

NATIONAL SURVEY ON CONTRACEPTION AND PREGNANCY

Area Hsd Stem Int. Number

Date ____/____/____ Time Interview began ____:____ (24hr clock)

SECTION A – DEMOGRAPHIC DETAILS

I will start with some general background details.

A1. What is your date of birth? _____ (mth) _____ (yr)
[Interviewer: Do not continue interview if respondent is less than 18 years of age. i.e. d.o.b is after 1985]

A2. Are you: Male 1 Female 2

A3. Could you tell me your present marital status?
 Married 1 Separated 2 Divorced... 3 Widowed... 4 Never married... 5

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

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

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

A3d. Would you describe yourself as:
 Currently in a steady relationship..... 1
 Currently in a casual relationship..... 2
 Currently not in a relationship..... 3

SECTION B – LEARNING ABOUT SEX

B1 Can I ask you, do you have any children? Yes..... 1 GO TO B2 No..... 2 GO TO C1

B2 How many children do you have in each of the following age groups:
 a. 0-5 years _____ b. 6-11 years..... _____ c. 12-18 years . _____ d. 19+ years _____

IF B2c>0:

B3. Are they: Girl(s) only 1 Boy(s) only 2 Both boy(s) and girl(s) 3

B4. Have you/a partner spoken to any of them about sexual matters?
 Yes..... 1 No..... 2

B5. Why not? [Tick all mentioned – Do not read out]
 It's the school's responsibility 1 Don't want to encourage sexual behaviour 5
 Someone else already told them 2 Don't think they should be told..... 6
 Not sure how to talk about it/embarrassed..... 3 Not yet, will in the future..... 7
 Child(ren) won't listen/gets uncomfortable 4 Other _____ 8

B6. How confident are you with your own ability as a parent to talk to your child(ren) about sexual matters?

Not at all 1 Somewhat 2 Fairly 3 Very 4 Don't know..... 5

B7. Is there anything you think would help parents to talk to their children about sexual matters?
[Int: Read list. Tick all that apply]

Freephone helpline..... 1 2 Yes No Yes No
 Classes/Training..... 1 2

Parents' meetings in school/community	<input type="checkbox"/>	1	<input type="checkbox"/>	2	TV/Video programmes.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2
Leaflets/booklets.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2	Other.....	<input type="checkbox"/>	1	<input type="checkbox"/>	2

SECTION C - ATTITUDES

C1. Are you or your partner currently pregnant? Yes 1 GO TO C4 No 2 GO TO C2

C2. Are you and a partner currently trying to become pregnant? Yes 1 No 2

	Very Positive	Positive	Neither	Negative	Very negative	N/A
C3. If you or a partner became pregnant now would you consider it to be.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

I'd like to ask you some questions about different aspects of sexual behaviour and contraception. It's your opinion we are interested in. There are no right or wrong answers. So for each of the following statements do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree?

	Strongly agree	Agree	Neither	Disagree	Strongly disagree	N/A
C4. It would be too embarrassing for someone like me to buy or obtain condoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

C5. Condoms reduce sexual pleasure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C6. The contraceptive pill has dangerous side-effects ...	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C7. Taking a break from the long term use of the contraceptive pill is a good idea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C8. (My partner) using the contraceptive pill doesn't appeal to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C9. If a woman carries condoms while not in a relationship, it gives the message that she is looking for sex or is 'easy'.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C10. I would find it difficult to talk to a sexual partner about contraception	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C11. It is mainly the man's responsibility to ensure that contraception is used regularly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C12. Drinking alcohol has contributed to me having sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C13. Drinking alcohol has contributed to me having sex without using contraception.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C14. It's mainly the responsibility of parents to educate their children about sexual matters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
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C16. Have you heard of the 'morning after pill'
(emergency contraceptive pill)? Yes 1 No 2 GO TO D1

C17. Have you (*your partner*) ever used the 'morning after pill'? Yes 1 No 2

C18. If no method of contraception has been used, how long after sexual intercourse has taken place do you think

that the 'morning after pill' can be used? (*Int: Read out and Tick one only*)

Up to 12 hours	<input type="checkbox"/> 1	Up to 72 hours.....	<input type="checkbox"/> 3	Over 5 days	<input type="checkbox"/> 5
Up to 24 hours	<input type="checkbox"/> 2	Up to 5 days	<input type="checkbox"/> 4	Don't know	<input type="checkbox"/> 6

C19. If someone were to need the ‘morning after’ pill how difficult do you think it would be to get it?

Very difficult 1 Quite difficult 2 Somewhat difficult..... 3 Not at all difficult 4 Don't know 5

C20. Can you tell me why that is? [Int: Tick all that apply]

Expense/cost..... 1 Professionals' attitudes 3
 Locality/accessibility..... 2 Other _____ 4

C21. If you thought there was a possibility of an unwanted pregnancy shortly after having unprotected sex, how likely would you be to take (advise your partner to take) the ‘morning after pill’? .. 1 2 3 4 5 99

Very likely Quite likely Unsure Quite unlikely Very unlikely N/A

SECTION D – SEX AND CONTRACEPTIVE USE

The next few questions are about contraception and sexual intercourse. By intercourse I mean either vaginal or anal intercourse.

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

[Int: If respondent says ‘No’ check back that they have no children]

Yes 1 **GO TO D2** No..... 2 **GO TO E1**

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

[Int: Tick one only – you do not need to continue the list once you have ticked one box]

- a) *Only with people of the opposite sex and never with people of the same sex* 1
- b) *More often with people of the opposite sex, but at least once with a person of the same sex* ... 2
- c) *About equally often with people of the opposite sex and the same sex* 3
- d) *More often with people of the same sex, but at least once with a person of the opposite sex*... 4
- e) *Only with people of the same sex and never with people of the opposite sex*..... 5

GO TO Section H0

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

D4. Have you had sexual intercourse with someone of the opposite sex IN THE LAST YEAR?

Yes1

No.....2 **GO TO E1**

D4a. Now can you tell me which methods of contraception or precautions to avoid pregnancy you and any partner(s) have used together in the last year?

