

IRISH CONTRACEPTION AND CRISIS PREGNANCY SURVEY 2010

[INT: Good morning/afternoon/evening. My name is X and I am calling on behalf of the Royal College of Surgeons in conjunction with the Crisis Pregnancy Agency. We are conducting a survey about knowledge, attitudes and behaviours of men and women in relation to crisis pregnancy, contraception, and sexual health. We hope the information it provides will help improve policies and services, particularly for younger people. We would greatly appreciate your support in this important survey. Would you be interested in participating?]

Yes _1 [Go to SECTION A]

No _2 [Clarify age for eligibility purposes, classify call]

SECTION A

[INT: I will start with some general background details.]

Ask all

A1. Can I ask you your age?

_____ years [INT: Do not continue if respondent is < 18 yrs, that is, if D.O.B is after 1992] Refused _99

Ask if A1 = Refused

A1a. Can I please ask which of the following age categories you would fall into?

- | | | |
|-------------|------------------------------|------------|
| Under 17 | <input type="checkbox"/> _1 | [Exit] |
| 18-20 | <input type="checkbox"/> _2 | [Go to A2] |
| 21-25 | <input type="checkbox"/> _3 | [Go to A2] |
| 26-30 | <input type="checkbox"/> _4 | [Go to A2] |
| 31-35 | <input type="checkbox"/> _5 | [Go to A2] |
| 36-40 | <input type="checkbox"/> _6 | [Go to A2] |
| 41-45 | <input type="checkbox"/> _7 | [Go to A2] |
| 46 or older | <input type="checkbox"/> _8 | [Exit] |
| Refused | <input type="checkbox"/> _99 | [Exit] |

Ask all

A4. Could I just check, how many adults age 18 to 45 live in your household? [INT: Please include all of those who see this as their main address] _____ people

Ask all

A2. Are you: Male _1 Female _2

Ask all

J13. Could I ask you the size of location in which your household is situated? Would you say it is?

- | | | | | | |
|-----------------------|--------------------------|---|--|--------------------------|----|
| Open country | <input type="checkbox"/> | 1 | Waterford City | <input type="checkbox"/> | 7 |
| Village (200-1,499) | <input type="checkbox"/> | 2 | Galway City | <input type="checkbox"/> | 8 |
| Town (1,500-2,999) | <input type="checkbox"/> | 3 | Limerick City | <input type="checkbox"/> | 9 |
| Town (3,000-4,999) | <input type="checkbox"/> | 4 | Cork City | <input type="checkbox"/> | 10 |
| Town (5,000-9,999) | <input type="checkbox"/> | 5 | Dublin City (incl. Dun Laoghaire – D1-D24) | <input type="checkbox"/> | 11 |
| Town (10,000 or more) | <input type="checkbox"/> | 6 | Dublin County (outside Dublin city) | <input type="checkbox"/> | 12 |

Ask if J13 = Open country, village, or town

J13a. What county do you live in? _____

Ask all

A3. Could you tell me your present marital status?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Married | Separated | Divorced | Widowed | Never married |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

Ask if A3 = Married

A3b. Are you currently living with your husband/wife? Yes 1 No 2

Ask if A3 = Separated, divorced, widowed or never married

A3a. Are you currently living with a partner? Yes 1 No 2

Ask if A3b = No

A3c. Are you currently living with another partner? Yes 1 No 2

Ask if A3a OR A3c = Yes

A3e. How long have you been living with your partner? _____ months _____ years

Ask if A3a = No

A3d. Would you describe yourself as?

- a. Currently in a steady relationship 1
- b. Currently in a casual relationship 2
- c. Currently not in a relationship 3

SECTION B

Ask all

B1 Can I ask you, do you have any children? Yes ₁ No ₂

Ask if B1=Yes

B1a. Can I ask how many children you have? children

Ask if B1a >=1

B2. And what ages are they? [INT: Record number of living children. If respondent mentions or offers information about children that are deceased, record separately].

- a. 0-5 years ₁
- b. 6-11 years ₂
- c. 12-14 years ₃
- d. 15-18years ₄
- e. 19+ years ₅
- f. Deceased ₆

Ask if any B2b, B2c, B2d, or B2e > 0

B4. Have you or a partner spoken to *any* of them about sexual matters?

- Yes ₁ No ₂ Too young ₃

Ask if B4=Yes

B4a. Have you or a partner talked to them about?

	No	Yes	If yes, at what level of detail?		
			a lot	in some	a little
Sex and sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Sexual feelings, relationships and emotions	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Contraception	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Safer sex/sexually transmitted infections	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Homosexuality	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Ask all

B2a. Thinking about when you were growing up [INT: about age 10-16 years], did you receive sex education on?

- No Yes
- B2a1. Sex and sexual intercourse ₁ ₂
 - B2a2. Sexual feelings, relationships and emotions ₁ ₂
 - B2a3. Contraception ₁ ₂
 - B2a4. Safer sex/sexually transmitted infections ₁ ₂
 - B2a5. Homosexuality ₁ ₂

Ask if B2a (1-5) answered Yes in any case

B2b. Where did you receive this education? [INT: Read out and tick all that apply]

- Home ₁
School ₂
Other ₃ (Specify _____)

Ask if B2a (1-5) answered Yes in any case

B3. Overall, how helpful do you think your sex education growing up was in terms of preparing you for adult relationships?

- Very helpful ₁ Helpful ₂ Neither helpful or unhelpful ₃ Unhelpful ₄ Very unhelpful ₅

SECTION C

[INT: The next few questions are about contraception and sexual intercourse].

Ask if B1 = No

D1. Could you tell me whether or not you have EVER had sexual intercourse?

