

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

### SCRIPTER CREATE VARIABLE: XCONTRACEPTION

1=ADULTS 18 TO 29

2=TEEN 15 TO 17

BASE: XCONTRACEPTION=2

R01. Thanks for taking our survey! First, how many teens between the ages of 15 and 17 are living in your household? Please only include the teens for whom you are the parent or legal guardian. If there are no teens between the ages of 15 and 17 in your household, please answer "0".

INSERT NUMBER BOX RANGE 0-10

\_\_\_\_\_ teenager/teenagers between 15 and 17 years old

[RECORD RESPONSE; IF 0 IS ENTERED OR REFUSED, TERMINATE]

Base: XCONTRACEPTION=2 and R01 = 1

R02A [S] PROMPT up to 2 times for answers to Age and Gender

How old is the teen and what sex were they assigned at birth?

*Household members in row:*

1. Teen 1

*Answers in second column:*

1. Male

2. Female

3. Intersex

**SCRIPTER: TERMINATE IF REFUSE AGE AND GENDER**

**SCRIPTER: TERMINATE IF REFUSE AGE OR GENDER**

**SCRIPTER: TERMINATE IF GENDER=MALE OR IF GENDER=INTERSEX**

*SCRIPTER: First column: heading "Age" min.=15, max.=17. Second column: heading "Sex", show radio buttons.*

Base: XCONTRACEPTION=2 and R01 > 1

R02 [S] PROMPT up to 2 times for answers to Age and Gender

For each child aged 15 – 17 in your household, how old is the child and what sex were they assigned at birth?

[SCRIPTER INSERT NUMBER OF ROWS EQUAL TO NUMBER OF CHILDREN IN R01]

*Household members in row:*

1. Teen 1

2. Teen 2

**2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument**

- 3. Teen 3
- 4. Teen 4
- 5. Teen 5
- 6. Teen 6
- 7. Teen 7
- 8. Teen 8
- 9. Teen 9
- 10. Teen 10

Answers in second column:

- 1. Male
- 2. Female
- 3. Intersex

**SCRIPTER: TERMINATE IF REFUSE**  
**SCRIPTER: TERMINATE IF REFUSE AGE AND GENDER**  
**SCRIPTER: TERMINATE IF REFUSE AGE OR GENDER**

*SCRIPTER: Show grid with same number of lines as R01 response. First column: heading "Age" min.=15, max.=17. Second column: heading "Sex", show radio buttons.*

**SCRIPTER: IF ONLY MALE CHILDREN ENTERED ABOVE, THANK AND TERMINATE**  
**SCRIPTER: IF MORE THAN ONE CHILD ENTERED ABOVE AND ONE IS FEMALE, SELECT FEMALE. IF MORE THAN ONE FEMALE IS ENTERED, PLEASE RANDOMLY SELECT FEMALE CHILD AND RECORD AGE/GENDER**

**SCRIPTER: Create variable DOV\_FemaleChildEligible**

- If R02A= female child aged 15-17, DOV\_FemaleChildEligible=1
- If R02= multiple female children aged 15-17, count number eligible and record in DOV\_FemaleChildEligible
- Value for each respondent should be less than or equal to R01

<b>DOV_Age</b>	
IF R01=1	DOV_Age=Age of female child entered in R02A
IF R01 >1	DOV_Age= Age of female child selected in R02
<b>DOV_Gender</b>	
IF R01=1	DOV_Gender=Age of female child selected in R02A
IF R01 >1	DOV_Gender= Gender of female child selected in R02

Base: XCONTRACEPTION=2

R03 [S] Your [DOV\_Age] year old teenager assigned female at birth has been selected to participate in the survey. If you would like to tell us your teen’s first name, nickname or initials, we can personalize the survey wording. If you do not wish to share your teen’s name, just let us know.

- 1. Yes, I will share my teen’s name, nickname or initials: [TEXTBOX] – IF RESPONDENT SELECTS THIS OPTION AND DOES NOT ENTER ANYTHING, PLEASE PROMPT
- 2. No, I do not want to share my teen’s name, nickname or initials

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

**SCRIPTER: IF SELECT 2 (NO, I DO NOT WANT TO SHARE), PLEASE USE “your teen”**

SCRIPTER: IF REFUSED, THANK AND TERMINATE

<b>DOV_Name</b>	
IF R03=1	DOV_Name=Name entered in R03
IF R03=2	DOV_Name=“your teen”

**BASE: IF xcontraception=2**

**PARENTAL\_CONSENT. IF xcontraception=2 INSERT:** Thank you for completing your part of the survey. Next, we are interested in learning about [DOV\_name]’s thoughts on reproductive health care. This survey is being conducted by Power to Decide. There is no direct benefit from participating in the study, however findings may help researchers understand how to improve access to quality health education and services. There are no physical risks to participating in this study other than potential discomfort answering survey questions. However, as with all KnowledgePanel® surveys, responding to this survey, or to any individual question on the survey, is completely voluntary. Responses remain anonymous and will be used for research analyses only. Your teen can decline to take the survey if they choose, skip any questions, or stop taking the survey at any point.

Are you willing to have your teen answer the survey?

1. Yes [CONTINUE]
2. No [MARK AS COMPLETE – FINISH SURVEY]

**SCRIPTER: TERMINATE IF REFUSED**

**BASE: IF xcontraception=2**

**ChildTransfer.**

Please have **DOV\_Name** come take the survey right now. Please allow them to complete the survey on their own.

They can click “>>” when they are ready to continue with their questions. If they are not available now, please have them take the survey as soon as possible. They can access the survey through your Member Page. Please remind them to take only this survey and not to complete any other surveys. Thank you!!

**[CHILD SURVEY BEGINS BELOW]**

**BASE: IF xcontraception=2**

**TEENHANDOFF.** Thank you for taking this survey. We ask that you please complete the survey by yourself without your parent, and answer survey questions honestly. Your answers will be private and will NOT be shown to your parents. As a reminder, you can skip any questions that you’d prefer not to answer or stop taking the survey at any point. Thank you!

**Base: XCONTRACEPTION=2**

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

**QRACE1\_TEEN [M]** Are you Spanish, Hispanic, or Latino?

**[PROMPT]**

Your answer will help represent the entire U.S. population and will be kept confidential. Thank you!