[READ LIST AND TICK ALL THAT APPLY IN TABLE BELOW – column 1.LAST YEAR]

		D4a. LAST YEAR <i>[Tick all that apply]</i>
1.	No method used	<input type="checkbox"/> 1
2.	Contraceptive pill	<input type="checkbox"/> 2
3.	Condom/male sheath/Durex	<input type="checkbox"/> 3
4.	Coil/IUD/Mirena	<input type="checkbox"/> 4
5.	Cap/diaphragm	<input type="checkbox"/> 5
6.	Gels, sprays, pessaries (spermicides)	<input type="checkbox"/> 6
7.	Persona	<input type="checkbox"/> 7
8.	Safe period/rhythm method (other than persona)	<input type="checkbox"/> 8
9.	Withdrawal	<input type="checkbox"/> 9
10.	Injections/Implanted contraceptive capsules	<input type="checkbox"/> 10
11.	Sterilization: Vasectomy/ Tubal Ligation (Partner is/I have been)	<input type="checkbox"/> 11
12.	Going without sex/abstinence	<input type="checkbox"/> 12
13.	Other method of protection [specify]	<input type="checkbox"/> 13
14.	Emergency contraception (e.g. morning after pill)	<input type="checkbox"/> 14

D5. On how many occasions in the last year have you or your partner used the ‘morning after pill’?
_____times .Don’t know.....99

D6. (On the most recent occasion) what was your MAIN reason for using it?

[Int: Do not read out. Listen to respondent’s answer and tick one box only]

- | | | | |
|---|-----------------------------|---|----------------------------|
| Condom failure | <input type="checkbox"/> 1 | I/my partner did not want to use a condom. | <input type="checkbox"/> 6 |
| Missed pill/forgot to take the pill | <input type="checkbox"/> 2 | No contraceptive available at the time | <input type="checkbox"/> 7 |
| Possibility of pill failure (antibiotics/stomach upset/illness) | <input type="checkbox"/> 3 | No contraceptive used | <input type="checkbox"/> 8 |
| Rhythm/Safe period | <input type="checkbox"/> 4 | Don’t know | <input type="checkbox"/> 9 |
| Other routine contraceptive failure | <input type="checkbox"/> 5 | Other (specify) | |
| | <input type="checkbox"/> 10 | | |

[IF ONLY ONE USUAL METHOD IS BEING USED CURRENTLY, GO TO D8 OTHERWISE ASK D7]

D7. You have mentioned that you currently use more than one method. Do you use them in combination or do you sometimes use one and sometimes the other?

In combination 1

Sometimes one, sometimes other 2

D8. Thinking back over the last year would you say that you have always, mostly, sometimes, rarely or never used contraceptive methods when having sex. By contraception I am including all methods including withdrawal, the safe period and vasectomy/tubal ligation. So would you:

Always 1 **GO TO E1** Mostly...2 Sometimes...3 Rarely ...4 Never5

D9. Could you tell me briefly why you don't always use any method to avoid pregnancy.
[Int: Code why respondent did not use contraception. Tick all that apply]

a) Against beliefs/religion to use contraception..... 1 f) Not my responsibility6 k) Sex not planned /unexpected/ not prepared/ 11 ..

b) Already pregnant/trying to become pregnant..... 2 g) I/my partner forgets to take contraceptive pill7

c) Unlikely to conceive because of menopause 3 h) Difficult to discuss contraception with my partner.....8 l) Can't get contraception/ services 12

d) Don't like contraception/methods unsatisfactory 4 i) Drinking alcohol/taking drugs9 m) Unlikely to conceive because possibly infertile 13

e) Partner doesn't like/won't use contraception..... 5 J) Didn't/don't care if pregnancy10 happens n) Other reason (specify) 14

D11. If it had resulted in pregnancy would this have been:
 positive 1
 negative 2
 neither 3

D12. And has that been medically confirmed?
 Yes 1 No2

SECTION E – CONTRACEPTIVE SERVICES

E1a. Have you ever obtained supplies or sought advice on contraception, from any of these sources?
[Int: READ LIST AND TICK ALL THAT APPLY IN TABLE BELOW – COLUMN E1a - EVER]

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 or advice? *[Int: READ LIST. TICK ONE BOX ONLY IN TABLE BELOW – COLUMN E1b - PREFER]*

	E1a. EVER <i>[Tick all that apply]</i>	E1b.PREFER <i>[Tick one only]</i>
1. Your own GP (that is your doctor him/herself)	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Another doctor at a GP's surgery	<input type="checkbox"/> 2	<input type="checkbox"/> 2
3. A Family Planning Clinic/ Well Woman Clinic	<input type="checkbox"/> 3	<input type="checkbox"/> 3
4. A Well Man Clinic	<input type="checkbox"/> 4	<input type="checkbox"/> 4
5. Chemist shop/pharmacy	<input type="checkbox"/> 5	<input type="checkbox"/> 5
6. Over the counter at a petrol station/supermarket/other shop	<input type="checkbox"/> 6	<input type="checkbox"/> 6
7. Vending machine	<input type="checkbox"/> 7	<input type="checkbox"/> 7
8. Through the post	<input type="checkbox"/> 8	<input type="checkbox"/> 8
9. Emergency Department of hospital (e.g. for emergency contraceptive)	<input type="checkbox"/> 9	<input type="checkbox"/> 9
10. Supplied by sexual partner/ family/ friends	<input type="checkbox"/> 10	<input type="checkbox"/> 10
11. Any other type of service [specify] _____	<input type="checkbox"/> 11	<input type="checkbox"/> 11
12. Never obtained supplies or sought advice/No preference	<input type="checkbox"/> 12	<input type="checkbox"/> 12

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

Very difficult 1 Quite difficult 2 Somewhat difficult..... 3 Not at all difficult... 4 Never tried 98... know 99

E3. Can you tell me why that is?

Expense/cost..... 1 Confidentiality/privacy 4
Locality/accessibility 2 Professionals' attitudes 5
Embarrassment..... 3 Other _____ 6

E4. Have you ever been refused a particular method of contraception?

Yes 1 No 2 Never sought any 3

E4a. Which method were you refused?

a. Contraceptive pill 1 e. Gels, sprays, pessaries..... 5 i. Injections/implanted capsules 9
b. Condon/male sheath/Durex .. 2 f. Persona 6 j. Emergency contraception 10
c. Coil/IUD/Mirena 3 g. Safe period/rhythm method... 7 k. Vasectomy/Tubal Ligation ... 11
d. Cap/diaphragm 4 h. Withdrawal 8 l. Other _____ 12

E4b. What reason were you given for not providing that method?