Yes ₁

No ₂

Refused ₉₉

PROTOCOL: If D1 = Refused

[INT: The next questions I will be asking you relate to your sexual history and how old you were when you first had sexual intercourse. Are you happy to continue with the survey?]

Yes ₁ [repeat D1]

No ₂ [Go to Exit]

Ask if D1=Yes

D2. The following statements are about your sexual history. Would you say that you have had sexual intercourse?

[INT: Read out options, tick one box only]

- | | |
|---|--|
| a. Only with people of the opposite sex and never with people of the same sex | <input type="checkbox"/> ₁ |
| b. Have had sex with both sexes | <input type="checkbox"/> ₂ |
| c. Only with people of the same sex and never with people of the opposite sex | <input type="checkbox"/> ₃ |
| d. Refused (Do not read out) | <input type="checkbox"/> ₉₉ |

PROTOCOL: IF D2 = Refused

[INT: Treat respondent as (D2 = a or b) for routing throughout the remainder of the interview]

Ask if D2= a or b, otherwise go to K2a

D3. How old were you when you FIRST had sexual intercourse with someone of the opposite sex?

[INT: Probe for an exact age – at least an estimate].

_____ years old

Refused

₉₉

PROTOCOL: If respondent mentions the terms rape or non-consensual sex

[INT: I'm sorry to hear that. It sounds like you are/have been in a difficult situation. Can I offer you the number of your local rape crisis centre in case you want to talk about this? If appropriate, give contact information for support services outlined in INTERVIEWER TRAINING MANUAL. The remaining sections in the survey relate to sexual experiences and attitudes towards crisis pregnancy. Are you happy to continue with the interview?]

Yes [Go to D4] – [INT: Please let me know if there are any questions you do not wish to answer]

Yes, but will only complete demographics [Go to J11]

No [go to Exit]

Ask if D2= a or b

D3a. Did you use contraception on this occasion?

Yes ₁

No ₂

Don't remember

₃

Ask if D2= a

D4. Have you had sexual intercourse IN THE LAST YEAR?

Yes 1 No 2 Refused 99

Ask if D2= b

D4a. Have you had sexual intercourse with someone of the opposite sex IN THE LAST YEAR?

Yes 1 No 2 Refused 99

PROTOCOL: If D4 or D4a= Refused

[INT: Treat respondent as (D4 = Yes) for routing throughout the remainder of the interview]

Ask if D4=Yes

C1. Are you (or your partner) currently pregnant?

Yes 1 No 2 Refused 99

PROTOCOL: If C1 = Refused

[INT: Treat respondent as (C1 = No) for routing throughout the remainder of the interview]

Ask if C1 = No

C2. Are you and a partner currently trying to become pregnant?

Yes 1 No 2 Refused 99

PROTOCOL: If C2 = Refused

[INT: Treat respondent as (C2 = No) for routing throughout the remainder of the interview].

Ask if C2=No

C3. If you or a partner became pregnant now would you consider it to be:

Very positive 1 Positive 2 Neither positive nor negative 3 Negative 4 Very negative 5

[INT: I'd like to ask you some questions about different aspects of sexual behaviour and contraception. It's your opinion we are interested in].

Ask if D1=No or (D2= a or b)

C6. The contraceptive pill has dangerous side-effects

Strongly agree 1 Agree 2 Neither agree nor disagree 3 Disagree 4 Strongly disagree 5

Ask if D1=No or (D2= a or b)

C7. Taking a break from the long term use of the contraceptive pill is a good idea

Strongly agree 1 Agree 2 Neither agree nor disagree 3 Disagree 4 Strongly disagree 5

Ask if D1=No or (D2= a or b)

C9. If a woman carries condoms while not in a relationship, it gives the message that she is looking for sex or is 'easy'

Strongly agree 1 Agree 2 Neither agree nor disagree 3 Disagree 4 Strongly disagree 5

Ask if D1=No or (D2= a or b)

C10. I would find it difficult to talk to a sexual partner about contraception

Strongly agree 1 Agree 2 Neither agree nor disagree 3 Disagree 4 Strongly disagree 5

Ask if D2= a or b

C13. Drinking alcohol has contributed to me having sex without using contraception

Strongly agree 1 Agree 2 Neither agree nor disagree 3 Disagree 4 Strongly disagree 5 NA 6

Ask if D1=2 or (D2= a or b)

H4. Now thinking about the female menstrual cycle/period, at what time of the month do you think a woman is most likely to become pregnant?

During her period 1 Just after her period 2 Just before her period 3 Around half way between periods 4 DK 5

Ask if D1=No or (D2= a or b)

C16. Have you heard of the 'morning after pill' or 'emergency contraception' pill?

Yes 1 No 2 DK 99

Ask if C16=Yes

C18. How long after sexual intercourse do you think the 'morning after pill' or 'emergency contraceptive pill' can be effectively used?

Up to 12 hours 1 Up to 24 hours 2 Up to 72 hours 3 Up to 5 days 4 Over 5 days 5 DK 6

Ask if C16=Yes

C19. Do you know somewhere local to you, or accessible to you, where you could get the 'morning after pill' or 'emergency contraceptive pill' if you needed it?

