

Estimates of use of preferred contraceptive method in the United States: a population-based study

Supplementary Material

Survey items assessing use of preferred contraceptive method

Main question

Is there a method of birth control that you would like to use but you are not currently using?

RESPONSE OPTIONS:

1. Yes
2. No
3. I don't know

Notes: Those responding “yes” were considered to NOT be using their preferred method. Those responding “no” were considered to be using their preferred method. Those who selected “I don't know” were categorized as uncertain. Additionally, current users who selected “no” and who said they wanted to stop using any of their methods as soon as possible were categorized as “uncertain.”

Follow-up questions

Note: Follow-up questions asked to respondents who selected “no” to the primary question.

What method(s) of birth control would you rather be using? You can select more than one method.

RESPONSE OPTIONS:

1. Birth control pills (the pill)
2. The birth control patch, like Xulane or Twirla
3. A vaginal ring, like NuvaRing or Annovera
4. Injectable birth control, like Depo-Provera or DMPA (the shot)
5. Birth control implant, like Nexplanon (implant in your arm)
6. An IUD or intrauterine device with hormones, like Mirena or Liletta
7. A copper IUD (Paragard)
8. Emergency contraception, like Plan B or Ella (the “morning after pill”)

9. A partner's vasectomy method of sterilization
10. The tubal ligation, "getting your tubes tied," or Essure methods of sterilization
11. External condoms (sometimes called "male condoms")
12. Internal condoms (sometimes called "female condoms")
13. Non-hormonal contraceptive gel inserted into the vagina before sex (Phexxi)
14. Spermicide inserted into the vagina before sex, like VCF or Gynol II
15. A diaphragm
16. A cervical cap
17. A contraceptive sponge, like the Today Sponge
18. Withdrawal or pulling out
19. Fertility awareness-based methods, including the rhythm or calendar method (tracking your menstrual cycle on a calendar or app), periodic abstinence (only having sex on certain days of the month), and/or methods where you monitor your basal body temperature or cervical mucus
20. Not having sex at all (abstinence)
21. Another method.
22. I don't know which method I would rather be using.
23. None of these methods.

[If Response=21]: In response to the previous question, you said "Another method." Please specify what method you would rather be using:

[If responded with 2 methods they would rather be using]:
Please rank these methods of birth control, with 1 being the method you'd choose as your first choice and 2 being the method you'd choose as your second choice.

[If responded with >2 methods they would rather be using]:
Please rank these methods of birth control from 1 to 3 with 1 being the method you'd choose as your first choice, 2 being the method you'd choose as your second choice, and 3 being the method you'd choose as your third choice.

Note: Respondents who selected "20. Not having sex at all (abstinence)" were classified as not wanting to use a method.

What is the reason(s) you are not currently using [fill in preferred method]? Select all that apply.

RESPONSE OPTIONS:

1. I'm not currently having sex that could result in pregnancy (e.g., penile-vaginal sex).
2. I don't have sex very often.
3. The method interferes with the pleasure of sex.
4. My partner doesn't want to use this method.
5. My partner doesn't want me to use this method.
6. Someone else in my life doesn't want me to use this method.
7. I don't want my partner or family to find out that I use this method.
8. My healthcare provider suggested I use something else.
9. I had a problem getting this method when I needed it.
10. It's too hard to get to a place to get this method (no transportation or childcare, cannot take time off work).
11. I don't have a healthcare provider I trust.
12. I don't know where I can get it.
13. It wasn't available at my doctor's office, clinic, or pharmacy.
14. I can't afford it.
15. Another method is cheaper.
16. I'm concerned about side effects (like bleeding, cramping, mood swings, or weight gain).
17. I'm concerned about the safety of this method.
18. I don't think this method of birth control works.
19. Another reason.
20. I'm not sure.

Note: Respondents were only shown options that could apply to the preferred method being asked about. E.g., "I can't afford it" was not shown to people who preferred withdrawal, fertility awareness, or abstinence.

[If response=6]: In response to the previous question, you said "Someone else in my life doesn't want me to use this method." Please specify their relationship to you:

[If response=19]: In response to the question about the reason(s) you are not currently using [insert preferred method], you said "Another reason." Please specify why you are not currently using [insert preferred method]:

Desire to stop using contraception

Note: This question was asked about each contraceptive method used in the last month.

Do you want to stop using [*insert current method*] in the next year?

RESPONSE OPTIONS:

1. Yes
2. No
3. Maybe

[If response=2] Please select the statement that best describes when you want to stop using [*insert current method*]?

RESPONSE OPTIONS:

1. I want to stop using [*insert current method*] as soon as possible.
2. I want to stop using [*insert current method*] sometime in the next 6 months.
3. I want to stop using [*insert current method*] sometime in the next year.
4. I'm not sure