GUTTMACHER

2014 NATIONAL PATIENT SURVEY

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(7-10) (11-12)

The Guttmacher Institute, a non-profit research organization, is asking abortion patients across the country to provide us with information in order to improve health programs and policies in the United States. Please help by answering the below questions about yourself, your decision to have an abortion and other aspects of your life.

Your participation is voluntary and will not affect the services you receive. There are no direct benefits to participating in this study. While the risks are minimal some of the items are about sensitive issues such as sexual assault and may make you uncomfortable; you can skip these questions as well as any that you are unable to answer. The survey should take 5 to 10 minutes to complete. When you are done with it, place it in the attached envelope and return it to a staff member. Your name is not requested here. This survey is confidential and anonymous. The information you provide will be used for research purposes only and will not be shared with the health facility staff.

If you would like a copy of the results, ask the clinic for a Guttmacher postcard. You can also contact Jenna Jerman, the fielding manager, via email (ijerman@guttmacher.org) or at the above address and phone number to find out more about the study.

(13-18)		Today's date:/	5.	How are you paying for this abortion? (check all that apply)	
(19-20)	1.	What is your age?		□ ₋₁ I am paying out of pocket, but will be	(36)
(21)	2.	Are you Spanish, Hispanic, or Latina? □-1 Yes □-2 No		reimbursed by my insurance company ☐-1 The clinic accepts my private health insurance	(37)
	3.	Please choose one or more races that you consider yourself to be: <i>(check all that</i>		□ ₋₁ I am using Medicaid (state- sponsored health insurance)	(38)
(22)		<i>apply)</i> □ ₋₁ American Indian or Alaska Native		□ ₋₁ I am paying for all or part of it out of pocket (includes cash and credit cards)	(39)
(23) (24)		□-₁ Asian □-₁ Native Hawaiian or Pacific Islander		☐ ₋₁ I received financial assistance from an organization	(40)
(25)		☐-1 Black or African American		☐ ₋₁ I qualified for a price reduction ☐ ₋₁ Other:	(41) (42)
(26)		□ ₋₁ White □ ₋₁ Other:		□-1 Other:	(43)
(28)	4.	Which of the following types of health insurance do you currently have? (check all that apply)	6.	What was the first day of your last menstrual period? /	(44-49) (50)
(29)		□-₁ Temporary Medicaid coverage (does not cover regular health care)	7.	About how many works prognant are	
(30)		☐ ₋₁ Medicaid or another state-run health insurance program	7.	About how many weeks pregnant are you?	
(31)		☐-₁ Health insurance from HealthCare.gov or a state-run health insurance		weeks	(51-52)
(32)		marketplace or exchange ☐-1 Other private or employee- sponsored health insurance	8.	About how pregnant were you when you found out you were pregnant?	(53-54)
(33) (34)		□-₁ Some other type of health insurance:		weeks	,,

 \square_{-1} I do not have health insurance

(35)