Yes 1 No 2 DK 99

SECTION D

Ask if C2 = No

D4c. Now can you tell me which methods of contraception or precautions to avoid pregnancy you have ever heard of? [INT: Read out options and tick all that apply in the table below]

Ask if any options a-o D4c are ticked

D4a. And which of these methods of contraception or precautions to avoid pregnancy have you and any partner (s) have used together in the last year? [INT: Read out options and tick all that apply in the table below]

	D4c. Ever heard of?	D4a. Used in last year?	D4b. Was the coil fitted in the last year as a form of emergency contraception?
a. Contraceptive pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁	
b. Condom/male sheath (<i>Durex</i>)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂	
c. Contraceptive ring (<i>NuvaRing</i>)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃	
d. Contraceptive patch (<i>Ortha Evra</i>)	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄	
e. Coil, IUD or IUS (<i>Mirena</i>)	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅	Yes <input type="checkbox"/> ₁ No <input type="checkbox"/> ₂
f. Cap/diaphragm	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆	
g. Gels, sprays, spermicides or pessaries	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇	
h. Persona	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈	
i. Safe period/rhythm method other than Persona	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉	
j. Withdrawal	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₁₀	
k. Injections (<i>Depo Provera</i>) or Implanted contraceptive capsules (<i>Implanon</i>)	<input type="checkbox"/> ₁₁	<input type="checkbox"/> ₁₁	
l. Sterilization: Vasectomy/ Tubal Ligation (partner is/I have been)	<input type="checkbox"/> ₁₂	<input type="checkbox"/> ₁₂	
m. Going without sex/abstinence	<input type="checkbox"/> ₁₃	<input type="checkbox"/> ₁₃	
n. Emergency contraception pill or morning after pill	<input type="checkbox"/> ₁₄	<input type="checkbox"/> ₁₄	
o. Other method of protection [specify]	<input type="checkbox"/> ₁₅	<input type="checkbox"/> ₁₅	
p. No method used (Do not read out)	<input type="checkbox"/> ₁₆	<input type="checkbox"/> ₁₆	

Ask if D4a option 14 is ticked

D5. On how many occasions in the last year have you or your partner used the ‘morning after pill’?

_____times DK ₉₉

Ask if D4a option 14 is ticked

D14. On the most recent occasion, where was it obtained?

- | | | |
|--|--|---|
| a. Directly from a GP | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| b. From a pharmacy with a prescription from a doctor | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| c. From a pharmacy without a prescription | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| d. Directly from Well Woman/ Family Planning Clinic | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |
| e. Other (specify) _____ | No <input type="checkbox"/> ₁ | Yes <input type="checkbox"/> ₂ |

Ask if D4a option 14 is ticked

D6. On the most recent occasion, what was your main reason for using it? [INT: Do not read out options. Listen to the respondent's answer and tick one box only]

- a. Condom failure 1
- b. Missed pill/forgot to take the pill 2
- c. Possibility of pill failure (antibiotics/stomach upset/illness) 3
- d. Rhythm/Safe period 4
- e. Other routine contraceptive failure 5
- f. I/my partner did not want to use a condom 6
- g. No contraceptive available at the time 7
- h. No contraceptive used 8
- i. DK 9
- j. Other (Specify)_____ 10

Ask if D4a option 14 is ticked

C22. Has the cost of getting the 'morning after pill' or the 'emergency contraceptive pill' prevented you from using it after unprotected sex in the last year?

- Yes 1 No 2 DK 99

Ask if D4a option 2 is ticked

D4d. Has the cost of condoms prevented you from using them when having sex in the last year?

- Yes 1 No 2 DK 99

Ask if D4d = Yes

D4f. How many times? _____

Ask if D4a options 1, 3, or 4 is ticked AND A2 = Female

D4e. In the last year, have you ever not refilled your prescription for your contraceptive pill, patch or ring because you couldn't afford it?

Ask if D4e = Yes

D4g. How many times? _____

Ask if D4a any options 1-15 are ticked

D8. Thinking back over the last year would you say that you have always, mostly, sometimes, or rarely used contraceptive methods when having sex? By contraception I am including all methods including withdrawal, the safe period and vasectomy/tubal ligation.

- Always 1 Mostly 2 Sometimes 3 Rarely 4

Ask if (D8 = Mostly, Sometimes or Rarely) OR (D4a option 16 is ticked)

D9. Could you tell me briefly why you don't always use any method to avoid pregnancy?
[INT: Do not read out options but tick all that apply]

- | | | | |
|---|--------------------------|----|-------------|
| a. Against beliefs/religion to use contraception | <input type="checkbox"/> | 1 | [go to K2c] |
| b. Already pregnant/trying to become pregnant | <input type="checkbox"/> | 2 | [go to E1a] |
| c. Unlikely to conceive because of menopause | <input type="checkbox"/> | 3 | [go to E1a] |
| d. I don't like contraception/won't use contraception | <input type="checkbox"/> | 4 | [go to D10] |
| e. My partner doesn't like/won't use contraception | <input type="checkbox"/> | 5 | [go to D10] |
| f. Not my responsibility | <input type="checkbox"/> | 6 | |
| g. I/my partner forgets to take contraceptive pill | <input type="checkbox"/> | 7 | |
| h. Difficult to discuss contraception with my partner | <input type="checkbox"/> | 8 | |
| i. Drinking alcohol/taking drugs | <input type="checkbox"/> | 9 | |
| j. Didn't/don't care if pregnancy happens | <input type="checkbox"/> | 10 | |
| k. Sex not planned/unexpected/not prepared/no contraception available at the time | <input type="checkbox"/> | 11 | |
| l. Can't get contraception/services | <input type="checkbox"/> | 12 | [go to D13] |
| m. Unlikely to conceived because possibly infertile/fertility problems | <input type="checkbox"/> | 13 | [go to D12] |
| n. Took a chance | <input type="checkbox"/> | 14 | |
| o. Had not heard of morning after pill/emergency contraception | <input type="checkbox"/> | 15 | |
| p. Partner takes care of contraception | <input type="checkbox"/> | 16 | |
| q. Other reason (specify) _____ | <input type="checkbox"/> | 17 | |

Ask if D9 option m is ticked

D12. You said that you/your partner are infertile. Has that been medically confirmed?