No reason given 1 Doctor/Nurse didn't approve of this method..... 4
Not suitable for medical reasons..... 2 Underage 5
Doctor/Nurse not trained in this method.... 3 Other (specify) _____ .. 6

SECTION F – MOST RECENT PARTNER

[Int: Copy answer from D1 to here. Do not ask respondent this question]

Respondent has had sex..... 1 **GO TO F1** Respondent has *never* had sex..... 1 **GO TO H0**

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 man or woman you had sex with once, or a few times, or a regular partner or a spouse.

F1. Is that person: different sex to you 1same sex as you..... 2 **GO TO SECTION G1**

F2. Which one of these descriptions best applies to you and the partner you had sex with MOST RECENTLY?

You had/were:
just met for the first time 1
met recently 2
known each other for a while, but didn't have a steady relationship with each other at the time 3
a steady relationship at the time 4
living together (but not married or engaged)..... 5
engaged to be married 6
married 7
Other [specify] _____ 8

F3. Was any method used to avoid pregnancy on that most recent occasion by you or your partner?

Yes 1 No 2 **GO TO F5 BELOW** Don't know 3 **GO TO G1**

F4. Which method was used? [Int: Tick all that apply]

- | | | |
|--|--|--|
| a. Contraceptive pill <input type="checkbox"/> 1 | e. Gels, sprays, pessaries..... <input type="checkbox"/> 5 | i. Injections/implanted capsules <input type="checkbox"/> 9 |
| b. Condon/male sheath/Durex <input type="checkbox"/> 2 | f. Persona <input type="checkbox"/> 6 | j. Emergency contraception <input type="checkbox"/> 10 |
| c. Coil/IUD/Mirena <input type="checkbox"/> 3 | g. Safe period/rhythm method..... <input type="checkbox"/> 7 | k. Vasectomy/Tubal Ligation ... <input type="checkbox"/> 11 |
| d. Cap/diaphragm <input type="checkbox"/> 4 | h. Withdrawal <input type="checkbox"/> 8 | l. Other <input type="checkbox"/> 12 |

GO TO G1

F5. Could you tell me briefly why you didn't use any method to avoid pregnancy.

[Int: Code why respondent did not use contraception. Tick all that apply]

- | | | |
|--|---|--|
| a) Against beliefs/religion to use contraception..... <input type="checkbox"/> 1 | f) Not my responsibility <input type="checkbox"/> 6 | k) Sex not planned /unexpected/ not prepared/ <input type="checkbox"/> 11 .. |
| b) Already pregnant/trying to become pregnant..... <input type="checkbox"/> 2 | g) I/my partner forgot to take contraceptive pill <input type="checkbox"/> 7 | |
| c) Unlikely to conceive because of menopause <input type="checkbox"/> 3 | h) Difficult to discuss contraception with my partner..... <input type="checkbox"/> 8 | l) Can't get contraception/ services <input type="checkbox"/> 12 |
| d) Don't like contraception/methods unsatisfactory <input type="checkbox"/> 4 | i) Drinking alcohol/taking drugs <input type="checkbox"/> 9 | m) Unlikely to conceive because possibly infertile <input type="checkbox"/> 13 |
| e) Partner doesn't like/won't use contraception..... <input type="checkbox"/> 5 | J) Didn't care if pregnancy..... happens <input type="checkbox"/> 10 | n) Other reason (specify) <input type="checkbox"/> 14 |

D11. If it had resulted in pregnancy would this have been:

- positive 1
 negative 2
 neither 3

D12. And has that been medically confirmed?

- Yes 1 No 2

SECTION G – PREGNANCY AND CHILDREN

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.

G1. Have you ever had sexual intercourse which resulted in a pregnancy, including any which resulted in miscarriage or abortion?

Yes 1 No..... 2 **GO TO H0**

G2a. How many of these pregnancies resulted in the following: Parenthood/birth of the child; Adoption; Miscarriage; Stillbirth; Abortion; Other?

[Int: enter number of pregnancies that resulted in each outcome in column – G2a No. of pregnancies]

G2b. 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 would you have seen as crisis pregnancies at that time?

[Read list below and enter number of crisis pregnancies for each outcome in column – G2b No. of crisis pregnancies]

	G2a. No. of pregnancies <i>[Enter total number of pregnancy outcome]</i>	G2b. No. of crisis pregnancies <i>[Enter number of each pregnancy outcome that was crisis]</i>	
a. Parenthood/live birth	_____	_____	Was this a crisis: because of the stillbirth/ Miscarriage . <input type="checkbox"/> 1 prior to this..... <input type="checkbox"/> 2
b. Adoption	_____	_____	
c. Miscarriage	_____	_____	
d. Stillbirth	_____	_____	
e. Abortion	_____	_____	
f. Currently pregnant	_____	_____	
g. Other	_____	_____	
h. Total	_____	_____	

[If no crisis pregnancies, or if crisis due to miscarriage/stillbirth go to H1]

G3. And when you experienced this/these crisis pregnancy, were you living in the Republic of Ireland (or a different country)?

Yes, (one or more experienced ... while living in Ireland)1 No, living in another country 2 **GO TO H1**

G4. We are very interested in obtaining information about the circumstances surrounding crisis pregnancies. May I ask you about your most recent experience of a crisis pregnancy and see how it goes? If there is something you prefer not to talk about please let me know as we go along.

Yes..... 1 *[Go to booklet X: CRISIS MALE/ Y: CRISIS FEMALE]* No2

SECTION H – ATTITUDES AND BELIEFS [EVERYONE FROM HERE]

H0. By crisis pregnancy we 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.

H1. If you were looking for information on crisis pregnancy services, which one of the following ways of finding information would most appeal to you? [Int: Read list and tick one only]

Face-to-face or one-to-one counselling1 Teletext..... 6
Telephone/Helpline.....2 Text messaging 7
E-mailing3 Other 8
Dedicated website/internet.....4 Don't know 9
Leaflet.....5

H2. Can I ask you, regardless of the final outcome, how likely you would be to tell the following people if you were to experience a crisis pregnancy? Would you tell:

	Definitely tell	Probably tell	Uncertain	Probably not tell	Definitely not tell	N/A
1. [Women only] Sexual partner involved....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
2. Family	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
3. Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
4. A doctor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
5. A pregnancy agency.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

H3. If in the future you experienced a crisis pregnancy, where would you prefer to go for professional help?