*Select all answers that apply.*

1. No, I am not [S]
2. Yes, Mexican, Mexican-American, Chicano
3. Yes, Puerto Rican
4. Yes, Cuban, Cuban American
8. Yes, other Spanish, Hispanic, or Latino group (*Please specify*, for example Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on) [O]

*SCRIPTER: Prompt following nonresponse.*

Base: XCONTRACEPTION=2 AND respondents who indicated multiple countries of origin (more than one response selected for QRACE1\_TEEN\_2 to QRACE1\_TEEN\_8)

**QRACE1a\_TEEN[S]**

Which group do you identify with most closely?

**[PROMPT]**

Your answer will help represent the entire U.S. population and will be kept confidential. Thank you!

*Select one answer only.*

*Show only response options selected in QRACE1\_TEEN:*

2. Mexican, Mexican-American, Chicano
3. Puerto Rican
4. Cuban, Cuban American
5. Other Spanish, Hispanic, or Latino group

*SCRIPTER: Prompt following nonresponse.*

*SCRIPTER: Create Data-only variable PPHISPAN\_TEEN by using the below logic involving responses to QRACE1\_TEEN and QRACE1a\_TEEN.*

**Variable name:** PPHISPAN\_TEEN [S]

**Variable Text:** Census Hispanicity

**Response list:**

1. Non-Hispanic
2. Mexican, Mexican American, Chicano
3. Puerto Rican
4. Cuban, Cuban American
8. Other Spanish, Hispanic, or Latino group

Count numhispan\_TEEN=QRACE1\_TEEN\_2 QRACE1\_TEEN\_3 QRACE1\_TEEN\_4 QRACE1\_TEEN\_8 (1).

**2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument**

QRACE1_TEEN	NUMHISPAN_TEEN	QRACE1a_TEEN	PPHISPAN_TEEN
1	-	-	1
2	1	-	2
3	1	-	3
4	1	-	4
8	1	-	8
Any value	>1	2	2
Any value	>1	3	3
Any value	>1	4	4
Any value	>1	5	8
Any value	>1	Refused	Randomly assign to one of the values chosen in QRACE1_TEEN

Base: XCONTRACEPTION=2

**QRACE2INTRO\_TEEN**

What race or races do you consider yourself to be? We appreciate your effort to describe your background using these U.S. Census Bureau categories even though they might not match perfectly.

*SCRIPTER: Show on same screen as CPSRACE.*

Base: XCONTRACEPTION=2

**CPSRACE\_TEEN [M]**

What race or races do you consider yourself to be?

**[PROMPT]**

Your answer will help represent the entire U.S. population and will be kept confidential. Thank you!

*Select all answers that apply.*

1. White
2. Black or African American
3. American Indian or Alaska Native
4. Asian
5. Native Hawaiian or other Pacific Islander
6. A different race [O]

Base: XCONTRACEPTION=2 and respondents who are Asian (CPSRACE\_TEEN=4)

**CPSASIAN\_TEEN [M]**

Which of the following groups best describes your background?

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

Select all answers that apply.

1. Asian Indian
2. Chinese
3. Filipino
4. Japanese
5. Korean
6. Vietnamese
7. Other Asian (*Please specify, for example Hmong, Laotian, Thai, Pakistani, Cambodian, and so on*) [O]

Base: XCONTRACEPTION=2 and respondents who are Native Hawaiian/Pacific Islander (CPSRACE=5)

### **CPSNHPI\_TEEN [M]**

Which of the following Native Hawaiian or Other Pacific Islander groups are you?

Select all answers that apply.

1. Native Hawaiian
2. Guamanian or Chamorro
3. Samoan
4. Other Pacific Islander (*Please specify, for example Fijian, Tongan, and so on*) [O]

*SCRIPTER: Create Data-only variable PPETHM\_TEEN by using the below logic involving responses to QRACE1\_TEEN, CPSRACE\_TEEN, CPSASIAN\_TEEN and CPSNHPI\_TEEN.*

**Variable name:** PPETHM\_TEEN [S]

**Variable Text:** Census Ethnicity demographic

**Response list:**

1. White, Non-Hispanic
2. Black, Non-Hispanic
3. Other, Non-Hispanic
4. Hispanic
5. 2+ Races, Non-Hispanic

Compute Asian\_TEEN=0.

Compute nhopi\_TEEN=0.

If CPSASIAN\_TEEN\_1=1 or CPSASIAN\_TEEN\_2=1 or CPSASIAN\_TEEN\_3=1 or  
CPSASIAN\_TEEN\_4=1 or CPSASIAN\_TEEN\_5=1 or CPSASIAN\_TEEN\_6=1 or CPSASIAN\_TEEN\_7=1  
asian\_TEEN=1.

If CPSNHPI\_TEEN\_1=1 or CPSNHPI\_TEEN\_2=1 or CPSNHPI\_TEEN\_3=1 or CPSNHPI\_TEEN\_4=1  
nhopi\_TEEN=1.

Count numraces\_TEEN=CPSRACE\_TEEN\_1 CPSRACE\_TEEN\_2 CPSRACE\_TEEN\_3 asian\_TEEN  
nhopi\_TEEN CPSRACE\_TEEN\_6 (1).

QRACE1_TEEN	CPSRACE_TEEN/CPSASIAN_TEEN/ CPSNHPI_TEEN	PPETHM_TEEN
1	CPSRACE_TEEN_1=1 and numraces_TEEN=1	1

**2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument**

1	CPSRACE_TEEN_2=1 and numraces_TEEN=1	2
1	(CPSRACE_TEEN_3=1 OR CPSRACE_TEEN_4=1 OR CPSRACE_TEEN_5=1 OR CPSRACE_TEEN_6=1) and numraces_TEEN=1	3
1	numraces > 1	5
2 OR 3 OR 4 OR 8	(numraces=1 or numraces>1)	4
REFUSED	Any value	MISSING
Any value	REFUSED	MISSING
2 OR 3 OR 4 OR 8	REFUSED	4

**SCRIPTER: IF PPETHM\_TEEN has missing values, USE PARENTS PPETHM**

**BASE: XCONTRACEPTION=2**

ChildDemo2. What grade are you currently in at school?

