

## S1 Questionnaire

A comprehensive assessment of fertility intentions and contraceptive use was conducted at Enrollment (Questionnaire A). A rapid assessment was conducted at each Follow-Up visit (Questionnaire B). Our primary measure of fertility intentions in this study was assessed using the question “Are you currently trying to get pregnant?”, which was asked both at Enrollment (Q101) and during Follow-up (Q2).

### A. Fertility Intentions and Contraceptive Use Comprehensive Assessment. Questions asked at Enrollment

SECTION: FERTILITY INTENTIONS		
Q101.	Are you currently trying to get pregnant?	<input type="checkbox"/> Yes → Q102 <input type="checkbox"/> No → Q103 <input type="checkbox"/> Not sure → Q103
Q102.	How long have you been trying to have a baby this time? <u>You can tell me in months or years.</u>	<input type="checkbox"/> Years .....→ Q201 <input type="checkbox"/> Months .....→ Q201
Q103.	Thinking about the next year, do you plan to become pregnant <u>in the next 12 months</u> (1 year)?	<input type="checkbox"/> Yes → Q201 <input type="checkbox"/> No → Q104 <input type="checkbox"/> Not sure → Q104
Q104.	Thinking further ahead to the future, do you think that <u>someday</u> you may try to become pregnant?	<input type="checkbox"/> Yes → Q201 <input type="checkbox"/> No → Q201 <input type="checkbox"/> Not sure → Q201

SECTION: SEXUAL BEHAVIOR AND CONTRACEPTIVE USE		
Q201.	Are you currently using any method of contraception for family planning?	<input type="checkbox"/> Yes → Q202 <input type="checkbox"/> No → Q209
Q202.	What method(s) of family planning are you currently using? <i>Do not read responses. Mark all that apply.</i> <i>Probe for more answers.</i>	<input type="checkbox"/> Pill (Oral Contraceptives) <ul style="list-style-type: none"> <li><input type="radio"/> Combined Pill (COC, E+P)</li> <li><input type="radio"/> Progestin-only Pill</li> <li><input type="radio"/> Unknown Pill</li> </ul> <input type="checkbox"/> Male Condom <input type="checkbox"/> Female Condom <input type="checkbox"/> Injectable

		<ul style="list-style-type: none"> <li><input type="radio"/> Depo-Provera or Petogen</li> <li><input type="radio"/> Nuristerate</li> <li><input type="radio"/> Norigynon</li> <li><input type="radio"/> Type unknown</li> <li><input type="checkbox"/> <b>IUD</b> (Intrauterine Device, e.g. Mirena)</li> <li><input type="checkbox"/> <b>Spermicide</b></li> <li><input type="checkbox"/> <b>Breastfeeding/ Lactational Amenorrhea Method (LAM)</b></li> <li><input type="checkbox"/> <b>Implant</b></li> <li><input type="checkbox"/> <b>Partner was sterilized/ vasectomy</b></li> <li><input type="checkbox"/> <b>Emergency Contraception</b></li> <li><input type="checkbox"/> <b>Other</b> _____</li> <li><input type="checkbox"/> <b>Nothing</b></li> </ul>
<p><b>Q203.</b></p>	<p><b>How long have you been using this (these) method(s) of contraception for family planning? <u>You can respond in months or years.</u></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Years</b> .....</li> <li><input type="checkbox"/> <b>Months</b> .....</li> </ul>
<p><b>Q204.</b></p>	<p><b>Have you been having any problems with the method?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Yes → Q205</b></li> <li><input type="checkbox"/> <b>No → Q208</b></li> </ul>
<p><b>Q205.</b></p>	<p><b>What is the biggest problem that you have been experiencing with your current method?</b> <i>Do not read responses. Mark all that apply.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Heavy bleeding</b></li> <li><input type="checkbox"/> <b>Irregular spotting or bleeding</b></li> <li><input type="checkbox"/> <b>No period, amenorrhea</b></li> <li><input type="checkbox"/> <b>Wet vagina</b></li> <li><input type="checkbox"/> <b>Weight gain</b></li> <li><input type="checkbox"/> <b>Headaches</b></li> <li><input type="checkbox"/> <b>Abdominal Pain / Cramping</b></li> <li><input type="checkbox"/> <b>Partner does not like or agree to use current method</b></li> <li><input type="checkbox"/> <b>Difficult to remember to take the pill everyday</b></li> <li><input type="checkbox"/> <b>Difficult to regularly get injections</b></li> <li><input type="checkbox"/> <b>Difficult to get prescription filled</b></li> <li><input type="checkbox"/> <b>Difficult to buy condoms</b></li> <li><input type="checkbox"/> <b>Other</b> _____</li> </ul>