[Int: Read List and tick one only]

- GP 1 Other Counsellor 5
 Family Planning/ Well Woman Clinic..... 2 Abortion Clinic..... 6
 Other crisis pregnancy service provider (Cherish, Life, Maternity Hospital 7
 Cura, Pact) 3 Don't know..... 8
 Welfare Officer in University..... 4 Other 9

H4. At what time of the month (i.e. menstrual cycle/period) do you think a woman is MOST LIKELY to become pregnant?

- During her period..... 1 Just after her period..... 3 Don't know/
 Just before her period..... 2 Around half way between periods... 4 Not sure..... 5

H5. (Even if unlikely), 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
 N/a (Vasectomy/Tubal Ligation) 5

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

[If none, write NONE and go to H8]

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]

- H7a.** Kept the baby _____ **H7b.** Had the baby adopted _____ **H7c.** Had an abortion _____ **H7d.** Other _____

Now I'd like to ask you some more questions about different aspects of pregnancy. It's your opinion we are interested in. There are no right or wrong answers.

H8. Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree with the following:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	N/A
H8a. In today's society, it's acceptable for a woman to rear a child as a lone parent, without a stable relationship with the father	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H8b. Children of lone parents do just as well as children from two parent families	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H8c. There are sufficient supports to help a woman who chooses to have a child on her own	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H8d. In today's society, there should be no pressure on a lone mother to have her child adopted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H8e. Adoption is a positive experience for the mother	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
H8f. Adoption is not a positive experience for the child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

H9. Do you think a woman should:

- (a) always have a choice to have an abortion regardless of the circumstances;
- (b) should she have a choice under certain circumstances or
- (c) should she have no choice under any circumstances.

Always have a choice .. 1 No choice (under any circumstances) 2

A choice under certain circumstances 3 Don't know..... 4

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
H9a. If the pregnancy seriously endangered the woman's life	<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	<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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H9d. If the pregnancy is a result of incest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H9e. If there is evidence that the child will be seriously deformed....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H9f. If the woman is not married	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
H9g. If the couple cannot afford another child.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

H10. Can you recall seeing or hearing any advertisements or promotions for the brand or service 'Positive Options'?

Yes 1 No..... 2 **GO TO J1**

H11. Can you recall where you saw or heard the advertisements or promotions for Positive Options?

- | | | | |
|--|----------------------------|------------------------------|-----------------------------|
| Radio | <input type="checkbox"/> 1 | Internet/Web..... | <input type="checkbox"/> 8 |
| Newspaper | <input type="checkbox"/> 2 | College..... | <input type="checkbox"/> 9 |
| Television | <input type="checkbox"/> 3 | Pharmacy | <input type="checkbox"/> 10 |
| Women's Magazine | <input type="checkbox"/> 4 | GP clinic/health centre..... | <input type="checkbox"/> 11 |
| Public transport (DART, city or national bus)..... | <input type="checkbox"/> 5 | Don't know | <input type="checkbox"/> 12 |
| Toilets | <input type="checkbox"/> 6 | Other [specify]..... | <input type="checkbox"/> 13 |
| City bins..... | <input type="checkbox"/> 7 | | |

H12. What information or services would you expect to be available from this service?

[Don't read out. Tick all that apply]

- | | | | |
|--|----------------------------|--|-----------------------------|
| List of crisis pregnancy agencies that provide support for women with crisis pregnancy | <input type="checkbox"/> 1 | Abortion information | <input type="checkbox"/> 7 |
| Information on pregnancy tests..... | <input type="checkbox"/> 2 | Fostering information..... | <input type="checkbox"/> 8 |
| Information on general pregnancy health services..... | <input type="checkbox"/> 3 | Information on parenting/ keeping infant | <input type="checkbox"/> 9 |
| Information on a specific pregnancy agency | <input type="checkbox"/> 4 | Post abortion medical information..... | <input type="checkbox"/> 10 |
| Counselling or advice for women with a crisis pregnancy..... | <input type="checkbox"/> 5 | Post abortion counselling..... | <input type="checkbox"/> 11 |
| Adoption information | <input type="checkbox"/> 6 | Don't know | <input type="checkbox"/> 12 |
| | | Other [specify] | <input type="checkbox"/> 13 |

SECTION J – HOUSEHOLD CLASSIFICATION

Finally, a few questions about you and your household

J1. What is your employment status?

- | | | | |
|---|----------------------------|--|-----------------------------|
| Full-time employment | <input type="checkbox"/> 1 | Unemployed, actively looking for a job.... | <input type="checkbox"/> 6 |
| Part-time employment | <input type="checkbox"/> 2 | Permanent long-term sickness/disability... | <input type="checkbox"/> 7 |
| Self-employed (including farmer)..... | <input type="checkbox"/> 3 | Looking after the home or family | <input type="checkbox"/> 8 |
| Student full-time | <input type="checkbox"/> 4 | Retired..... | <input type="checkbox"/> 9 |
| On government training or employment scheme.. | <input type="checkbox"/> 5 | Other | <input type="checkbox"/> 10 |

J2. What is your present or last occupation? _____

[If farmer, please record number of acres farmed. If relevant, record rank or grade (e.g. army, gardai, civil service)]

J3a. How many persons aged 18 years or over live in your household (incl. yourself) _____ aged 18 +

J3b. How many persons aged less than 18 years live in your household _____ less than 18 yrs

J3c. So the total number of persons in your household is _____ total

[Int: Copy answer from A3 to here. Do not ask respondent this question]

J4. Are you currently living with a spouse/partner?

Yes..... 1 **Go to J5**

No..... 2 **Go to J8**

J5. Is it you or your spouse/partner who has the largest income in your household?

Respondent..... 1

Spouse/partner..... 2

Both equally 3

J6. What is your spouse/partner's present or last occupation? _____

[If farmer, please record number of acres farmed. If relevant, record rank or grade (e.g. army, gardai, civil service)]

J7. What is your spouse/partner's current employment status?