1. 9th grade
2. 10th grade
3. 11th grade
4. 12th grade
5. Something else

**Base: if XCONTRACEPTION=1**

**AgeConfirm.** How old are you?

*SCRIPTER: Provide text box. Min.=0, max=120. Show label to right of box: years old. Prompt following nonresponse.*

**[TERMINATE IF AGECONS < 18 OR >29]**

**BASE: All Respondents**

**CONSENT2.** Thank you very much for participating in KnowledgePanel® surveys. You are being asked to participate in a research study that involves taking a survey about reproductive health care. This survey will take about 20 minutes to complete.

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

This survey is being conducted by Power to Decide. The purpose of the study is to better understand young people’s perspectives on reproductive health care. There is no direct benefit from participating in the study, however findings may help researchers understand how to improve access to quality health education and services. There are no physical risks to participating in this study other than potential discomfort answering survey questions. As with all KnowledgePanel® surveys, responding to this survey, or to any individual question on the survey, is completely voluntary. Your responses remain anonymous and will be used for research analyses only. [IF xcontraception=2 SHOW] As a reminder, your answers will be private and will NOT be shown to your parents.

If you have questions about your rights as a participant in this survey, or are dissatisfied at any time with any aspect of the survey, you may contact KnowledgePanel Panel Member Support at 800-782-6899. You may also contact a person not on the research team at the Biomedical Research Alliance of New York Institutional Review Board at (516) 318-6877 or at [www.branyirb.com/concerns-about-research](http://www.branyirb.com/concerns-about-research).

If you agree to participate in this study, please click the “>>” button below to complete the survey.

**Base: all respondents**

### **QBIRTHGENDER [S]**

What sex were you assigned at birth on your original birth certificate? *Select one answer only.*

1. Male
2. Female
3. Intersex

SCRIPTER: Terminate if QBIRTHGENDER=1 (MALE) OR if QBIRTHGENDER=3 (INTERSEX)

**Base: all respondents**

### **QGENDERIDENTITY [SP]**

Gender identity is how someone feels about their own gender. There are many ways a person can describe their gender identity. Which of the following terms best describes your current gender identity? *Select one answer only.*

1. Girl or woman
2. Boy or man
3. Nonbinary, genderfluid, or genderqueer
4. I am not sure or questioning
5. I don’t know what this question means
6. Decline to answer
7. A gender identity not listed here. *Please specify:*

**Base: all respondents**

### **QSEXORIENTATION [S]**

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

Sexual orientation is a person’s emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation. Which of the following best describes your sexual orientation? *Select one answer only.*

1. Straight or heterosexual
2. Gay or lesbian
3. Bisexual or pansexual
4. Queer
5. Asexual
6. I am not sure
7. I don’t know what this question means
8. A sexual orientation not listed here. *Please specify:*

**Base: ALL RESPONDENTS**

### QINSERT [SP]

Which state do you live in most of the time?

[PLEASE SHOW STATE DROP DOWN LIST]

**BASE: All Respondents**

**INTRO.** This survey is going to ask you about birth control (also called “contraception”). When we say “birth control,” we mean anything a person might take, do, or use to prevent pregnancy OR for other reasons people might use birth control, like preventing sexually transmitted infections (STIs or STDs), regulating periods, or treating medical conditions. We’re including lots of methods here, like those you need a prescription for, condoms, permanent surgeries, not having sex at all, and other methods.

**BASE: All respondents**

**INTROX.** The first few questions ask about the past 12 months.

**BASE: All Respondents**

1. In the **past 12 months**, have you tried to get information about birth control from any of the following sources? *Select all that apply.*

#### **Randomize List, but keep 2-4 grouped and 10 and 11 anchored**

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify:* [OE] [ANCHOR]
11. I have not tried to get information on birth control in the past 12 months [ANCHOR]  
[EXCLUSIVE]

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

### BASE: All Respondents

2. In the **past 12 months**, have you gotten information about birth control from any of the following sources? *Select all that apply.*

#### SHOW LIST IN SAME ORDER AS Q1

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify*: [OE] [ANCHOR]
11. I have not gotten information on birth control in the past 12 months [ANCHOR]  
[EXCLUSIVE]

### BASE: If Q2=3 (A social media platform..."

3. In the **past 12 months**, what platforms did you get information about birth control from? *Select all that apply.*

#### Randomize List

1. Instagram
2. X (used to be Twitter)
3. Reddit
4. TikTok
5. Facebook
6. Threads
7. YouTube
8. Snapchat
9. Another platform, *please specify*: [OE] [ANCHOR]

**SCRIPTER: LOOP Q4 FOR EACH ITEM SELECTED IN Q2. PIPE IN RESPONSES FOR Q2**

**\*\*PLEASE LOWERCASE THE FIRST LETTER EACH OPTION PIPED IN**

### BASE: If Q2 NE 11

4. What information did you get from [SCRIPTER: PIPE IN EACH RESPONSE SELECTED AT Q2]? *Select all that apply.*

#### Randomize List

1. Where you can go to get birth control methods
2. Different types of birth control methods available
3. Cost of different birth control methods
4. Good side effects of different birth control methods [KEEP WITH OPTION 5]
5. Bad side effects of birth control methods [KEEP WITH OPTION 4]

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

6. Personal experiences from people who have used birth control
7. How effective birth control methods are at preventing pregnancy
8. Information about a specific birth control method, such as how it is used or how it works
9. Benefits of birth control other than preventing pregnancy
10. How to get birth control without parents or guardians knowing
11. I don't remember [ANCHOR] [EXCLUSIVE]
12. Something else, *please specify*: [OE] [ANCHOR]

**SCRIPTER: LOOP Q5 FOR EACH ITEM SELECTED IN Q2. PIPE IN RESPONSES FOR Q2**

**\*\*PLEASE LOWERCASE THE FIRST LETTER EACH OPTION PIPED IN**

**BASE: If Q2 NE 11**

5. How much did you trust the information about birth control you got from [SCRIPTER: PIPE IN EACH RESPONSE SELECTED AT Q2]?
  1. Not at all
  2. Somewhat
  3. A lot
  4. I'm not sure

6.—

**BASE: All respondents**

7. If you could choose any way of getting information about birth control, where would you want to get it? *Select all that apply.*

***Present list based on order randomized in Q1***

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify*: [OE] [ANCHOR]

**BASE: If Q7=3 (A social media platform..."**

8. [If Q7=3] What platforms would you like to get information about birth control from? *Select all that apply.*

***Present list based on order randomized in Q3***

1. Instagram
2. X (used to be Twitter)
3. Reddit
4. TikTok
5. Facebook

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

6. Threads
7. YouTube
8. Snapchat
9. Another platform, *please specify*: [OE] [ANCHOR]

### BASE: All respondents

**INTRO2.** We are going to ask some more questions about birth control. Remember when we say "birth control" we mean anything a person might take, do, or use to prevent pregnancy or for other reasons. Please think about condoms in addition to other types of birth control methods when you are answering these questions.