<p><b>Q206.</b></p>	<p><b>What other problems are you experiencing with your current method?</b></p> <p><i>Do not read responses. Mark all that apply.</i></p> <p><i>Probe for more answers.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Heavy bleeding</li> <li><input type="checkbox"/> Irregular spotting or bleeding</li> <li><input type="checkbox"/> No period, amenorrhea</li> <li><input type="checkbox"/> Wet vagina</li> <li><input type="checkbox"/> Weight gain</li> <li><input type="checkbox"/> Headaches</li> <li><input type="checkbox"/> Abdominal Pain / Cramping</li> <li><input type="checkbox"/> Partner does not like or agree to use current method</li> <li><input type="checkbox"/> Difficult to remember to take the pill everyday</li> <li><input type="checkbox"/> Difficult to regularly get injections</li> <li><input type="checkbox"/> Difficult to get prescription filled</li> <li><input type="checkbox"/> Difficult to buy condoms</li> <li><input type="checkbox"/> Other _____</li> </ul>
<p><b>Q207.</b></p>	<p><b>Have you talked to your nurse or doctor about the problems that you just told me about?</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Don't know</li> </ul>
<p><b>Q208.</b></p>	<p><b>Overall how satisfied are you with your current contraceptive / family planning method? <u>Would you say that you are very satisfied, somewhat satisfied or dissatisfied?</u></b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Very satisfied</li> <li><input type="checkbox"/> Somewhat satisfied</li> <li><input type="checkbox"/> Dissatisfied</li> <li><input type="checkbox"/> Don't know</li> </ul>
<p><b>Q209.</b></p>	<p><b><u>In the next month</u>, do you plan on continuing with the same method of family planning, start using a new method or stop using contraception?</b></p> <p><i>Should also be asked of women not using a method of contraception to assess whether they plan to start a new method.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Continue with same method → Q212</li> <li><input type="checkbox"/> Start new method → Q211</li> <li><input type="checkbox"/> Stop using method → Q210</li> </ul>
<p><b>Q210.</b></p>	<p><b>Why do you plan to quit the method?</b></p> <p><i>Remember, do not read responses.</i></p> <p><i>Mark all that apply. Probe.</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Trying to get pregnant</li> <li><input type="checkbox"/> Not sexually active</li> <li><input type="checkbox"/> Do not think I can get pregnant</li> <li><input type="checkbox"/> No period, amenorrhea</li> <li><input type="checkbox"/> Partner does not approve of method</li> <li><input type="checkbox"/> Partner had a vasectomy</li> </ul>

		<input type="checkbox"/> <b>Side effects of method</b> <input type="checkbox"/> <b>Method too difficult</b> <input type="checkbox"/> <b>Heavy bleeding</b> <input type="checkbox"/> <b>Irregular spotting or bleeding</b> <input type="checkbox"/> <b>Method less effective with HIV medication</b> <input type="checkbox"/> <b>Weight gain</b>
<b><u>Skip to Q212</u></b>		
<b>Q211.</b>	<b>What family planning method(s) do you plan to start using in the next month?</b>  <i>Do not read responses. Mark all that apply</i>	<input type="checkbox"/> <b>Pill</b> (Oral Contraceptives) <ul style="list-style-type: none"> <li><input type="radio"/> Combined Pill (COC, E+P)</li> <li><input type="radio"/> Progestin-only Pill</li> <li><input type="radio"/> Unknown Pill</li> </ul> <input type="checkbox"/> <b>Male Condom</b> <input type="checkbox"/> <b>Female Condom</b> <input type="checkbox"/> <b>Injectable</b> <ul style="list-style-type: none"> <li><input type="radio"/> Depo-Provera or Petogen</li> <li><input type="radio"/> Nuristerate</li> <li><input type="radio"/> Norigynon</li> <li><input type="radio"/> Type unknown</li> </ul> <input type="checkbox"/> <b>IUD</b> (Intrauterine Device, e.g. Mirena) <input type="checkbox"/> <b>Spermicide</b> <input type="checkbox"/> <b>Breastfeeding/ Lactational Amenorrhea Method (LAM)</b> <input type="checkbox"/> <b>Implant</b> <input type="checkbox"/> <b>Partner was sterilized/ vasectomy</b> <input type="checkbox"/> <b>Emergency Contraception</b> <input type="checkbox"/> <b>Other</b> _____
<b>Q212.</b>	<b>The last time that you had sex with your main partner did you and your partner use a condom?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Don't know</b> <input type="checkbox"/> <b>No response</b>
<b>Q213.</b>	<b>During the past 12 months, how often have you and your main partner used a condom?</b>	<input type="checkbox"/> <b>Every time</b> <input type="checkbox"/> <b>Almost every time</b>