- | | | | |
|---|----------------------------|--|-----------------------------|
| Full-time employment | <input type="checkbox"/> 1 | Unemployed, actively looking for a job.... | <input type="checkbox"/> 6 |
| Part-time employment | <input type="checkbox"/> 2 | Permanent long-term sickness/disability... | <input type="checkbox"/> 7 |
| Self-employed (including farmer)..... | <input type="checkbox"/> 3 | Looking after the home or family | <input type="checkbox"/> 8 |
| Student full-time | <input type="checkbox"/> 4 | Retired..... | <input type="checkbox"/> 9 |
| On government training or employment scheme.. | <input type="checkbox"/> 5 | Other | <input type="checkbox"/> 10 |

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

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

J9. How important are religious beliefs to you now?

- Very Quite Don't know/ Not very Not at all
Important 1 important 2 neither.... 3 important..... 4 important . 5

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

Yes 1

No..... 2

J10b. Which one? *[Int: Tick one only. Do not read out].*

- | | | | | | |
|--------------------------------------|----------------------------|-----------------------------------|----------------------------|--------------------|-----------------------------|
| Roman Catholic..... | <input type="checkbox"/> 1 | Methodist..... | <input type="checkbox"/> 5 | Islam/Muslim | <input type="checkbox"/> 9 |
| Christian – no denomination | <input type="checkbox"/> 2 | Presbyterian/Church of Scotland . | <input type="checkbox"/> 6 | Sikh | <input type="checkbox"/> 10 |
| Church of Ireland/England/Anglican.. | <input type="checkbox"/> 3 | Hindu | <input type="checkbox"/> 7 | Buddhist..... | <input type="checkbox"/> 11 |
| Baptist..... | <input type="checkbox"/> 4 | Jew..... | <input type="checkbox"/> 8 | Other | <input type="checkbox"/> 12 |

J11. Were you born in?

Republic of Ireland..... 1

Northern Ireland..... 2

Elsewhere 3

J12. Could I ask you where you were born? _____

J13. Finally, 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) | <input type="checkbox"/> 11 |
| Town(10,000 or more) | <input type="checkbox"/> 6 | Dublin County (outside Dublin city)... | <input type="checkbox"/> 12 |

Time Interview ended ____ : ____ (24hr clock)

Appendix 3

CRISIS MALE

Area Hsd Stem Int. Number

Date ____/____/____

Section X – Pregnancy and Children

X1. What age were you when this (most recent of these) happened? _____ years old.

X2. Could I ask you to briefly explain why you would describe this as a crisis pregnancy?

X3. Would you say that your partner in this pregnancy would also have described this as a crisis pregnancy?

Yes 1 No 2 Don't know..... 3

X4. Which of the following describes the final outcome of this pregnancy?

Gave birth..... 1 Abortion (termination) 2 Miscarriage 3 Stillbirth..... 4

X5. Following the birth, who was the child mainly raised by:

- | | |
|--|----------------------------|
| You and the birth mother | <input type="checkbox"/> 1 |
| You and a partner other than the birth mother | <input type="checkbox"/> 2 |
| You alone | <input type="checkbox"/> 3 |
| Birth mother alone..... | <input type="checkbox"/> 4 |
| Birth mother and another partner..... | <input type="checkbox"/> 5 |
| Another member of your family or birth mother's family | <input type="checkbox"/> 6 |
| The child was adopted | <input type="checkbox"/> 7 |
| Other (specify) | <input type="checkbox"/> 8 |

X6. How would you best describe your relationship with the woman when she became pregnant?

- | | |
|--|----------------------------|
| 1. You had just met for the first time | <input type="checkbox"/> 1 |
| 2. You had met recently..... | <input type="checkbox"/> 2 |
| 3. You had known each other for a while, but didn't have a steady relationship at the time | <input type="checkbox"/> 3 |
| 4. You had a steady relationship at the time | <input type="checkbox"/> 4 |
| 5. You were living together (but not married or engaged)..... | <input type="checkbox"/> 5 |
| 6. You were engaged to be married..... | <input type="checkbox"/> 6 |
| 7. You were married..... | <input type="checkbox"/> 7 |
| 8. You had an extra-marital relationship..... | <input type="checkbox"/> 8 |
| 9. Other (specify) | <input type="checkbox"/> 9 |

X7. Regarding the sexual experience that resulted in the pregnancy, would you say that?

You were willing 1 You had to be persuaded 2 You were unwilling... 3

X8. Was any method of contraception used or precautions taken (including withdrawal, safe period, rhythm method) by you or the woman involved at the time of this conception?

[Excluding emergency contraception]

Yes..... 1 No..... 2 **GO TO X11** Don't know 3 **GO TO X14**

X9. Which method was used? [Int: Tick all that apply]

- | | | | | | |
|-----------------------------------|----------------------------|-----------------------------------|----------------------------|----------------------------------|-----------------------------|
| a. Contraceptive pill | <input type="checkbox"/> 1 | e. Gels, sprays, pessaries | <input type="checkbox"/> 5 | i. Injections/implanted capsules | <input type="checkbox"/> 9 |
| b. Condon/male sheath/Durex | <input type="checkbox"/> 2 | f. Persona..... | <input type="checkbox"/> 6 | j. Vasectomy/Tubal Ligation..... | <input type="checkbox"/> 10 |
| c. Coil/IUD/Mirena | <input type="checkbox"/> 3 | g. Safe period/rhythm method..... | <input type="checkbox"/> 7 | k. Other _____ | <input type="checkbox"/> 11 |
| d. Cap/diaphragm | <input type="checkbox"/> 4 | h. Withdrawal..... | <input type="checkbox"/> 8 | | |

X10. Why did the contraception or precaution fail?

- | | | | |
|---|----------------------------|---|----------------------------|
| Don't know..... | <input type="checkbox"/> 1 | Forgot one or more pills..... | <input type="checkbox"/> 6 |
| Condom burst/split | <input type="checkbox"/> 2 | Pill failed due to stomach upset | <input type="checkbox"/> 7 |
| Condom came off..... | <input type="checkbox"/> 3 | Pill failed due to taking antibiotics | <input type="checkbox"/> 8 |
| Thought it was a safe period..... | <input type="checkbox"/> 4 | Other (specify)..... | <input type="checkbox"/> 9 |
| Other routine contraception failed..... | <input type="checkbox"/> 5 | | |

GO TO X15

X11. Could you tell me briefly why you didn't use any method to avoid pregnancy.