- Yes 1 No 2 DK 99

Ask if D9 option d or e is ticked

D10. Can you tell me why you or your partner, don't like/won't use contraception? Would it be that you/your partner:

- | | | | | | | |
|---|-----|--------------------------|---|----|--------------------------|---|
| a. Find condoms reduce please/sensation | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| b. Find condoms reduce spontaneity | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| c. Are worried about the side effects of the pill | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| d. Are not medically suitable for the pill | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| e. Other (Specify) _____ | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |

Ask if D9 option l is ticked

D13. Can you tell me why you cannot get contraception/services? Would it be that you/your partner:

- | | | | | | | |
|---|-----|--------------------------|---|----|--------------------------|---|
| a. Do not know where to get contraception/services | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| b. Cannot access contraception/services in your locality | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| c. Are embarrassed about accessing contraception/services | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| d. Cannot afford contraception/services | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |
| e. Other (Specify) _____ | Yes | <input type="checkbox"/> | 1 | No | <input type="checkbox"/> | 2 |

Ask if:

A2=Female AND (D4c options 5 'coil/IUD/IUS' or 11 'Injections/contraceptive capsules' are ticked) AND (D4a options 5 'coil/IUD/IUS' and 11 'Injections/contraceptive capsules' are NOT ticked)

OR IF D4a option 12 'sterilized' OR D9 option c 'menopause' are ticked

OR C1 = Yes OR C2 = Yes

BUT NOT IF (D9 options a 'against religious beliefs' or m 'infertile' are ticked).

D15a. Was there ever a time when you ever considered using long-acting reversible contraceptions, that is the coil, IUD (*Mirena*), injections (*Depo Provera*), or contraceptive capsules (*Implanon*), as a method of contraception?

Yes ₁ No ₂ Not sure ₃

Ask if D15a = Yes

D15b. Has the cost of the prescription, including the cost of the consultation fee, ever prevented you from choosing LARCs as a method of contraception?

Yes ₁ No ₂

SECTION E

[INT: The next few questions relate to your experiences of obtaining supplies or seeking advice on contraception in the past. Some of these questions may not be relevant to you. If you feel they are not relevant to you please let me know].

Ask if D1 = No or (D2 = a or b) BUT NOT IF (D4a option 12 'sterilized' is ticked) OR (D9 options a 'against religious beliefs' or m 'infertile' are ticked)

E1a. Have you ever obtained supplies or sought advice on contraception, from any of these sources?

*[INT: Read out options and tick all that apply in the table below – Column E1a - **EVER**]*

Ask if any E1a options 1-12 ticked BUT NOT IF (D9 option c 'menopause' is ticked)

E1b. If all services were available in your area now and easy to get to, where do you think you would PREFER to get contraceptive supplies?

*[INT: Read out options and tick one box only in the table below – Column E1b - **PREFER**]*

	E1a. EVER Tick all that apply	E1b. PREFER Tick one
1. A GP	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
2. Practice nurse at a GP's surgery	<input type="checkbox"/> ₂	<input type="checkbox"/> ₂
3. A family planning/Well woman clinic/Well man clinic	<input type="checkbox"/> ₃	<input type="checkbox"/> ₃
4. Chemist shop or pharmacy	<input type="checkbox"/> ₄	<input type="checkbox"/> ₄
5. At a petrol station/supermarket/other shop	<input type="checkbox"/> ₅	<input type="checkbox"/> ₅
6. Vending machine	<input type="checkbox"/> ₆	<input type="checkbox"/> ₆
7. Through the post (via the internet)	<input type="checkbox"/> ₇	<input type="checkbox"/> ₇
8. Any other type of service (specify)	<input type="checkbox"/> ₈	<input type="checkbox"/> ₈
9. Never obtained supplies or sought advice/No preference	<input type="checkbox"/> ₉	<input type="checkbox"/> ₉

Ask if any E1b options 1-13 ticked

E2. How difficult do you find it to get contraception?

Very difficult
₁

Quite difficult
₂

Sometimes difficult
₃

Not at all difficult
₄

DK
₅

Ask if E2 = Very difficult, quite difficult, or sometimes difficult

E3. Can you tell me why you cannot get contraception/services? Would it be that you/your partner:

- | | | | | |
|---|-----|---------------------------------------|----|---------------------------------------|
| a. Do not know where to get contraception/services | Yes | <input type="checkbox"/> ₁ | No | <input type="checkbox"/> ₂ |
| b. Cannot access contraception/services in your locality | Yes | <input type="checkbox"/> ₁ | No | <input type="checkbox"/> ₂ |
| c. Are embarrassed about accessing contraception/services | Yes | <input type="checkbox"/> ₁ | No | <input type="checkbox"/> ₂ |
| d. Cannot afford contraception/services | Yes | <input type="checkbox"/> ₁ | No | <input type="checkbox"/> ₂ |
| e. Other (Specify) _____ | Yes | <input type="checkbox"/> ₁ | No | <input type="checkbox"/> ₂ |

If D1 = 'Yes' and (D2 = c) - [INT: Many of the questions we would ask in this survey relate to the experience of crisis pregnancy. These questions are not likely to apply to you so we will now we will move on to other serious issues relating to sexual health, that we need to ask of everyone involved in the survey].

If D1 = 'Yes' [INT: Now we will move on to other serious issues relating to sexual health, that we need to ask of everyone involved in the survey].

