



# Kentucky Family Planning Survey

**Pregnancy Test / EC Client Survey 2012**





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

---

# KENTUCKY FAMILY PLANNING SURVEY

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

1. Which are you here for today?
  - Pregnancy Test  **Go to Question 3**
  - Morning after pill/ Plan B
  
2. In the past week, have you tried to get the morning after pill / Plan B anywhere else?
  - Yes
  - No
  
3. Have you ever come here before for any kind of family planning service?
  - Yes  **Go to question 5**
  - No
  
4. If no, why have you *not* come here in the past? (Check all that apply)
  - Didn't need to until now
  - Cost
  - No transportation
  - Wasn't allowed to come by parent/partner
  - Didn't know about services
  - Embarrassed to come
  - Other \_\_\_\_\_
  
5. 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 an accident (ex: condom broke, cervical cap slipped, etc.)
  - Other: \_\_\_\_\_

---

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

6. I hope the pregnancy test result is...
- Positive
  - Negative
  - Undecided
7. If I am pregnant, this is...
- The right time.
  - Ok, but not quite right time.
  - The wrong time.
8. I would say...
- I am planning to be pregnant
  - My plans keep changing
  - I am not planning to be pregnant
9. 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
10. If the pregnancy test results confirm I am pregnant now, then I will feel...
- Very upset
  - Upset
  - Pleased
  - Very pleased
  - Unsure
11. 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

---

12. The last time you had sex, did you or your partner/husband do anything to keep you from getting pregnant?

- Yes
- No  **Go to Question 13**

a. If yes, what did you or your husband/partner do the last time you had sex to keep you from getting pregnant? (Check all that apply)

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

b. Where did you get your birth control/contraception? (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Private doctor's office         | <input type="checkbox"/> Urgent Care Center or Clinic, or<br>Walk-in facility |
| <input type="checkbox"/> Public Health Department Clinic | <input type="checkbox"/> Friend   |
| <input type="checkbox"/> Community Health Center         | <input type="checkbox"/> Partner or Husband                                   |
| <input type="checkbox"/> Planned Parenthood Clinic       | <input type="checkbox"/> Drug store or pharmacy                               |
| <input type="checkbox"/> School-based Clinic             | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Hospital Clinic                 |   |
| <input type="checkbox"/> Hospital Emergency Room         |   |

13. If you answered *no* to Question 12, what was your main reason for *not* doing anything the last time you had sex to keep you from getting pregnant? (Check all that apply)


- |   |  |
|---|--|
| <input type="checkbox"/> No regular partner/didn't plan to<br>have sex                  | <input type="checkbox"/> Religious reasons                                   |
| <input type="checkbox"/> Didn't think about it  | <input type="checkbox"/> Using a method, but not regularly                   |
| <input type="checkbox"/> Wouldn't mind getting pregnant                                 | <input type="checkbox"/> Don't think you or your partner<br>can get pregnant |
| <input type="checkbox"/> Want a pregnancy   | <input type="checkbox"/> Currently breast-feeding or just<br>had a baby      |
| <input type="checkbox"/> Don't like birth control/side<br>effects (you or your partner) | <input type="checkbox"/> Forced to have sex/sexually<br>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  |  |

---

14. 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

15. 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 17**

16. 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: \_\_\_\_\_

17. Have you ever been pregnant (before now)?

- Yes
- No  **Go to Question 22**

18. If yes, how many times have you been pregnant? (Circle your response)

1      2      3      4      5 or more

19. How old were you at your first pregnancy? \_\_\_\_\_

20. Have you had any children?

- Yes
- No  **Go to Question 22**

21. If yes, how many children have you had? \_\_\_\_\_

22. Are you trying to get pregnant?

- Yes
- No

- 
- 23.** 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
- 24.** 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

The next questions are about different types of violence in relationships with an intimate partner. An intimate partner is any current or former spouse, boyfriend, girlfriend, or someone you were dating.

- 25.** During the past 12 months, has an intimate partner shouted, yelled, insulted, or sworn at you?
- Yes
  - No
  - No intimate partner past 12 months
- 26.** During the past 12 months, has an intimate partner checked up on you or tried to keep you from doing something you wanted to do, such as going out with friends or family?
- Yes
  - No
- 27.** During the past 12 months, have you been hit, slapped, kicked, or otherwise physically hurt by an intimate partner?
- Yes
  - No
- 28.** During the past 12 months, have you had sex when you didn't want to because an intimate partner threatened or used some degree of physical force (twisting your arm, holding you down, etc) to make you?
- Yes
  - No

- 
29. Are you here to sign up for Medicaid pregnancy coverage?
- Yes
  - No
30. Did you receive the results of today's pregnancy test before filling out this survey?
- Yes
  - No

### Demographic Information

31. What is your age? \_\_\_\_\_ years
32. What is your race? (Check all that apply)
- White
  - African American
  - Asian
  - Native American
  - Other race(s) \_\_\_\_\_
33. Are you Hispanic?
- Yes
  - No
34. Relationship Status:
- Married
  - Living Together
  - Separated
  - In a relationship but not living together
  - Single
  - Divorced
35. 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
36. What is the highest level of education you have completed?
- Less than high school
  - High school
  - Some college
  - College
  - Graduate degree



# Kentucky Department for Public Health

Division of Women's Health

Family Planning Program



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



**UNC**

**THE CECIL G. SHEPS CENTER  
FOR HEALTH SERVICES RESEARCH**

This document was created as a joint effort between:  
The Kentucky Family Planning Program, Division of Women's Health  
The Kentucky BRFSS, Division of Prevention and Quality Improvement  
The Region IV Network for Data Management and Utilization Project  
Cecil G. Sheps Center for Health Services Research, UNC-Chapel Hill  
HRSA/MCHB Graduate Student Intern Program (GSIP)