[Int: Code why respondent did not use contraception. Tick all that apply]

- | | | | | | |
|---|----------------------------|---|-----------------------------|-------------------------------------|-----------------------------|
| a) Against beliefs/religion to use contraception..... | <input type="checkbox"/> 1 | f) Not my responsibility | <input type="checkbox"/> 6 | k) Sex not planned/not prepared | <input type="checkbox"/> 11 |
| b) Wanted to become pregnant | <input type="checkbox"/> 2 | g) My partner forgot to take contraceptive pill.. | <input type="checkbox"/> 7 | | |
| c) Unlikely to conceive because of menopause..... | <input type="checkbox"/> 3 | h) Difficult to discuss contraception | <input type="checkbox"/> 8 | l) Can't get contraception/services | <input type="checkbox"/> 12 |
| d) Don't like contraception/methods unsatisfactory | <input type="checkbox"/> 4 | i) Drinking alcohol/taking drugs | <input type="checkbox"/> 9 | m) Thought I/partner was infertile | <input type="checkbox"/> 13 |
| e) Partner doesn't like/won't use contraception..... | <input type="checkbox"/> 5 | j) Didn't care if pregnancy happened | <input type="checkbox"/> 10 | n) Other reason (specify) | <input type="checkbox"/> 14 |

X14. IF 'DON'T KNOW' AT X8: Please explain as fully as possible _____

X15. Did your partner use the 'morning after pill' (emergency contraceptive pill)?

Yes..... 1 No..... 2 Don't know 3

X16. Do you know why it failed?

- | | |
|--|----------------------------|
| No | <input type="checkbox"/> 1 |
| Yes-vomiting caused by emergency contraceptive | <input type="checkbox"/> 2 |
| Yes-stomach upset (not caused by emergency contraceptive | <input type="checkbox"/> 3 |
| Yes-incorrect usage of emergency contraceptives..... | <input type="checkbox"/> 4 |
| Yes-took emergency contraceptive more than 72 hours after sex..... | <input type="checkbox"/> 5 |
| Yes-other (specify)..... | <input type="checkbox"/> 6 |

X17. Can I ask you why your partner did not use the morning after pill?

- | | |
|--|-----------------------------|
| Don't know/didn't consider taking it..... | <input type="checkbox"/> 1 |
| Thought we were protected by the contraceptive method we had used..... | <input type="checkbox"/> 2 |
| Couldn't access it | <input type="checkbox"/> 3 |
| Couldn't afford it | <input type="checkbox"/> 4 |
| Against religious beliefs | <input type="checkbox"/> 5 |
| Embarrassment | <input type="checkbox"/> 6 |
| Took a chance on this occasion | <input type="checkbox"/> 7 |
| Partner didn't know condom failed | <input type="checkbox"/> 8 |
| Didn't think partner would get pregnant | <input type="checkbox"/> 9 |
| Other (specify)..... | <input type="checkbox"/> 10 |

X18. Had you or your partner been drinking alcohol or taking drugs when you had this sexual experience?

Yes..... 1 No 2

X19. Who was drinking/taking drugs?

Respondent..... 1 Partner..... 2 Both..... 3

X20. Was that:

Drinking alcohol..... 1 Taking drugs..... 2 Both..... 3

X21. Would you say that the decision about contraception on that occasion was:

Your decision 1 Her decision..... 2 A joint decision 3 No one took responsibility 4

X22. Thinking back to the time when you had this sexual experience did you think that you and your partner were taking a risk of getting pregnant?

Yes.....1 No.....2 Don't know..... 3

X23. When did you find out that your partner was pregnant?

In the week following the sexual experience..... 1 4 - 6 months after 4
 In the month following the sexual experience 2 Over 6 months after 5
 1 – 3 months after..... 3 After the birth..... 6

How much of the time while your partner was pregnant were you:

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
X24. A very nervous person.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
X25. Calm and peaceful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
X26. Downhearted and blue.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
X27. A happy person.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
X28. So down in the dumps that nothing could cheer you up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

I'm now going to ask you about agencies that provide pregnancy advice services. Did you have any contact with any of the following pregnancy agencies during this pregnancy?

	Yes	No
X29. Family Planning Association/ Well Woman Clinic..	<input type="checkbox"/> 1	<input type="checkbox"/> 2
X30. Cherish.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
X31. Life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
X32. Cura.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2
X33. Pact.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2

X34. Who was the first person you told about this pregnancy?(Int: Do not read out. Tick only one)

Sexual partner involved.....	<input type="checkbox"/> 1	Friend.....	<input type="checkbox"/> 9
Own mother.....	<input type="checkbox"/> 2	GP.....	<input type="checkbox"/> 10
Own father.....	<input type="checkbox"/> 3	Family Planning / Well Woman Clinic.....	<input type="checkbox"/> 11
Partner's mother.....	<input type="checkbox"/> 4	Pregnancy agency counsellor (e.g. Life, Pact) ..	<input type="checkbox"/> 12
Partner's father.....	<input type="checkbox"/> 5	Abortion Clinic.....	<input type="checkbox"/> 13
Sister.....	<input type="checkbox"/> 6	Other.....	<input type="checkbox"/> 14
Brother.....	<input type="checkbox"/> 7	Didn't tell anyone.....	<input type="checkbox"/> 15
Other relative.....	<input type="checkbox"/> 8		

X37. How much influence did you have on the final decision regarding the outcome of the pregnancy?

Would you say you had:

A lot.....1 Some..... 2 Very little.....3 None..... 4
 Don't know..... 5

X38. Was there anything else which if available would have made the situation easier for you at the time?

[Do not read out but tick all that are mentioned]

Local pregnancy services.....	<input type="checkbox"/> 1	Family support.....	<input type="checkbox"/> 5
Counselling/Someone to talk to.....	<input type="checkbox"/> 2	Partner support/committed relationship.....	<input type="checkbox"/> 6
Money.....	<input type="checkbox"/> 3	Information regarding my legal rights.....	<input type="checkbox"/> 7
Information on all options.....	<input type="checkbox"/> 4	None.....	<input type="checkbox"/> 8
Other.....			<input type="checkbox"/> 9

X39. Thinking about people other than yourself and your partner, how much did other people's reactions or expected reactions affect the final decision regarding the outcome of the pregnancy?