### BASE: All respondents

9. Do you feel like you currently have enough information to make a decision about whether using birth control now is right for you?
  1. Yes
  2. No
  3. I'm not sure

### BASE: All respondents

10. Do you feel like you currently have enough information to make a decision about what birth control method(s) is right for you?
  1. Yes
  2. No
  3. I'm not sure

### BASE: ( If Q9=2 (NO) OR Q9=3 (I'm not sure)) OR (Q10=2 (NO) OR Q10=3 (I'm not sure))

11. What additional information would you like to have to make a decision about birth control?  
*Select all that apply.*

#### ***Present list based on order randomized in Q4***

1. Where you can go to get birth control methods
2. Different types of birth control methods available
3. Cost of different birth control methods
4. Good side effects of different birth control methods
5. Bad side effects of birth control methods
6. Personal experiences from people who have used birth control
7. How effective birth control methods are at preventing pregnancy
8. Information about a specific birth control method, such as how it is used or how it works
9. Benefits of birth control other than preventing pregnancy
10. How to get birth control without parents or guardians knowing
11. I'm not sure [ANCHOR] [EXCLUSIVE]

### BASE: All respondents

12. How confident do you feel in your ability to do each of the following?

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

- 1 Avoid getting pregnant
- 2 Find a nurse, doctor, or other health care provider you trust to provide birth control services
- 3 Talk about birth control with a doctor, nurse, or health care provider
- 4 Use birth control correctly
- 5 Start a new birth control method if you want to

### RESPONSE CATEGORIES: FLIP SCALE 1-3;3-1

- 1 Not at all confident
- 2 Somewhat confident
- 3 Completely confident

#### BASE: All respondents

- 13 How much do you agree or disagree with the following statements?

#### [RANDOMIZE]

- 1 The benefits of birth control outweigh any side effects
- 2 It is important to use a birth control method if you have penis-in-vagina sex and don't want to get pregnant

### RESPONSE CATEGORIES: FLIP SCALE 1-5;5-1

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

#### BASE: All respondents

- 15 How much do you agree or disagree with the following statements?

#### [RANDOMIZE]

- 1 I worry that birth control has dangerous side effects
- 2 I worry that using birth control is unnatural
- 3 I worry that using birth control could affect my body in ways that I do not like
- 4 I worry that drug companies hide information about birth control
- 5 I worry that using birth control could affect my ability to have a baby later in life

### RESPONSE CATEGORIES: FLIP SCALE 1-5;5-1

- 1 Strongly agree
- 2 Agree
- 3 Neither agree or disagree
- 4 Disagree
- 5 Strongly disagree

#### BASE: All respondents

**INTRO3.** Remember, please think about condoms in addition to other types of birth control methods when you are answering these questions about birth control.

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

**BASE: All respondents**

16 How much do you know about the following reasons people may use birth control?

**[RANDOMIZE]**

- 1 To prevent pregnancy
- 2 To prevent sexually transmitted infections (STIs or STDs), for example, chlamydia or gonorrhea
- 3 To change bleeding patterns (for example, to make periods more regular or stop periods)
- 4 To manage the symptoms of periods (for example, to relieve cramps or headaches)
- 5 To manage health conditions (for example, acne or endometriosis)

**RESPONSE CATEGORIES: FLIP SCALE 1-4;4-1**

- 1 I haven't heard of it
- 2 I don't know much
- 3 I know some
- 4 I know a lot

~~17~~

**BASE: All respondents**

18 How much do you know about the following methods of birth control?

**[RANDOMIZE]**

1. Birth control pills or "the pill"
2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
3. Vaginal ring, like NuvaRing or Annovera
4. Injectable birth control or "the shot", like Depo-Provera or DMPA
5. Birth control implant, like Nexplanon
6. Non-hormonal contraceptive gel, like Phexxi
7. Intrauterine devices (IUDs), like Mirena, Liletta, or Paragard
8. Emergency contraception pills or the "morning after pill", like Plan B or Ella
9. Condoms
10. Withdrawal or "pulling out"
11. Fertility awareness or natural methods, like the rhythm or calendar method (tracking your menstrual cycle on a calendar or app)

**RESPONSE CATEGORIES: FLIP SCALE 1-4;4-1**

- 1 I haven't heard of it
- 2 I don't know much
- 3 I know some
- 4 I know a lot

**BASE: All respondents**

17. Which of the following ways of getting birth control have you heard about? *Select all that apply.*

**[RANDOMIZE, group 1 and 2]**

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

1. Prescribed by a doctor, nurse, or other health care provider at an in-person appointment
2. Prescribed by a doctor, nurse, or other health care provider at a telehealth (phone or video) appointment
3. Prescribed by a pharmacist at a pharmacy, without seeing a doctor, nurse, or other health care providers first
4. Over the counter at a pharmacy or other store, without a prescription
5. From an online birth control service that mails it
6. None of these

### BASE: All respondents

19. Based on what you've read or heard, are the following statements true or false? It is also okay to say you don't know.