	9.	•	•	13.	was your marita	u became pregnant, what ll status?	i.
		□-₁ Yes			□-₁ Married		
		□-2 No			☐-2 Divorced		
(55)		□ ₋₃ Never used ar	ny pregnancy		□₃ Widowed		
()		prevention			□ ₋ Separated		
	10	\\/hat was the LACT	mothed of programmy		□ ₋₅ Never marr	ied	(73)
	10.	prevention you used	method of pregnancy d before you found out (check all that apply)	14.	In the month yo you living with y	u became pregnant, were)
(56)		□-1 Pill			J-₁ Yes	□ ₋₂ No	(74)
(57)		□ ₋₁ Condom, rubbe	r (for males)				
(58)		□ ₋₁ Depo-Provera,	the shot, injectables	15.	Last week were	you attending or enrolled	ı
(59)		□-1 NuvaRing, vagi	nal ring			, college, or university?	
(60)		□ ₋₁ Implants in arm			□ ₋₁ Yes	□ ₋₂ No	(75)
(61)		□-1 IUD					
(62)		□-1 Withdrawal, pul	ling out	16.	What is the high	nest grade of school you	
(63)		□-1 Other method			have completed	1?	
		(specify): ☐ I never used a method → SKIP TO			□ ₋₁ 0-11th grade	le	
(64) (65)					□-₂ High school graduate or GED		
		Q.13			□ ₋₃ Some colleg	ge or Associate degree	
	11.	In what month and using that method?			□₄ College gra	duate or more	(76)
(66-69) (70)		/ D. Still using method		17.	What religion ar	e you now, if any?	
. ,	4.0	Month Year	-			(for example, Baptist, .utheran, Pentecostal, etc	a.)
	12.		ny months in a row had		□-₂ Catholic	,	,
		you been using that method? Please check only ONE box.			□₃Jewish		
		□ ₋₀ Less than 1			□ ₋₄ Other (spec	cify):	
		month	□ ₋₁₁ 11 months		□ ₋₅ None		(77) (78)
		□ ₋₁ 1 month	\square_{-12} 12 months				
		□ ₋₂ 2 months	□ ₋₁₃ 13 months	18.	Which of these	do you consider yourself	
		□ ₋₃ 3 months	□ ₋₁₄ 14 months		to be, if any?		
		□ ₋₄ 4 months	□ ₋₁₅ 15 months		□-₁ Born-again	Christian	
		□ ₋₅ 5 months	□ ₋₁₆ 16 months		□-₂ Charismatio		
		□ ₋₆ 6 months	□ ₋₁₇ 17 months		□₃Evangelical		
		□ ₋₇ 7 months	□ ₋₁₈ 18 months		□ ₋ Fundamenta	alist	
		□ ₋₈ 8 months	□ ₋₁₉ 19-21		□ ₋₅ None of the	e above	(79)
			months				
		□ ₋₉ 9 months	□ ₋₂₀ 22-24	19.	Were you born i	in the United States?	
(71-72)		□ ₋₁₀ 10 months	months		□-1 Yes -	SKIP TO Q.21	
(1172)		□-10 TO HIGHLIS	□ ₋₂₁ >2 years		∏₂ No		(80)

			24.	. How many births have you had?		
	20.	When did you come to live in the United States?	(95-96)	· · · · · · · · · · · · · · · · · · ·		
(81-82)		Year				
	21.	Including your children, how many family members do you currently live with?	25.	Have you had any abortions prior to this one? □ ₋₁ Yes □ ₋₂ No		
(83-84)		Myself + family members (This includes your partner if you live with them, and any of their family members that live with you.)	26.	Which, if any, of the below influenced your decision to come to THIS particular facility? (check all that apply)	(97-98)	
	22.	What was the total household income last year (2014), before taxes, of yourself and all the family members counted in Q.21? Please provide your best estimate if you do not know the exact amount. □-1 Under \$9,999 (less than \$192/week) □-2 \$10,000-14,999 (\$192-287/week) □-3 \$15,000-19,999 (\$288-384/week) □-4 \$20,000-24,999 (\$385-480/week) □-5 \$25,000-29,999 (\$481-576/week)		□ ₋₁ It was the most affordable	(99)	
				\square_{-1} It was the closest	(100)	
				□ ₋₁ It takes my insurance	(101)	
				☐ ₋₁ It offers medication abortion (i.e., the abortion pill, mifepristone, RU-486)		
				☐ . It was recommended to me by	(103)	
				☐ ₋₁ It was recommended to me by a friend, family member or someone I trus	(104) S t	
		□-6 \$30,000-34,999 (\$577-672/week)		□ ₋₁ I have been here before	(105)	
	□ ₋₇ \$35,000-39,999 (\$673-768/week)	<u> </u>		□ ₋₁ It could see me the soonest		
		□ ₋₈ \$40,000-44,999 (\$769-864/week) □ ₋₉ \$45,000-49,999 (\$865-961/week) □ ₋₁₀ \$50,000-59,999 (\$962-1153/week)		☐ . I wanted to avoid the waiting period in	(107)	
		□ ₋₁₁ \$60,000-74,999 (\$1154- 1441/week)		☐ ₋₁ I wanted to avoid parental involvement laws in the state I live in	(108)	
(85-86)		□ ₋₁₂ \$75,000 or more/year (\$1442 or more/week)		☐ ₋₁ I am too far along in my pregnancy to go to other providers	(109)	
	23.	Indicate if you experienced any of the following in the LAST 12 MONTHS (check all that apply):			(110) (111)	
(87)		□ ₋₁ A close friend died	27.	About how much time passed from when		
(88)		□ ₋₁ I fell behind on my rent or mortgage		you decided to have an abortion until who		
(89)		□ ₋₁ I separated from my husband/partner		you <u>made the appointment</u> you are here for today?		
(90)		☐-1 I was unemployed and looking for work for a month or more			(112-113) (114-115)	
(91)		☐-1 A dependent or close family member had a serious medical problem	28.	About how long ago did you call to schedule the appointment you are here for today?	е	
(92)		□ ₋₁ I had a baby		days OR weeks	(116-117) (118-119)	
(93)		☐₁ I had a partner who was arrested or				
(94)		incarcerated ☐ ₋₁ I moved 2 or more times	29.	About how much time did you spend getting from home, or the place you are		