	<u>Did you use a condom every time, almost every time, sometimes or never?</u>	<input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> No response
Q214.	The last time that you had sex with a casual or nonregular partner did you and that partner use a condom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> No response <input type="checkbox"/> Not applicable – other partners were main partners at the time of intercourse
Q215.	During the past 12 months, how often have you and your non-regular partner(s) used a condom?  <u>Did you use a condom every time, almost every time, sometimes or never?</u>	<input type="checkbox"/> Every time <input type="checkbox"/> Almost every time <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable
<b>CHECK</b> <i>Is the participant currently on family planning other than condoms? (See Q201 and Q202 for clarification)</i> <input type="checkbox"/> IF Yes → Q221 <input type="checkbox"/> IF NO → Q216		
Q216.	During the past 6 months, have you used any method of contraception for family planning <u>other than condoms?</u>	<input type="checkbox"/> Yes → Q217 <input type="checkbox"/> No → Q220 <input type="checkbox"/> No response → Q221
Q217.	<b>What method(s) were you using?</b> <i>Do not read responses.</i> <i>Mark all that apply</i>	<input type="checkbox"/> <b>Pill</b> (Oral Contraceptives) <ul style="list-style-type: none"> <li><input type="radio"/> Combined Pill (COC, E+P)</li> <li><input type="radio"/> Progestin-only Pill</li> <li><input type="radio"/> Unknown Pill</li> </ul> <input type="checkbox"/> <b>Injectable</b> <ul style="list-style-type: none"> <li><input type="radio"/> Depo-Provera or Petogen</li> <li><input type="radio"/> Nuristerate</li> <li><input type="radio"/> Norigynon</li> <li><input type="radio"/> Type unknown</li> </ul> <input type="checkbox"/> <b>IUD</b> (Intrauterine Device, e.g. Mirena) <input type="checkbox"/> <b>Spermicide</b>

		<input type="checkbox"/> <b>Breastfeeding/ Lactational Amenorrhea Method (LAM)</b> <input type="checkbox"/> <b>Implant</b> <input type="checkbox"/> <b>Partner was sterilized/ vasectomy</b> <input type="checkbox"/> <b>Emergency Contraception</b> <input type="checkbox"/> <b>Other_____</b> <input type="checkbox"/> <b>Nothing</b>
<b>Q218.</b>	<b>Why did you quit the method?</b> <i>Remember, do not read responses.</i> <i>Mark all that apply. Probe.</i>	<input type="checkbox"/> <b>Trying to get pregnant</b> <input type="checkbox"/> <b>Not sexually active</b> <input type="checkbox"/> <b>Do not think I can get pregnant</b> <input type="checkbox"/> <b>No period, amenorrhea</b> <input type="checkbox"/> <b>Partner does not approve of method</b> <input type="checkbox"/> <b>Partner had a vasectomy</b> <input type="checkbox"/> <b>Side effects of method</b> <input type="checkbox"/> <b>Method too difficult</b> <input type="checkbox"/> <b>Heavy bleeding</b> <input type="checkbox"/> <b>Irregular spotting or bleeding</b> <input type="checkbox"/> <b>Method less effective with HIV medication</b> <input type="checkbox"/> <b>Do not know which method to use</b> <input type="checkbox"/> <b>Don't know</b>
<b>Q219.</b>	<b>Does your doctor or nurse know that you are no longer using that method?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Don't know</b>
<b>Q220.</b>	<b>What is the main reason that you are not using a method for family planning?</b> <i>Note that if the participant is using condoms, ask them what is the main reason that they are not using a method for family planning other than condoms.</i>	<input type="checkbox"/> <b>Trying to get pregnant</b> <input type="checkbox"/> <b>Not sexually active</b> <input type="checkbox"/> <b>Do not think I can get pregnant</b> <input type="checkbox"/> <b>No period, amenorrhea</b> <input type="checkbox"/> <b>Partner does not approve of method</b> <input type="checkbox"/> <b>Partner had a vasectomy</b> <input type="checkbox"/> <b>Side effects of method</b> <input type="checkbox"/> <b>Method too difficult</b> <input type="checkbox"/> <b>Heavy bleeding</b> <input type="checkbox"/> <b>Irregular spotting or bleeding</b>