#### [RANDOMIZE 1-5, 6-12; keep 4 and 5 grouped]

1. There are birth control methods that people can use without their partner knowing about them
2. If someone has penis-in-vagina sex, condoms are the only method of birth control that can be used to help prevent sexually transmitted infections (STIs or STDs)
3. All birth control methods have hormones in them
4. Adults can get birth control pills over the counter without a prescription **[GROUP WITH OPTION 5]**
5. Teenagers under the age of 18 can get birth control pills over the counter without a prescription **[GROUP WITH OPTION 4]**
6. People should "take a break" from birth control pills every couple of years for health reasons
7. After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months
8. A person can use an IUD even if they have never had a child
9. IUDs work by causing an abortion
10. Menstrual cycle tracking apps are a highly effective way to prevent pregnancy
11. Emergency contraception pills ("the morning after pill") are different than abortion pills

#### RESPONSE CATEGORIES: FLIP SCALE 1-2;2-1

- 1 True
- 2 False
- 3 I don't know

### BASE: All respondents

20. Have you heard of the website Bedsider.org, which offers information on all aspects of reproductive health, including sex, sexual health, and birth control?

1. Yes
2. No

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

3. I'm not sure

### BASE: If Q20=1 (Yes)

21. Have you **ever** visited the website Bedsider.org?

1. Yes
2. No
3. I'm not sure

### BASE: All respondents

**INTROX.** Now we are going to ask some questions about abortion. The first few questions ask about the past 12 months.

### BASE: All respondents

22. In the **past 12 months**, have you tried to get information about abortion from any of the following sources? *Select all that apply.*

#### ***Present list based on order randomized in Q1***

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify:* **[OE] [ANCHOR]**
11. I have not tried to get information about abortion in the past 12 months

### BASE: All respondents

23. In the **past 12 months**, have you gotten information about abortion from any of the following sources? *Select all that apply.*

#### ***Present list based on order randomized in Q1***

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify:* **[OE] [ANCHOR]**
11. I have not gotten information about abortion in the past 12 months

### BASE: If Q23\_3=1 (A social media platform..."

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

24. In the **past 12 months**, what platforms did you get information about abortion from? *Select all that apply.*

**Present list based on order randomized in Q3**

1. Instagram
2. X (used to be Twitter)
3. Reddit
4. TikTok
5. Facebook
6. Threads
7. YouTube
8. Snapchat
9. Another platform, *please specify:* [OE] [ANCHOR]

**\*SCRIPTER: PLEASE REPEAT Q25 FOR EACH OPTION SELECTED IN Q23**

**\*\*PLEASE LOWERCASE THE FIRST LETTER EACH OPTION PIPED IN**

**BASE: If Q23 NE 11**

25. What information did you get from [Q23 1-10; Ask for each response to Q23]? *Select all that apply.*

**Randomize List**

1. Where people can go to get an abortion
2. Different types of abortion methods available
3. Cost of different abortion methods
4. Good experiences with abortion
5. Bad experiences with abortion
6. What to expect when having an abortion
7. Information about laws or policies affecting people's ability to get an abortion
8. How to get an abortion without parents or guardians knowing
9. I don't remember [ANCHOR] [EXCLUSIVE]
10. Something else, *please specify:* [OE] [ANCHOR]

**\*SCRIPTER: PLEASE REPEAT Q26 FOR EACH OPTION SELECTED IN Q23**

**\*\*PLEASE LOWERCASE THE FIRST LETTER EACH OPTION PIPED IN**

**BASE: If Q23NE 11**

26. How much did you trust the information about abortion you got from [Q23 1-10; Ask for each response to Q23]?

1. Not at all
2. Somewhat
3. A lot
4. I'm not sure

~~27.~~

**BASE: All respondents**

28. If you wanted or needed to get information about abortion, where would you want to get it? *Select all that apply.*

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

### ***Present list based on order randomized in Q1***

1. Your school
2. A website
3. A social media platform, like Instagram or TikTok
4. An artificial intelligence platform, like ChatGPT or Gemini
5. A doctor, nurse, or other health care provider
6. Your friends
7. Your parent(s)/caregiver(s)
8. Your boyfriend or girlfriend
9. Your sibling(s)
10. Another source, *please specify*: [OE] [ANCHOR]

### **BASE: All respondents**

29. People make the decision to have an abortion for many reasons. Imagine that you needed or wanted to have an abortion. How confident do you feel in your ability to do each of the following tasks?

**[RANDOMIZE 1-5; 6-10 – randomize the 2 sets 1-5 and 6-10 but do NOT randomize within these groupings]**

1. Talk with someone close to you about having an abortion
2. Ask someone to help you pay for the cost of an abortion
3. Ask someone close to you to accompany you during an abortion
4. Talk to someone close to you who will support you after an abortion
5. Get the information you need about abortion services or methods
6. Get an abortion even if people close to you do not support your decision
7. Get an abortion without other people finding out
8. Find a nurse, doctor, or other health care provider you trust to provide abortion services
9. Pay for the cost of an abortion
10. Deal with judgement from other people if they find out about your abortion

### **RESPONSE CATEGORIES: FLIP SCALE 1-3;3-1**

1. Not at all confident
2. Somewhat confident
3. Completely confident

### **BASE: All respondents**

30. Based on what you know or have heard about abortion laws, how easy or difficult is it to have an abortion in the state where you live most of the time?

1. Very easy
2. Easy
3. Neither easy nor difficult
4. Difficult
5. Very difficult
6. I'm not sure

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

### BASE: All respondents

31. Which of the following ways of getting an abortion have you heard about before today? *Select all that apply.*

### [RANDOMIZE, group 2 and 3]

1. A procedure in a doctor's office or hospital (procedural abortion)
2. Pills prescribed by a doctor, nurse, or other health care provider at an in-person appointment (medication abortion) [GROUP WITH 3]
3. Pills prescribed by a doctor, nurse, or other health care provider at a phone or video appointment (telehealth medication abortion) [GROUP WITH 2]
4. Pills that someone can buy online or in-store and use at home without going to a clinic or talking with a doctor (self-managed abortion)
5. None of these

~~32.~~

### BASE: All respondents

33. Which statement comes closest to your general view on abortion?

1. Having an abortion is okay
2. Having an abortion may be okay depending on the circumstances
3. Having an abortion is never okay

~~34.~~

### BASE: All respondents

35. Have you heard of the website AbortionFinder.org, a search tool that helps people seeking an abortion in the U.S. find trustworthy abortion care and support?

1. Yes
2. No
3. I'm not sure

### BASE: Q35=1

36. Have you **ever** visited the website AbortionFinder.org?

1. Yes
2. No
3. I'm not sure

### BASE: All Respondents

37. Have you **ever** had penis-in-vagina sex?

1. Yes
2. No

### BASE: If Q37=1

38. **In the past 30 days**, have you had penis-in-vagina sex?

