health insurance do you have?
- Private health insurance that covers contraception / birth control
  - Private health insurance that *does not* cover contraception / birth control
  - Public health insurance (Medicaid)
  - No health insurance
- 35.** What is the highest level of education you have completed?
- Less than high school
  - High school
  - Some college
  - College
  - Graduate degree
- 36.** Did you receive the results of today's pregnancy test before filling out this survey?
- Yes
  - No



**Region IV Network for Data  
Management and Utilization**

This document was created as a joint effort between:  
The North Carolina Division of Public Health,  
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Cecil G. Sheps Center for Health Services Research, UNC-Chapel Hill



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