Ask if D1 = Yes

K2c. Have you ever had a HIV test?

Yes _1 Yes, during pregnancy (Do not read out) _2 No _3 DK _99

Ask if K2c = Yes

K2d. Have you ever been diagnosed with, or told you had, HIV?

Yes _1 No _2 DK _99

Ask if D1 = Yes

K2a. Have you ever been screened for a sexually transmissible disease or illness (STI or STD), other than HIV?

Yes _1 Yes, during pregnancy (Do not read out) _2 No _3 DK _99

Ask if K2a = Yes

K2b. Have you ever been diagnosed with, or told you had, an STI or STD, other than HIV?

Yes _1 No _2 DK _99

Ask all

K14. Do you think the following statements about HIV are true or false?

a. Having sex with one faithful, uninfected partner reduces the risk of HIV transmission?

True _1 False _2 DK _99

b. Using a condom reduces the risk of HIV transmission

True _1 False _2 DK _99

c. A healthy-looking person can have HIV

True _1 False _2 DK _99

e. A person can get HIV by sharing a meal, for example lunch or dinner, with someone who is infected

True _1 False _2 DK _99

SECTION F

[INT: Now I'd like to ask about the person you had sexual intercourse with MOST RECENTLY, whether this was quite recently or some while ago. This may be a person you had sex with once, or a few times, or a regular partner or a spouse].

Ask if D2 = b

F1. Is that person: opposite sex to you ₁ same sex as you ₂

Ask if D1 = Yes

F2. Which of the following best applies to you and the partner you had sex with most recently?

You had/were:

- a. just met for the first time/met recently ₁
- b. known each other for a while, but didn't have a steady relationship with each other at the time ₂
- c. a steady relationship at the time ₃
- d. living together (but not married or engaged) ₄
- e. engaged to be married ₅
- f. married ₆
- g. paid another individual to have sex with you ₇
- h. Other [specify] _____ ₈

PROTOCOL: If respondent mentions the terms rape or non-consensual sex

[INT: I'm sorry to hear that. It sounds like you are/have been in a difficult situation. Can I offer you the number of your local rape crisis centre in case you want to talk about this? If appropriate, give contact information for support services outlined in INTERVIEWER TRAINING MANUAL. The remaining sections in the survey relate to sexual experiences and attitudes towards crisis pregnancy. Are you happy to continue with the interview?]

Yes [Go to G1] – [INT: Please let me know if there are any questions you do not wish to answer]

Yes, demographics only [Go to J11]

No [Skip to Exit]

Ask if F2 = 'paid another individual to have sex with you'

F6e. Was a condom (sheath) used every time you had vaginal (or anal) sex with a (man/woman) you paid for sex in the last 12 months?

- Yes, on every occasion ₁
- Yes, on most occasions (around _ % of the time) ₂
- Yes, but roughly half the time ₃
- Yes, on some occasions (around _ % of the time) ₄
- No, never used condoms ₅

Ask if (D2 = a or b) AND (F1 = 'Opposite sex to you') **BUT NOT IF** (C1 = Yes) OR (C2= Yes) OR (D4a option 12 'sterilized' is ticked) OR (D9 options a 'against religious beliefs', c 'menopause' or m 'infertile' are ticked)

F3. Was any method used to avoid pregnancy, including withdrawal or a safe period, on that most recent occasion by you or your partner?

Yes ₁ No ₂ DK ₉₉

Ask if F3 = Yes

F4. Which method was used? [INT: Do not read out but tick all that apply]

- a. Contraceptive pill ₁
- b. Condom/male sheath (*Durex*) ₂
- c. Contraceptive ring (*Nuva Ring*) ₃
- d. Contraceptive patch (*Ortha Evra*) ₄
- e. Coil, IUD, or IUS (*Mirena*) ₅
- f. Cap/diaphragm ₆
- g. Gels, sprays, spermicides, pessaries ₇
- h. Persona ₈
- i. Safe period/rhythm method other than Persona ₉
- j. Withdrawal ₁₀
- k. Injections (*Depo Provera*) or Implanted contraceptive capsules (*Implanon*) ₁₁
- l. 'Morning after pill' or the 'Emergency contraceptive pill' ₁₂
- m. Other _____ ₁₃

Ask if F3 = No

F5. Could you tell me briefly why you didn't use any method to avoid pregnancy? [INT: Do not read out but tick all that apply]

- a. I don't like contraception/won't use contraception ₁ [Go to F7]
- b. Partner doesn't like/won't use contraception ₂ [Go to F7]
- c. Not my responsibility ₃
- d. I/my partner forgets to take contraceptive pill ₄
- e. Difficult to discuss contraception with my partner ₅
- f. Drinking alcohol/taking drugs ₆
- g. Didn't/don't care if pregnancy happens ₇ [Go to F8]
- h. Sex not planned/unexpected/not prepared/no contraception available at the time ₈
- i. Can't get contraception/services ₉ [Go to F9]
- j. Took a chance ₁₀
- k. Had not heard of morning after pill/emergency contraception ₁₁
- l. Partner takes care of contraception ₁₂
- m. Other reason (specify) _____ ₁₃

Ask if option g for F5 is ticked

F8. If it had resulted in pregnancy would this have been:

Positive ₁ Negative ₂ Neither positive or negative ₃

Ask if option a or b for F5 is ticked

F7. Can you tell me why you or your partner, don't like/won't use contraception? Would it be that you/your partner:

- a. Find condoms reduce please/sensation ₁
- b. Find condoms reduce spontaneity ₂
- c. Are worried about the side effects of the pill ₃
- d. Are not medically suitable for the pill ₄
- e. Other (Specify) _____ ₅

Ask if option i for F5 is ticked

F9. Can you tell me why you cannot get contraception/services? Would it be that you/your partner:

- a. Do not know where to get contraception/services ₁
- b. Cannot access contraception/services in your locality ₂
- c. Are embarrassed about accessing contraception/services ₃
- d. Cannot afford contraception/services ₄
- e. Other (Specify) _____ ₅

SECTION G

[INT: *It's important that we gather information about the circumstances surrounding pregnancy so I'd like to ask you a few questions about your experience of pregnancy. I want you to remember that your identity is unknown to me, and whatever you tell me is completely confidential. If there's anything you don't want to talk about, please let me know*].