A lot.....1 Some..... 2 Very little.....3 None..... 4
 Don't know..... 5

X40. What would you say were the main factor(s) influencing the outcome of the pregnancy? (i.e. parenthood, adoption, abortion, etc). Please describe as fully as possible.

Appendix 4

CRISIS FEMALE

Area Hsd Stem Int. Number
Date ___/___/___

Section Y – Pregnancy and Children

Y1. What age were you when this (most recent of these) happened? _____ years old.

Y2. Could I ask you to briefly explain why you would describe this as a crisis pregnancy?

Y3. Would you say that your partner in this pregnancy would also have described this as a crisis pregnancy?

Yes 1 No 2 Don't know 3 N/A (He did not know about it) 4

Y4. Which of the following describes the final outcome of this pregnancy?

Gave birth..... 1 Abortion (termination)..... 2 Miscarriage 3 Stillbirth..... 4

Y5. Following the birth, who was the child mainly raised by:

- You and the birth father..... 1
- You and a partner other than the birth father 2
- You alone 3
- Birth father alone 4
- Birth father and another partner..... 5
- Another member of your family or birth father's family ... 6
- The child was adopted 7
- Other (specify) _____... 8

Y6. How would you best describe your relationship with the man when you became pregnant?

- 1. You had just met for the first time 1
- 2. You had met recently..... 2
- 3. You had known each other for a while, but didn't have a steady relationship at the time 3
- 4. You had a steady relationship at the time 4
- 5. You were living together (but not married or engaged)..... 5
- 6. You were engaged to be married 6
- 7. You were married..... 7
- 8. You had an extra-marital relationship..... 8
- 9. Other (specify) _____ 9

Y7. Regarding the sexual experience that resulted in your pregnancy, would you say that?

You were willing 1 You had to be persuaded..... 2 You were unwilling 3

Y8. Was any method of contraception used or precautions taken (including withdrawal, safe period, rhythm method) by you or the man involved at the time of this conception? [Excluding emergency contraception]

Yes..... 1 No..... 2 **GO TO Y11** Don't know 3 **GO TO Y14**

Y9. Which method was used? [Int: Tick all that apply]

- | | | | | | |
|-----------------------------------|----------------------------|-----------------------------------|----------------------------|----------------------------------|-----------------------------|
| a. Contraceptive pill | <input type="checkbox"/> 1 | e. Gels, sprays, pessaries | <input type="checkbox"/> 5 | i. Injections/implanted capsules | <input type="checkbox"/> 9 |
| b. Condom/male sheath/Durex | <input type="checkbox"/> 2 | f. Persona..... | <input type="checkbox"/> 6 | j. Vasectomy/Tubal Ligation..... | <input type="checkbox"/> 10 |
| c. Coil/IUD/Mirena | <input type="checkbox"/> 3 | g. Safe period/rhythm method..... | <input type="checkbox"/> 7 | k. Other _____ | <input type="checkbox"/> 11 |
| d. Cap/diaphragm | <input type="checkbox"/> 4 | h. Withdrawal..... | <input type="checkbox"/> 8 | | |

Y10. Why did the contraception or precaution fail?

- | | | | |
|---|----------------------------|---|----------------------------|
| Don't know..... | <input type="checkbox"/> 1 | Forgot one or more pills..... | <input type="checkbox"/> 6 |
| Condom burst/split | <input type="checkbox"/> 2 | Pill failed due to stomach upset | <input type="checkbox"/> 7 |
| Condom came off..... | <input type="checkbox"/> 3 | Pill failed due to taking antibiotics | <input type="checkbox"/> 8 |
| Thought it was a safe period..... | <input type="checkbox"/> 4 | Other (specify)..... | <input type="checkbox"/> 9 |
| Other routine contraception failed..... | <input type="checkbox"/> 5 | | |

GO TO Y15

Y11. Could you tell me briefly why you didn't use any method to avoid pregnancy.

[Int: Code why respondent did not use contraception. Tick all that apply]

- | | | | | | |
|--|----------------------------|--|-----------------------------|-------------------------------------|-----------------------------|
| a) Against beliefs/religion to use contraception | <input type="checkbox"/> 1 | f) Not my responsibility | <input type="checkbox"/> 6 | k) Sex not planned/not prepared | <input type="checkbox"/> 11 |
| b) Wanted to become pregnant | <input type="checkbox"/> 2 | g) Forgot to take contraceptive pill..... | <input type="checkbox"/> 7 | | |
| c) Unlikely to conceive because of menopause..... | <input type="checkbox"/> 3 | h) Difficult to discuss contraception | <input type="checkbox"/> 8 | l) Can't get contraception/services | <input type="checkbox"/> 12 |
| d) Don't like contraception/methods unsatisfactory | <input type="checkbox"/> 4 | i) Drinking alcohol/taking drugs | <input type="checkbox"/> 9 | m) Thought I/partner was infertile | <input type="checkbox"/> 13 |
| e) Partner doesn't like/won't use contraception | <input type="checkbox"/> 5 | j) Didn't care if pregnancy happened | <input type="checkbox"/> 10 | n) Other reason (specify) | <input type="checkbox"/> 14 |

Y14. IF 'DON'T KNOW' AT Y8: Please explain as fully as possible _____

Y15 Did you use the 'morning after pill' (emergency contraceptive pill)?

Yes..... 1 No..... 2 Don't know 3

Y16. Do you know why it failed?

- | | |
|--|----------------------------|
| No | <input type="checkbox"/> 1 |
| Yes-vomiting caused by emergency contraceptive | <input type="checkbox"/> 2 |
| Yes-stomach upset (not caused by emergency contraceptive | <input type="checkbox"/> 3 |
| Yes-incorrect usage of emergency contraceptives..... | <input type="checkbox"/> 4 |
| Yes-took emergency contraceptive more than 72 hours after sex..... | <input type="checkbox"/> 5 |
| Yes-other (specify)..... | <input type="checkbox"/> 6 |

Y17. Can I ask you why you did not use the morning after pill?

