

Sexual History

Please complete the survey below.

For the purposes of this questionnaire, sexual intercourse will be defined as when a male puts his penis inside your vagina. We are only interested in asking about sexual situations where you wanted to have sexual intercourse, not where you were forced into sexual intercourse. If you have a situation where you were forced into sexual intercourse and you would like to speak with someone here, please notify the research team member who provided you the tablet.

At any time in your life, have you ever had sexual intercourse with a male, that is, made love, had sex, or gone all the way? Yes
 No

Counting all your male sexual partners, even those you had intercourse with only once, how many males have you had sexual intercourse with in your life? _____
(ENTER number of partners total)

During the last 12 months, that is, since (INTERVIEW MONTH, INTERVIEW YEAR - 1), how many males, if any, have you had sexual intercourse with? _____
(ENTER number of partners in last year)

How many times have you been pregnant in your life? _____

Have you ever used birth control pills? Yes
 No

Have you had sex with a partner who used a condom? Yes
 No

Have you ever used Depo-Provera, an injectable shot given every three months? Yes
 No

Have you ever had sex with a partner who used withdrawal or "pulling out"? This is when a male takes his penis out of you before he orgasms, or comes. Yes
 No

Have you ever used the calendar rhythm method to prevent pregnancy? With these methods, a woman counts the days in her menstrual cycle to identify which days she can get pregnant, or "unsafe" days. Yes
 No

Have you ever used the "Standard Days Method" or "Cycle Beads" to prevent pregnancy? These methods identify days 8 to 19 of the cycle as days a woman can get pregnant, or "unsafe" days. Yes
 No

Have you ever used the contraceptive patch? Yes
 No

Have you ever used the vaginal contraceptive ring or "NuvaRing"? Yes
 No

Have you ever used Emergency contraception? Some examples of names for this are: "Plan B", "Preven", "Ella", "Next Choice" or "Morning After" pills? "Take Action" and "My Way" also count.

- Yes
 No

If YES, how many times have you used emergency contraception? _____

Did you use emergency contraception because you were worried your birth control method would not work, you didn't use birth control that time, or for some other reason? Select all that apply.

- You were worried your birth control method would not work
 You didn't use birth control that time
 Some other reason

Please select the birth control methods that you have used. You may select more than one.

- Hormonal implants (Norplant™ or Implanon™, or Nexplanon™)
 Diaphragm
 Female condom, vaginal pouch
 Foam
 Jelly or cream
 Cervical cap
 Suppository, insert
 Today™ sponge
 IUD, coil, loop
 Lunelle™
 Other method
 No other methods ever used

If selected other method, please describe here _____

Have you ever used an IUD, or intrauterine device?

- Yes
 No

If YES, which type of IUD have you used?

- Copper-bearing (such as Copper-T™ or ParaGard™)
 Hormonal IUD (such as Mirena™ or Skyla™)
 Other