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

1. Yes
2. No

BASE: If Q37=1

39. Have you **ever** been pregnant?

1. Yes
2. No

BASE: Q39=1

40. Are you **currently** pregnant?

1. Yes
2. No

BASE: All respondents

41. Would you like to become pregnant **in the next year**?

1. Yes
2. No
3. I'm okay either way
4. I'm not sure

BASE: All respondents

42. Do you personally know someone, like a close friend, family member, or yourself, who has had an abortion? *Please check all that apply.*

1. Yes, a close friend
2. Yes, a family member
3. Yes, myself
4. Yes, someone else
5. No, not that I'm aware of [EXCLUSIVE]

BASE: If Q39=1

43. Have you **ever** considered having an abortion for any current or past pregnancy, even for just a second?

1. Yes
2. No
3. I'm not sure

BASE: If Q39=1

44. Have you **ever** wanted or needed an abortion but did not get one?

1. Yes
2. No
3. I'm not sure

BASE: If Q44=1

45. What were the reason(s) you did not get the abortion(s)? *Select all that apply.*

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

### **Randomize List**

1. It was too expensive
2. I didn't have insurance
3. My health insurance doesn't cover abortion care
4. It was too hard to get to a place to get the type of abortion I wanted (like no transportation or childcare, couldn't take time off work)
5. I didn't know where I could get abortion care
6. The type of abortion that I wanted was not available at my doctor's office, clinic, or pharmacy
7. My source of health care is religiously affiliated and does not provide the abortion I wanted
8. I didn't want my partner or family to find out that I was trying to get an abortion
9. The doctor's office, clinic or pharmacy wasn't open when I could get there
10. A health care provider would not give me the type of abortion that I wanted
11. I was treated poorly by a staff person at the doctor's office, clinic, or pharmacy
12. Something else. *Please specify:* [OPEN END] [ANCHOR]

### BASE: If Q38=1

46. **The last time you had penis-in-vagina sex**, did you or your partner do anything to prevent sexually transmitted infections (STIs or STDs), including HIV? *Select all that apply.*

### **Randomize list**

1. Condom or another barrier method, like dental dams
2. HIV Pre-exposure prophylaxis (PrEP)
3. Routine testing
4. Mutual monogamy (two partners agreeing to be sexually active with only each other)
5. Some other method. *Please specify:* [OE] [ANCHOR]
6. No method was used [OE] [ANCHOR]

### BASE: All Respondents

47. In the **past 12 months**, have you been tested for a sexually transmitted infection (STIs or STDs) other than HIV, such as chlamydia, gonorrhea, or syphilis?
1. Yes
  2. No
  3. I'm not sure

### BASE: All respondents

**INTROX.** The next three questions ask about birth control methods you have **ever** used, even if only one time.

### BASE: All Respondents

48. Which of the following have you **ever** used? *Select all that apply.*

1. Birth control pills or "the pill"
2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
3. Vaginal ring, like NuvaRing or Annovera
4. Injectable birth control or "the shot", like Depo-Provera or DMPA
5. Birth control implant, like Nexplanon

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

6. IUD or intrauterine device with hormones, like Mirena or Liletta
7. Copper IUD, like Paragard
8. Emergency contraception pills or the “morning after pill”, like Plan B or Ella
9. Partner’s vasectomy method of sterilization
10. Tubal ligation or “getting your tubes tied”
11. I have never used any of these birth control methods **[EXCLUSIVE]**

### BASE: All Respondents

49. Which of the following have you **ever** used? *Select all that apply.*

1. External condoms (sometimes called “male condoms”)
2. Internal condoms (sometimes called “female condoms”)
3. Non-hormonal contraceptive gel, like Phexxi
4. Spermicide inserted into the vagina before sex, like VCF or Gynol II
5. Diaphragm, like Caya
6. Cervical cap
7. Contraceptive sponge, like the Today Sponge
8. I have never used any of these birth control methods **[EXCLUSIVE]**

### BASE: All Respondents

50. Which of the following have you **ever** used? *Select all that apply.*

1. Withdrawal or “pulling out”
2. Fertility awareness or natural methods, including the rhythm or calendar method (tracking your menstrual cycle on a calendar or app), periodic abstinence (only having sex on certain days of the month), and/or methods where you monitor your basal body temperature or cervical mucus
3. Not having sex at all (abstinence)
4. Another birth control method, *please specify*
5. I have never used any of these birth control methods **[EXCLUSIVE]**

### BASE: If Q48 NE 11 OR REFUSED AND Q49 NE 8 OR REFUSED AND Q50 NE 5 OR REFUSED

51. In the **past 30 days**, which of the following birth control methods have you used? *Select all that apply.*

**SCRIPTER: Only show items used in Q48, Q49, or Q50, include 22 for all**

1. Birth control pills or “the pill”
2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
3. Vaginal ring, like NuvaRing or Annovera
4. Injectable birth control or “the shot”, like Depo-Provera or DMPA
5. Birth control implant, like Nexplanon
6. IUD or intrauterine device with hormones, like Mirena or Liletta
7. Copper IUD, like Paragard
8. Emergency contraception or the “morning after pill”, like Plan B or Ella
9. Partner’s vasectomy method of sterilization
10. Tubal ligation or “getting your tubes tied”
11. External condoms (sometimes called “male condoms”)
12. Internal condoms (sometimes called “female condoms”)

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

13. Non-hormonal contraceptive gel, like Phexxi
14. Spermicide inserted into the vagina before sex, like VCF or Gynol II
15. Diaphragm, like Caya
16. Cervical cap
17. Contraceptive sponge, like the Today Sponge
18. Withdrawal or pulling out
19. Fertility awareness or natural methods, including the rhythm or calendar method (tracking your menstrual cycle on a calendar or app), periodic abstinence (only having sex on certain days of the month), and/or methods where you monitor your basal body temperature or cervical mucus
20. Not having sex at all (abstinence)
21. Another birth control method, *please specify*
22. I have not used any method of birth control in the past 30 days **[EXCLUSIVE]**