- | | |
|--|-----------------------------|
| Don't know/didn't consider taking it..... | <input type="checkbox"/> 1 |
| Thought we were protected by the contraceptive method we had used..... | <input type="checkbox"/> 2 |
| Couldn't access it | <input type="checkbox"/> 3 |
| Couldn't afford it | <input type="checkbox"/> 4 |
| Against religious beliefs | <input type="checkbox"/> 5 |
| Embarrassment | <input type="checkbox"/> 6 |
| Took a chance on this occasion | <input type="checkbox"/> 7 |
| Partner didn't tell me condom failed | <input type="checkbox"/> 8 |
| Didn't think I would get pregnant | <input type="checkbox"/> 9 |
| Other (specify)..... | <input type="checkbox"/> 10 |

Y18. Had you or your partner been drinking alcohol or taking drugs when you had this sexual experience?

Yes..... 1 No 2

Y19. Who was drinking/taking drugs?

Respondent..... 1 Partner

2

Both..... 3

Y20. Was that:

Drinking alcohol..... 1

Taking drugs..... 2

Both..... 3

Y21. Would you say that the decision about contraception on that occasion was:

Your decision 1
responsibility 4

His decision..... 2

A joint decision..... 3

No one took

Y22. Thinking back to the time when you had this sexual experience did you think that you were taking a risk of becoming pregnant?

Yes.....1 No.....2 Don't know..... 3

Y23. When did you think that you might be pregnant?

In the 3 days following the sexual experience 1 4 – 6 months after 4
 In the month following the sexual experience 2 Over 6 months..... 5
 1 – 3 months after..... 3

Y24. And when was the pregnancy confirmed?

In the month following the sexual experience 1 4 – 6 months after 3
 1 – 3 months 2 Over 6 months after 4

Y25. How was your pregnancy first confirmed, was it by?

Your own GP (that is your doctor him/herself) 1 A Family Planning Clinic/Well Woman Centre. 3
 Another doctor at a GP's surgery 2 Home pregnancy testing kit..... 4
 Other..... 5

How much of the time while you were pregnant were you:

	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
Y26. A very nervous person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Y27. Calm and peaceful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Y28. Downhearted and blue	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Y29. A happy person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Y30. So down in the dumps that nothing could cheer you up	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

I'm now going to ask you about agencies that provide pregnancy advice services. Did you have any contact with any of the following pregnancy agencies during this pregnancy?

	Yes	No
Y31. Family Planning / Well Woman Clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Y32. Cherish	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Y33. Life	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Y34. Cura	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Y35. Pact	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Y36. Who was the first person you told about your pregnancy?(Int:Do not read out. Tick one only)

Sexual partner involved	<input type="checkbox"/> 1	Friend	<input type="checkbox"/> 8
Own mother	<input type="checkbox"/> 2	GP	<input type="checkbox"/> 9
Own father	<input type="checkbox"/> 3	Family Planning/ Well Woman Clinic	<input type="checkbox"/> 10
Partner's mother	<input type="checkbox"/> 4	Pregnancy agency counsellor (e.g. Life, Pact)...	<input type="checkbox"/> 11
Partner's father	<input type="checkbox"/> 5	Abortion Clinic	<input type="checkbox"/> 12
Sister	<input type="checkbox"/> 4	Other	<input type="checkbox"/> 11
Brother	<input type="checkbox"/> 5	Didn't tell anyone	<input type="checkbox"/> 12
Other relative	<input type="checkbox"/> 6		

Y38. Can you tell me, how supportive were the following people towards your pregnancy?

[Read each question, followed by, 'Were they very supportive, supportive, neither, unsupportive or very unsupportive']

	Very supportive	Supportive	Neither	Unsupportive	Very unsupportive	Didn't tell them
a. Firstly, how supportive was the sexual partner involved	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
b. How supportive was/were your parent(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99
c. How supportive were your friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 99

Y39. How much would you say that the reaction or expected reaction of your partner in this pregnancy affected the final decision regarding the outcome of the pregnancy?

A lot..... 1 Some 2 Very little..... 3 None..... 4
 Don't know..... 5

Y40. Thinking about people other than yourself and your partner, how much did other peoples reactions or expected reactions affect the final decision regarding the outcome of the pregnancy?

A lot..... 1 Some 2 Very little..... 3 None 4
 Don't know..... 5

Y41. Was there anything else which, if available, may have made the situation easier for you at the time?

[Do not read out but tick all that are mentioned]

Local pregnancy services 1 Family support 5
 Counselling/Someone to talk to..... 2 Partner support/committed relationship 6
 Money 3 None 7
 Information on all options 4 Other (specify) 8

Y42. To what extent do you agree with the following statement:

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
I feel I had a choice in the outcome of this pregnancy? (i.e. parenthood, adoption, abortion, etc.).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Y44. What would you say were the main factor(s) influencing the outcome of the pregnancy? (i.e. parenthood, adoption, abortion, etc). Please describe as fully as possible.

Y45. How do you feel now about the outcome of the pregnancy? Would you say, it was the right thing to do or do you wish another outcome had been chosen?

Right thing..... 1 Another outcome..... 2

Y46. Do you have any regrets about the outcome that was chosen?

A lot of regrets..... 1 Some regrets..... 2 No regrets at all..... 3

Y47. Did you need any ongoing support or services after you had the crisis pregnancy?

Yes..... 1 No..... 2 **Go to H1**

Y48. Which of the following supports/services did you need?

(Int:Read list below and tick all that apply-column1-need)

Y49. And which of these would you say were the two most important ones?

(Int: Tick up to 2 in table below-column 2-most important)

	Supports/Services Need <i>(Tick all that apply)</i>	Most important <i>(Tick up to 2)</i>
Medical help/check-up	<input type="checkbox"/> 1	<input type="checkbox"/> 1
Counselling or advice	<input type="checkbox"/> 2	<input type="checkbox"/> 2
Information on accommodation sources.....	<input type="checkbox"/> 3	<input type="checkbox"/> 3
Information in rights and entitlements.....	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Support from family and friends.....	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Don't know.....	<input type="checkbox"/> 6	<input type="checkbox"/> 6
Other (specify) _____	<input type="checkbox"/> 7	<input type="checkbox"/> 7

GO BACK TO MAIN QUESTIONNAIRE – SECTION H 1