		<input type="checkbox"/> <b>Method less effective with HIV medication</b> <input type="checkbox"/> <b>Do not know which method to use</b> <input type="checkbox"/> <b>Not necessary, using condoms</b> <input type="checkbox"/> <b>Other_____</b> <input type="checkbox"/> <b>Don't know</b>																					
<b>Q221.</b>	<p><b>Since you started ARVS, has your nurse or doctor talked to you about any of the following family planning methods?</b></p> <p><i>READ ALL RESPONSES. Mark all that apply.</i></p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td><b>Oral contraceptives or pills</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Injectable contraceptives</b> (Depo-Provera, Petogen or Nuristerate)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Male Condoms</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Female Condoms</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Sterilization</b></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Other_____</b></td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	<b>Oral contraceptives or pills</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Injectable contraceptives</b> (Depo-Provera, Petogen or Nuristerate)	<input type="checkbox"/>	<input type="checkbox"/>	<b>Male Condoms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Female Condoms</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Sterilization</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Other_____</b>		
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<b>Sterilization</b>	<input type="checkbox"/>	<input type="checkbox"/>																					
<b>Other_____</b>																							
<b>Q222.</b>	<b>What clinic do you currently go to for your family planning/contraceptive care?</b>	<input type="checkbox"/> <b>Name of Clinic_____ → Q223</b> <input type="checkbox"/> <b>None → Q225</b>																					
<b>Q223.</b>	<b>Does the nurse or doctor at the other clinic know that you are HIV+?</b>	<input type="checkbox"/> <b>Yes → Q224</b> <input type="checkbox"/> <b>No → Q225</b> <input type="checkbox"/> <b>Don't know → Q225</b>																					
<b>Q224.</b>	<b>Is the other health provider aware of what HIV medicines you are currently taking?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>Don't know</b>																					
<b>Q225.</b>	<b>Have you heard about any family planning methods that may not work well to prevent pregnancy if you are also taking ARVs?</b>	<input type="checkbox"/> <b>Yes → Q226</b> <input type="checkbox"/> <b>No → Q301</b> <input type="checkbox"/> <b>Don't know → Q301</b>																					
<b>Q226.</b>	<p><b>What family planning methods have you heard do not work as well to prevent pregnancy when you are also on HIV treatment?</b></p> <p><i>Mark all that are mentioned.</i></p> <p><i>Note that Nordette and Triphasil are both classified as combined pills or COCs</i></p>	<input type="checkbox"/> <b>Pill (Oral Contraceptives)</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Combined Pill (COC, E+P)</li> <li><input type="checkbox"/> Progestin-only Pill</li> <li><input type="checkbox"/> Unknown Pill</li> </ul> <input type="checkbox"/> <b>Injectable</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Depo-Provera or Petogen</li> </ul>																					

		<ul style="list-style-type: none"> <li><input type="radio"/> Nuristerate</li> <li><input type="radio"/> Norigynon</li> <li><input type="radio"/> Type unknown</li> <li><input type="checkbox"/> IUD (Intrauterine Device, e.g. Mirena)</li> <li><input type="checkbox"/> Spermicide</li> <li><input type="checkbox"/> Breastfeeding/ Lactational Amenorrhea Method (LAM)</li> <li><input type="checkbox"/> Implant</li> <li><input type="checkbox"/> Other _____</li> <li><input type="checkbox"/> Don't know</li> </ul>
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SECTION: FERTILITY DESIRES		
Q301.	Have you and your partner talked about whether or not you would like to have more children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<i>Sometimes people do not intend or plan on having more children, but they may still want or desire to have more children.</i>		
Q302.	Do you think that your partner wishes he could have more children?	<input type="checkbox"/> Yes → Q303 <input type="checkbox"/> No → Q304 <input type="checkbox"/> Don't know → Q304
Q303.	How important do you think it is to your partner that you have more children? <u>Would you say that it is very important to him, somewhat important or not important?</u>	<input type="checkbox"/> Very important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Not important <input type="checkbox"/> Don't know
Q304.	Do <u>you</u> personally wish that you could have more children?	<input type="checkbox"/> Yes → Q305 <input type="checkbox"/> No → END <input type="checkbox"/> Don't know → END
Q305.	How many more children would you like to have if you could choose?	<input type="checkbox"/> Number of additional desired..... <input type="checkbox"/> None <input type="checkbox"/> Don't know



**B. Fertility Intentions and Contraceptive Use Rapid Assessment. Questions asked during Follow-Up**

<b>Q1.</b>	<b>Are you <u>currently</u> using any method of family planning?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No → Q2</b>
	<b>If yes, please mark the methods that you are current using:</b>	<input type="checkbox"/> <b>Pill</b> (Oral Contraceptives) <input type="checkbox"/> <b>Condom</b> <input type="checkbox"/> <b>Injectable</b> (Petogen/ Depo-Provera/ Nuristerate) <input type="checkbox"/> <b>IUD</b> (Intrauterine Device) <input type="checkbox"/> <b>Partner was sterilized/ vasectomy</b>
<b>Q2.</b>	<b>Are you <u>currently</u> trying to get pregnant?</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>