Ask if (D1 = Yes) and (D2 = a or b) BUT NOT IF (C1= Yes) OR (D9 options m 'infertile' is ticked)

G1. Have you ever had sexual intercourse which resulted in a pregnancy, by that I mean any pregnancy which resulted in a birth, miscarriage, stillbirth or abortion?

Yes

_1

No

_2

DK

_99

Ask if C1= Yes

G1a. I know you already told me you are currently pregnant, but I would now like ask you about this and any previous pregnancies that you may have had, including those that may have ended in miscarriage or abortion. Is that ok?

Yes

_1

No

_2

Ask G1 = Yes or G1a = Yes

G2a. How many of these pregnancies resulted in the following:

Outcome	G2a. Number of pregnancies
a. Parenthood/birth of the child	
b. Adoption	
c. Miscarriage	
d. Stillbirth	
e. Abortion	
f. Currently pregnant	
g. Other	
h. Total	

Ask if G1 = Yes

G2c. Now I'd like you to think about what we would describe as crisis pregnancies. By this I mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances.

So, of the _____ pregnancies you've just told me about, how many, IF ANY, would you have seen as crisis pregnancies at that time?

Outcome	G2c. Number of crisis pregnancies	G2d. Was this a crisis because of the outcome?
a. Parenthood/birth of the child		
b. Adoption		
c. Miscarriage		Because of the miscarriage <input type="checkbox"/> ₁ Prior to the miscarriage <input type="checkbox"/> ₂
d. Stillbirth		Because of the stillbirth <input type="checkbox"/> ₁ Prior to the stillbirth <input type="checkbox"/> ₂
e. Abortion		
f. Currently pregnant		
g. Other		
h. Total		

Ask if A2 = Female and G2a (e) = ≥ 1 OR G2b (e) = ≥ 1
G3. And when you had this abortion,

	Crisis pregnancy		
	#1	#2	#3
What year did this occur?			
What country were you living in at the time?			
In what country did the abortion take place?			
<i>[INT: If respondent was living in RoI and abortion took place outside RoI] Did you give a RoI address at the abortion clinic?</i>			

Ask if G2b options (a, b, e, or g) ≥ 1

G4. I now want to ask you about your most recent crisis pregnancy. Your answers will help the crisis Pregnancy Agency develop services that people might need in these situations. Would it be ok to ask you these questions?

Yes ₁ [X1/Y1 as appropriate] No ₂ [Go to H13]

Ask if G2b option c or d ≥ 1 AND G2c option h ≥ 1

G4a. Can I confirm whether your most recent crisis pregnancy resulted in a miscarriage/stillbirth?

Yes ₁ [Go to G4b] No ₂ [Go to X1/Y1 as appropriate]

Ask if G4a=1

G4b. The questions that follow will relate to your most recent crisis pregnancy, prior to this (i.e., a crisis pregnancy that was not a miscarriage or stillbirth). Is this ok?

Yes ₁ [Go to X1/Y1 as appropriate] No ₂ [Go to H13]

SECTION H

Read if G2c is not asked

[INT: Now I'd like you to think about what we would describe as crisis pregnancies. By this I mean a pregnancy that represents a personal crisis or emotional trauma. This can include a pregnancy which began as a crisis but over time the crisis was resolved. It can also include a pregnancy which develops into a crisis before the birth due to a change in circumstances].

Ask all – POSITION CHANGED

H13. Have you ever heard of 'crisis pregnancy counselling'?

Yes
_1

No
_2

DK
_99

Ask if (D1 = No) OR (D2 = a or b) BUT NOT IF (D4a option 12 'sterilized' is ticked) OR (D9 options c 'menopause' or m 'infertile' are ticked)

H2. Regardless of the final outcome, how likely you would be to tell the following people if you were to experience a crisis pregnancy in the future? Would you tell:

Ask if A2 = Female

Sexual partner involved

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

A family member

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

A friend

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

Your family GP

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

Another doctor

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

A pregnancy counselling service

Definitely tell
_1

Probably tell
_2

Uncertain
_3

Probably not tell
_4

Definitely not tell
_5

NA
_6

Online support group or forum

Definitely tell ₁ Probably tell ₂ Uncertain ₃ Probably not tell ₄ Definitely not tell ₅ NA ₆

Your employer or colleagues

Definitely tell ₁ Probably tell ₂ Uncertain ₃ Probably not tell ₄ Definitely not tell ₅ NA ₆

Ask if (D1 = No) OR (D2 = a or b) BUT NOT IF (D4a option 12 ‘sterilized’ is ticked) OR (D9 options c ‘menopause’ or m ‘infertile’ are ticked)

H3. If in the future you experienced a crisis pregnancy, where would you prefer to go for professional help? [INT: tick one or more]