### BASE: If Q51 NE 22

52. How satisfied are you with your **current** birth control method(s)?
1. Very satisfied
  2. Satisfied
  3. Neither satisfied nor unsatisfied
  4. Unsatisfied
  5. Very unsatisfied

### BASE: All Respondents

53. Is there a method of birth control that you would like to use but are not **currently** using?
1. Yes, there is a method of birth control I would like to be using but am not currently using
  2. No, I am using the method(s) I want (this can include no method)
  3. I'm not sure

### BASE: If Q53=1

54. What method(s) of birth control would you like to be using? *Select all that apply.*

#### Scripter: SHOW FULL LIST THAT'S SHOWN BELOW IN SAME ORDER AS Q51.

1. Birth control pills or "the pill"
2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
3. Vaginal ring, like NuvaRing or Annovera
4. Injectable birth control or "the shot", like Depo-Provera or DMPA
5. Birth control implant, like Nexplanon
6. IUD or intrauterine device with hormones, like Mirena or Liletta
7. Copper IUD, like Paragard
8. Emergency contraception or the "morning after pill", like Plan B or Ella
9. Partner's vasectomy method of sterilization
10. Tubal ligation or "getting your tubes tied"
11. External condoms (sometimes called "male condoms")
12. Internal condoms (sometimes called "female condoms")
13. Non-hormonal contraceptive gel inserted into the vagina before sex (Phexxi)

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

14. Spermicide inserted into the vagina before sex, like VCF or Gynol II
15. Diaphragm, like Caya
16. Cervical cap
17. Contraceptive sponge, like the Today Sponge
18. Withdrawal or “pulling out”
19. Fertility awareness or natural methods
20. Not having sex at all (abstinence)
21. Another birth control method, *please specify*
22. I don’t know which birth control method(s) I would like to be using **[ANCHOR]**  
**[EXCLUSIVE]**
23. None of these birth control methods **[ANCHOR]** **[EXCLUSIVE]**

### BASE: All Respondents

55. What is the reason(s) you are not currently using **[SCRIPTER: please show each method in Q54 in a loop in same order as presented in Q54– please keep sentence case EXCEPT please lowercase first letter of each option]**? *Select all that apply.*

1. I’m not currently having sex that could result in pregnancy (e.g., penis-in-vagina sex)
2. I don’t have sex very often
3. Sex with this birth control method doesn’t feel as good
4. My partner doesn’t want to use this birth control method
5. My partner doesn’t want me to use this birth control method
6. Someone else in my life doesn’t want me to use this birth control method
7. I don’t want my partner or family to find out that I use this birth control method
8. My doctor, nurse, or other health care provider suggested I use something else
9. I had a problem getting this birth control method when I needed it
10. It’s too hard to get to a place to get this birth control method (like not having transportation or childcare, cannot take time off work, etc.)
11. I don’t have a doctor, nurse, or health care provider I trust
12. I don’t know where I can get it
13. It wasn’t available at my doctor’s office, clinic, or pharmacy
14. I can’t afford it
15. Another birth control method is cheaper
16. I’m concerned about side effects (like bleeding, cramping, mood swings, or weight gain) of this birth control method.
17. I’m concerned about the safety of this birth control method
18. Another reason, *please specify* **[open response option]**
19. I’m not sure **[exclusive]**

### BASE: (Q48=11 AND Q49=8 AND Q50=5) OR Q51=22

56. There are many reasons that people do not use birth control. Which of these are reasons that you are not **currently** using birth control? *Select all that apply.*

1. I’m not currently having penis-vagina sex
2. I don’t think I can get pregnant or my partner(s) can get me pregnant
3. I don’t mind if I get pregnant
4. I am worried about the side effects of birth control
5. My partner(s) does not want to use birth control method
6. My partner(s) does not want me to use a birth control method

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

7. Birth control costs too much
8. It is too difficult to get a birth control method
9. I had a baby in the last 3 months or am currently pregnant
10. My religious or cultural beliefs
11. I am concerned my family might find out
12. I enjoy sex more when I don't use a birth control method
13. Another reason. *Please specify:*

### BASE: All Respondents

**INTRO4.** We're going to ask you some questions about medical care and birth control. Remember, when we say "birth control" we mean anything a person might take, do, or use to prevent pregnancy, or for other reasons. We're including lots of methods here, like those you need a prescription for, condoms, permanent surgeries, not having sex at all, and other methods.

### BASE: All Respondents

**INTRO5.** The next questions ask about the last time you had a primary care visit, meaning you saw a doctor, nurse, or other health care provider for a routine or annual exam, physical, or checkup, not because you were sick or injured.

### BASE: All Respondents

57. When was the last time you had a primary care visit?
1. 1 year ago or less
  2. More than 1 year but less than 2 years ago
  3. More than 2 years ago
  4. I have never had a primary care visit
  5. I'm not sure

### BASE: If Q57 NE 4 OR 5

58. **The last time you had a primary care visit**, did a doctor, nurse, or health care provider talk with you about birth control?
1. Yes
  2. No
  3. I don't remember

### BASE: If Q58=1

59. How comfortable or uncomfortable were you discussing birth control with a doctor, nurse, or other health care provider?
1. Very comfortable
  2. Comfortable
  3. Neither comfortable nor uncomfortable
  4. Uncomfortable
  5. Very uncomfortable

### BASE: If xcontraception=2 AND Q57=1 OR 2 OR 3

60. **The last time you had a primary care visit**, did a parent or caregiver come with you?
1. Yes
  2. No
  3. I don't remember

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

BASE: If xcontraception=2 AND Q57=1 OR 2 OR 3

61. **The last time you had a primary care visit**, did a doctor, nurse, or other health care provider spend any time alone with you without a parent or caregiver in the exam room?
1. Yes
  2. No
  3. I don't remember

BASE: All Respondents

**INTRO6.** The next set of questions ask about the past 12 months.

BASE: All Respondents

62. In the **past 12 months**, have you had any problems or delays in getting the birth control method you wanted?
1. Yes
  2. No
  3. I didn't need or want any birth control in the past 12 months

BASE: If Q62=1

63. In the **past 12 months**, what problems or delays did you have getting the birth control method that you wanted? *Select all that apply.*