		currently living, to this facility?					
		minutes	(120-121)				
		hours	(122-123)				
		days	(124-125)				
(126-130)		What is your zip code?		36.	Have you <u>ever</u> taken anything <u>on your own</u> to try to bring back your period or end a pregnancy? (<i>check all that apply</i>)		
(131-132)	31.	1. What state do you live in?			□-1 Yes, I have taken cytotec, or misoprostol		
(131-132)	32.	Do you think of yourself as			☐-1 Yes, I have take contraception, a the morning-aft	also known as EC or	(139)
		□-₁ Heterosexual or straight				•	
		☐-2 Homosexual, gay, or lesbian			□ ₋₁ Yes, I have tak	en another drug.	(140)
		□₃ Bisexual			□ ₋₁ None of the above		(141) (142)
(133)		☐ ₄ Something else:		37.		0.0	(142)
(134)		□-4 Something else.			Has the man with v	vhom you got pregna	nt
	33.	Right before you became pregnant, did you want to have a(nother) baby at any			ever hit, slapped, k physically hurt you		
		time in the future?			□ ₋₁ Yes	□-2 No	(143)
		□-₁ Yes				-	
		$\square_{\cdot 2}$ No \rightarrow SKIP TO Q.35		38.	Has he ever forced you to do anything		
		□₃ Not sure, don't know			sexual when you d	idn't want to?*	
(135)		□ ₄ Didn't care			□-₁ Yes	□-2 No	(144)
		E Plant baile		00			
	34.	So would you say you became pregnant (please check only one):		39.	Is this pregnancy the forcing you to have want to have sex?*	sex when you didn't	
		□-1 Too soon			□ ₋₁ Yes		
		□-2 At the right time					
		□-₃ Later than I wanted			□₃ Don't know		(145)
		□ ₋₄ Didn't care			□3 DOIT (KIIOW		(112)
(136)		□-5 None of the above, it just happened		*Everyone has the right to live free of violen			
	0.5			would like more information about violence pre how to seek help or support in getting out of a			
	35.	Did a health care provider recommend that you come here because you are or		situation, please pick up a free "Futures With		511L	
		were having a miscarriage?		Violence" card at the front desk for more info		desk for more information	
						doctor or nurse about loces during your visit too	
		□-1 Tes □-2 No		geri	icip, support, or resour	oco during your visit tot	ady.
(137)		□-2 No □-3 Don't know					(146)
(137)		□-3 DOLL KLIOW					