- 1. GP ₁
- 2. Family Planning/ Well Woman Clinic [INT: Record details below, if applicable] ₂
 - a. Dublin Wellwoman _{2a}
 - b. Irish Family Planning Association _{2b}
 - c. Cork sexual health centre _{2c}
 - d. Youth Health Service (YHS) - Cork _{2d}
 - e. Tralee family planning _{2e}
 - f. Femplus clinic - Blanchardstown _{2f}
- 3. Other crisis pregnancy service provider [INT: Record details below, if applicable] ₃
 - a. CURA _{3a}
 - b. LIFE _{3b}
 - c. One Family (formerly Cherish) _{3c}
 - d. Pact _{3d}
 - e. Ballinsaloe Crisis Pregnancy Service _{3e}
 - f. Kerry Crisis Pregnancy Counselling Service _{3f}
 - g. Mayo Crisis Pregnancy Service _{3g}
 - h. Midlands Crisis Pregnancy Service _{3h}
 - i. West Cork Crisis Pregnancy Counselling Service _{3i}
- 4. Maternity Hospital ₄
- 5. Welfare Officer in University ₅
- 6. Other Counsellor ₆
- 7. Information website ₇
- 8. Online forum/community/message board. ₈
- 9. Abortion Clinic ₉
- 10. Other (Specify) _____ ₁₀
- 11. None of the above (Do not read out) ₁₁

Ask if (D1 = No) OR (D2 = a or b) BUT NOT IF (D4a option 12 ‘sterilized’ is ticked) OR (D9 options c ‘menopause’ or m ‘infertile’ are ticked)

H5. Which of the following do you think would be the most likely outcome if you were to experience an unplanned or unwanted pregnancy now?

Parenthood ₁ Adoption ₂ Abortion ₃ Unsure ₄

Ask all

H6. How many people, if any, do you know personally who have had a pregnancy that they considered to be a crisis? _____

Ask if H6 >=1

H7. And can you tell me, of these, how many:

[INT: Note in most cases these should add up to figure given in H6. However if the one person has had more than 1 crisis pregnancy these will not add up to figure in H6].

- a. Kept the baby ₁
- b. Had the baby adopted ₂
- c. Had an abortion ₃
- d. Miscarriage ₄
- e. Other (Specify)_____ ₅

Ask if (D1 = No) OR (D2 = a or b) BUT NOT IF (D4a option 12 ‘sterilized’ is ticked) OR (D9 options c ‘menopause’ or m ‘infertile’ are ticked)

H8. Can you consider the extent to which you agree or disagree with the following statements?

H8f. A woman who experiences a crisis pregnancy may feel a stigma if she puts her baby up for adoption

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

H8a. A woman who experiences a crisis pregnancy may feel a stigma if she brings up the child on her own

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Ask all

H9. Do you think a woman should?

- a. Always have the choice to have an abortion regardless of the circumstances ₁
- b. Not have the choice to have an abortion under any circumstances ₂
- c. Have the choice to have an abortion under certain circumstances ₃
- d. Don't know [Do not read out] ₄

Ask H9a-g if H9 = c or H9 = d

I'm going to read out a list of possible circumstances and would like you to indicate whether you agree or disagree that a woman should have a choice to have an abortion under each of these circumstances

H9a. If the pregnancy seriously endangered the woman's life

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

H9b. If the pregnancy seriously endangered the woman's health

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Strongly agree | Agree | Neither agree nor disagree | Disagree | Strongly disagree |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

H9c. If the pregnancy is a result of rape

Strongly agree ₁ Agree ₂ Neither agree nor disagree ₃ Disagree ₄ Strongly disagree ₅

H9d. If the pregnancy is a result of incest

Strongly agree ₁ Agree ₂ Neither agree nor disagree ₃ Disagree ₄ Strongly disagree ₅

H9e. If there is evidence that the child has a serious abnormality

Strongly agree ₁ Agree ₂ Neither agree nor disagree ₃ Disagree ₄ Strongly disagree ₅

H9f. If the woman is not married or in a stable relationship

Strongly agree ₁ Agree ₂ Neither agree nor disagree ₃ Disagree ₄ Strongly disagree ₅

H9g. If the couple cannot afford another child

Strongly agree ₁ Agree ₂ Neither agree nor disagree ₃ Disagree ₄ Strongly disagree ₅

Ask all

H12a. Have you heard of any medications or herbs that can be taken at home and used to induce abortion? [INT: If respondent asks for additional information say – ‘Some names that these medications are sold under include ‘abortion pills’, ‘abortion tablets’, RU486, Mifepristone, Mifegyne, Mifeprex].

Yes ₁ No ₂ DK ₉₉

Ask if H12a = Yes

H12e. Do you know if taking these types of medications or herbs at home to induce abortion is legal or illegal in Ireland?

Legal ₁ Illegal ₂ DK ₉₉

Ask if H12a = Yes

H12b. Would you know where to get these types of medication/herbs for use in Ireland?

Yes ₁ No ₂ DK ₉₉

Ask if H12b = Yes

H12c. Where do you think this type of medication/herbs is/are available from? [INT: Do not read out options]

- a. From abortion clinics in other countries ₁
- b. From international websites ₂
- c. Sold on the streets ₃
- d. Other (Specify) _____ ₄

Ask if H12a = Yes AND (D2 = a or b)

H12d. Have you or your partner ever used these types of medication or herbs in Ireland?

Yes _1

No _2

DK _99

SECTION J

[INT: Finally, a few questions about you and your household].

Ask all

J11. Were you born in?

- a. Republic of Ireland ₁
- b. Northern Ireland ₂
- c. Elsewhere (Specify) ₃

Ask if J11 = Elsewhere

J12. What year did you move to the Republic of Ireland? _____

Ask all

H32. What is your ethnic or cultural background?