**Randomize 1-3, 4-8, 9-10, 11-12, list 13 last**

1. It cost too much
2. I didn't have health insurance
3. My health insurance doesn't cover it
4. I didn't know where I could get it
5. It was too hard to get to a place to get the birth control method I wanted (like not having transportation or childcare)
6. The birth control method that I wanted wasn't available at the doctor's office or pharmacy I go to
7. The doctor's office or pharmacy wasn't open when I could get there
8. The birth control method that I wanted did not arrive on time (like birth control pills not arriving in the mail on time)
9. I didn't want my partner to find out that I was trying to get birth control
10. I didn't want anyone in my family to find out that I was trying to get birth control
11. A doctor, nurse, or other health care provider would not give me the method that I wanted
12. I was treated poorly by a staff person at the doctor's office, clinic, or pharmacy
13. Something else. *Please specify: [ANCHOR]*

BASE: All Respondents

64. In the **past 12 months**, did you see a doctor, nurse, or other health care provider for any of the following? *Select all that apply.*

**Randomize list, except list 4 last**

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

1. A birth control method, a prescription for a birth control method, or a refill of a birth control method
2. Counseling about birth control
3. A check-up, medical test, or other service when birth control was discussed
4. None of these **[ANCHOR]**

**BASE: If Q64 NE 4**

**INTRO7.** The next set of questions ask about the last time you got health care related to birth control.

**BASE: If Q64 NE 4**

65. What type of appointment did you have the last time you got health care related to birth control?
1. An in-person appointment
  2. A telehealth (phone or video) appointment
  3. I don't remember

**BASE: If Q64 NE 4**

66. Where was the doctor, nurse, or other health care provider located **the last time you got health care related to birth control?**

[RANDOMIZE]

1. Private doctor's office
2. School or school-based clinic
3. Planned Parenthood clinic
4. Health department
5. Community health center or federally qualified health center (FQHC)
6. Employer or company clinic
7. Urgent care center
8. Hospital outpatient clinic
9. Hospital emergency room
10. I don't remember **[ANCHOR]**

**BASE: If Q64 NE 4**

67. For each item below, how would you rate the doctor, nurse, or other health care provider you saw **the last time you got health care related to birth control?**

[RANDOMIZE]

1. Respecting you as a person
2. Letting you say what mattered to you about your birth control
3. Taking your preferences about your birth control seriously
4. Giving you enough information to make a decision about your birth control method

**FLIP SCALE: 1-5;5-1**

1. Poor
2. Fair
3. Good
4. Very good
5. Excellent

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

68-

BASE: If 64 NE 4

69. **The last time you got health care related to birth control**, did you experience any of the following because of your race or ethnicity? *Select all that apply.*

### **Randomize list**

1. A doctor, nurse, or other health care provider was not listening to what I was saying
2. A doctor, nurse, or other health care provider assumed I was on Medicaid
3. A doctor, nurse, or other health care provider made assumptions about the number of children I have
4. A doctor, nurse, or other health care provider assumed I had multiple sexual partners
5. A doctor, nurse, or other health care provider strongly encouraged me to use one method of birth control when I preferred another
6. A doctor, nurse, or other health care provider assumed I had a sexually transmitted infection (STI or STD), such as chlamydia, gonorrhea, genital warts, herpes, or HIV
7. I experienced another form of discrimination not listed. *Please specify:* [OE]  
[ANCHOR]
8. I did not experience any discrimination based on my race or ethnicity when getting health care related to birth control [ANCHOR] [EXCLUSIVE]

BASE: All respondents

INTRO7. You are almost done! We have just a couple more questions for you.

BASE: If Q51=1 or 2 or 3

70. The last time you got [insert method from Q51; if multiple responses selected at Q51, randomly select one ], how did you get it? *Select one answer only.*

### **Randomize List**

1. Prescribed (including refilled) by a doctor, nurse, or other health care provider at an in-person appointment
2. Prescribed (including refilled) by a doctor, nurse, or other health care provider at a telehealth (phone or video) appointment
3. Prescribed (including refilled) by a doctor, nurse, or other health care provider without being seen for any kind of appointment (for example, sent a message and refill was sent to the pharmacy)
4. Prescribed by a pharmacist at a pharmacy, without seeing a doctor, nurse, or other health care providers first
5. Over the counter at a pharmacy or other store, without a prescription
6. From an online birth control service that mails it
7. Another way. *Please specify:*

BASE: All respondents

71. If you could choose any way of getting birth control, how would you want to get it? *Select all that apply.*

### **Randomize list**, group 1-3

1. Prescribed (including refilled) by a doctor, nurse, or other health care provider at an in-person appointment

## 2024 Youth Reproductive Health Access (YouR HeAlth) Survey Instrument

2. Prescribed (including refilled) by a doctor, nurse, or other health care provider at a telehealth (phone or video) appointment
3. Prescribed (including refilled) by a doctor, nurse, or other health care provider without being seen for any kind of appointment (for example, sent a message and refill was called into the pharmacy)
4. Prescribed by a pharmacist at a pharmacy, without seeing a doctor, nurse, or other health care providers first
5. Over the counter at a pharmacy or other store, without a prescription
6. From an online birth control service that mails it
7. Another way. *Please specify:*

### BASE: All respondents

**CLOSING.** Thank you for completing this survey! For comprehensive, accurate information about birth control, please visit [Bedsider.org](https://bedsider.org). For information about trustworthy abortion care, please visit [AbortionFinder.org](https://abortionfinder.org). You can also review the correct answers to the contraceptive knowledge scale below.

1. There are birth control methods that people can use without their partner knowing about them **TRUE**
2. If someone has penis-in-vagina sex, condoms are the only method of birth control that can be used to help prevent sexually transmitted infections (STIs) **TRUE**
3. All birth control methods have hormones in them **FALSE**
4. Adults can get birth control pills over the counter without a prescription **TRUE**
5. Teenagers under the age of 18 can get birth control pills over the counter without a prescription **TRUE**
6. People should “take a break” from birth control pills every couple of years for health reasons **FALSE**
7. After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months **FALSE**
8. A person can use an IUD even if they have never had a child **TRUE**
9. IUDs work by causing an abortion **FALSE**
10. Menstrual cycle tracking apps are a highly effective way to prevent pregnancy **FALSE**
11. Emergency contraception pills (“the morning after pill”) are different than abortion pills **TRUE**