- a. White ₁ White Irish _{1a} Irish Traveller _{1a} Any other White background _{1c}
- b. Black ₂ Black Irish _{2a} African _{2b} Any other Black background _{2c}
- c. Asian ₃ Asian Irish _{3a} Chinese _{3b} Any other Asian background _{3c}
- d. Other/Mixed background ₄ Insert own description _____

Ask all

J5. Who is the person mainly responsible for your house or flat?

[INT: By this we mean the person living there who owns the house or flat or whose name is on the rent or mortgage agreement. If there are two or more owners/renters (e.g. a couple), please think of the person who contributes most to the income of the household.]

[Interviewers please note: We are trying to get at the idea of the 'household head' or reference person. In rented accommodation, it is not the landlord but is the person whose name is on the rent agreement. If someone is living in 'rent free' accommodation, take the person who contributes most towards other household costs like food, electricity, gas etc.].

- a. You (i.e., including living alone) ₁
- b. You and your husband/wife or partner jointly ₂
- c. Your husband/wife or partner ₃
- d. Your parent or guardian ₄
- e. Another relative (e.g. respondent lives in home of adult children, brother/sister, grandparent, etc.) ₅
- f. Other friend or housemate supporting you financially ₆
- g. Friend(s), relative(s) or housemate(s) (sharing the expenses of a house or flat) ₇

Ask if J20 = b, c, d, e, or f

L12a. What is this (other) person's employment status?

- a. Employee (incl. apprenticeship or community employment) 1 [GO TO L14a]
- b. Self-employed outside farming 2 [GO TO L14a]
- c. Farmer 3 [GO TO L14a]
- d. Student full-time 4
- e. On State training scheme (FÁS, Fáilte Ireland etc) 5
- f. Unemployed, actively looking for a job 6
- g. Long-term sickness or disability 7
- h. Home duties/ looking after home or family 8
- i. Retired 9
- j. Other (Specify)_____ 10

Ask if L12a = Employee, Self-employed outside farming, or Farmer

L14a. What is this (other) person's occupation in this job? [INT: What does he/she you mainly do in his/her job? Please describe as fully as possible].

Ask if L12a = Employee (incl. apprenticeship or community employment)

L16a. Does this (other) person supervise or manage any personnel in his/her job?

- Yes 1 No 2 DK 99

Ask if L16a = Yes

L17a. How many? _____

Ask if L12a = Self employed outside farming or farmer

L15a. How many employees (if any) does he/she have?

- _____ employees N/A 99

Ask all

L12. What is your employment status?

- a. Employee (incl. apprenticeship or community employment) 1 [GO TO L14]
- b. Self-employed outside farming 2 [GO TO L14]
- c. Farmer 3 [GO TO L14]
- d. Student full-time 4
- e. On State training scheme (FÁS, Fáilte Ireland, etc.) 5
- f. Unemployed, actively looking for a job 6
- g. Long-term sickness or disability 7
- h. Home duties/ looking after home or family 8
- i. Retired 9
- j. Other (Specify)_____ 10

Ask if L12 = Employee, Self-employed outside farming, or Farmer

L14. What is your occupation in this job? [INT: What do you mainly do in your job? Please describe as fully as possible].

Ask if L12 = Employee (incl. apprenticeship or community employment)

L16. Do you supervise or manage any personnel in *your* job?

Yes ₁

No ₂

Ask if L16 = Yes

L17. How many? _____

Ask if L12 = Self employed outside farming or farmer

L15. How many employees (if any) do you have?

_____ employees

NA ₉₉

Ask all

J8. Which of the following best describes the highest level of education you have completed?

- a. Primary ₁
- b. Group, Junior Certificate or equivalent (e.g. O Levels, GCSE) ₂
- c. Leaving Certificate or equivalent (e.g. A Levels) ₃
- d. Post-Leaving Cert Diploma/Certificate/Course ₄
- e. Third level (university, I.T's) degree, Master's, PhD or equivalent ₅

Ask all

J9. How important are religious beliefs to you now?

Very important
₁

Quite important
₂

DK or Neither
₃

Not very important
₄

Not at all important
₅

Ask all

J10a. Do you consider yourself to belong to any particular religion at the moment?

Yes ₁

No ₂

Ask if J10a = Yes

J10b. Which one?

- a. Roman Catholic ₁
- b. Christian – no denomination ₂
- c. Church of Ireland/England/Anglican ₃
- d. Baptist ₄
- e. Methodist ₅
- f. Presbyterian/Church of Scotland ₆
- g. Hindu ₇
- h. Jew ₈
- i. Islam/Muslim ₈
- j. Sikh ₉
- k. Buddhist ₁₀
- l. Other (Specify) _____ ₁₁

Ask all

J1a. Can I ask if you are covered by either:

- a. A medical card, issued by the HSE, which means you can access a range of Health Services free of charge (e.g., doctor, prescription medicines)
- b. A GP only card, issued by the HSE, which means you can visit your family doctor for free
- c. No, neither

Medical card ₁ GP only card ₂ No, neither ₃

Ask if J1a = Neither

J1b. How often does the cost of a GP consultation prevent you from seeking medical attention for yourself?

Always ₁ Most of the time ₂ Sometimes ₃ Rarely ₄ Never ₅

Ask all

D18. Is your daily activity limited by a long term illness, health problem or disability? Yes ₁ No ₂

Ask if interview is being conducted on a landline telephone

J20a. And finally, I know I am talking to you on a landline telephone. Do you also own a mobile telephone?

Yes ₁ No ₂

Ask if interview is being conducted on a mobile telephone

J20b. And finally, I know I am talking to you on a mobile telephone. Do you also have access to a landline telephone where you live?

Yes ₁ No ₂