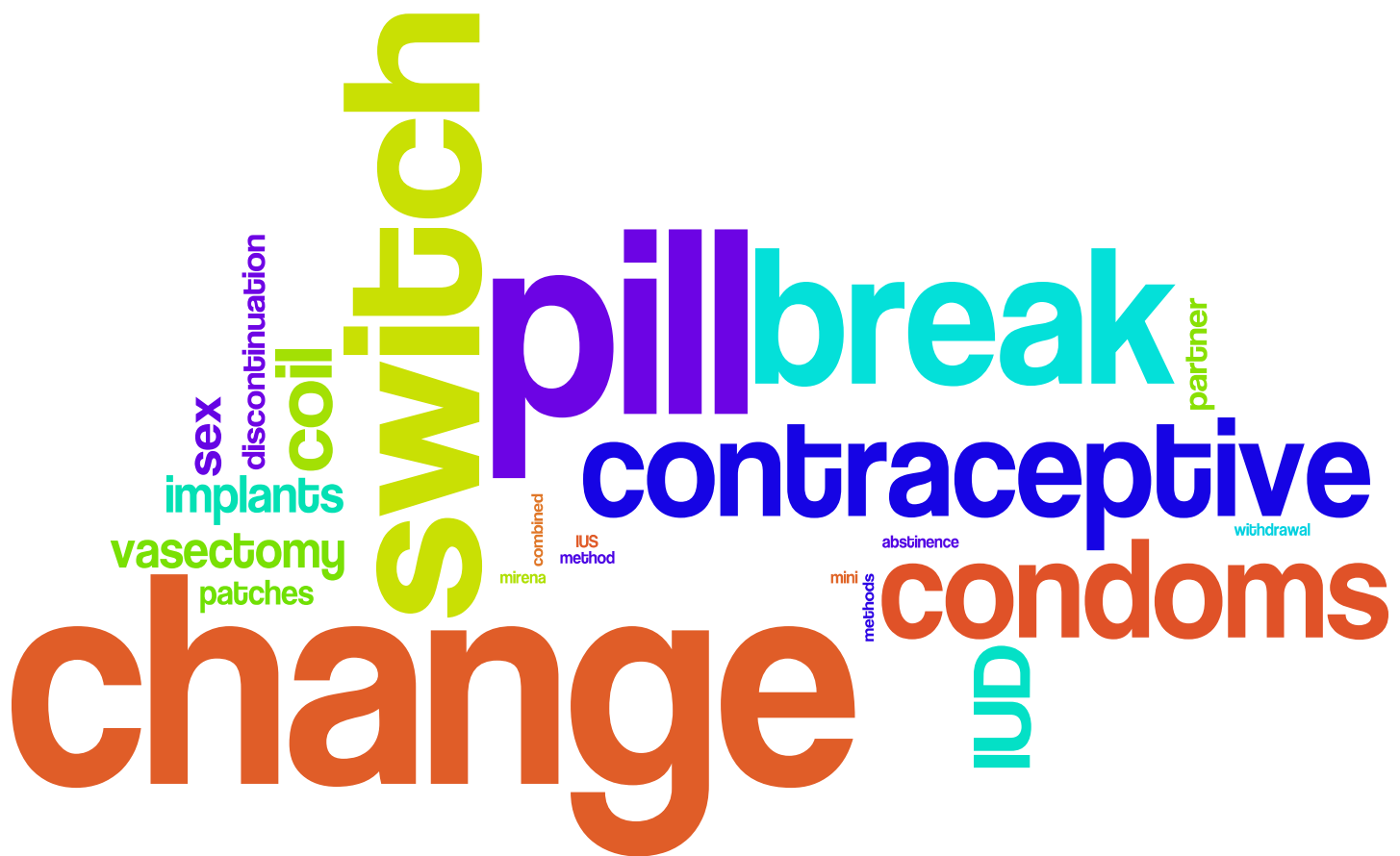

Contessa: a longitudinal study of contraception discontinuation

Technical Report



Katharine Sadler, Kaye Wellings, Anna Glasier, Catherine Mercer, Lisa McDaid,
Nataliya Brima, Judith Stephenson, Katie Buston, Maryjane Stevens, Rachael
Parker, Andrew Copas, Sally McManus

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Katharine Sadler and Sally McManus

SUMMARY

- Contraceptive use in the UK is high, yet unintended pregnancy is common. The aim of this study was to inform the development of effective strategies to improve fertility control.
- Contessa is a cohort study of women of reproductive age, with a nested qualitative study. The study as a whole was conducted in several stages and took place over 24 months.
- The Health Survey for England (HSE) 2006 provided a sampling frame, from which 1,600 women aged 18-49 at the first interview, and who consented to be contacted again in the future, were selected. Women who reported they had been sterilised or had an operation which meant they could not conceive were excluded.
- A pilot study was conducted in which a number of different aspects of the interview were tested.
- The initial interview was the prevalence study, and it covered the extent and nature of stopping and switching methods of contraception, and a range of related variables. It was completed by 1092 women, a response rate of 68% and co-operation rate of 91%.¹
- Three subsequent interviews were conducted at six monthly intervals with the women who took part in the prevalence study, generating prospective longitudinal data. These interviews included one extra module that collected additional information about reported contraceptive method breaks and switches.
- The response rate at wave one was 94% (co-operation rate 98%), 94% at wave two (co-operation rate 98%) and 96% (co-operation rate 99%) at wave three.
- All survey interviewing was carried out over the telephone. Call systems and data collection were managed using Blaise software.
- A nested qualitative study explored the experiences of, and reasons for, discontinuation among participants who reported behaviour that exposed them to unintentional pregnancy.
- Qualitative interviews were carried out with 28 women.

¹ The response rate denominator includes all eligible cases minus those who are out of scope because of illness, have left the country or have died. The co-operation rate denominator also excludes those cases with a non-functioning telephone number.

1 INTRODUCTION

1.1 What the study is about

Contraceptive use in the UK is high, yet unintended pregnancy is common. Evidence from termination of pregnancy studies suggest that stopping or switching to a different (and often less reliable) method of contraception are major contributors to unintended pregnancies. However, unlike other countries there is currently very little data on the frequency, patterns and reasons for stopping or switching contraceptive use in England, and NICE (National Institute for Health and Clinical Excellence) guidelines on long-acting reversible contraceptives highlight the need for data on this.

The aim of the study was to provide data to help answer the question: “*How can patterns of contraceptive use and continuation in the UK be improved?*”. The data collected will provide some of the information needed to develop effective strategies to improve fertility control and includes: the amount and pattern of stopping or switching methods of contraception, and the experiences of, and reasons for, discontinuation.

The Contessa study consisted of four short interviews with the same sample of women over a 20 month period, the interview length averaged less than ten minutes. The study also included in-depth interviews with a number of women who were identified as at higher risk of unplanned pregnancy (e.g. those who change method more than once, and those who change to a less reliable method). These interviews provide insights into women’s experiences of using particular methods and their reasons for stopping or switching.

Further details, aimed at respondents, are available on study website at www.natcen.ac.uk/womenshealthsurvey.

1.2 Why the study was needed

The mainstay of sexual health research funding has addressed the sexual behaviour of groups at risk of STIs, such as men who have sex with men (MSM), and focused almost exclusively on risk taking behaviour in relation to sexually transmitted infection (STI) exposure. The National Surveys of Sexual Attitudes and Lifestyles (Natsal 1990 and 2000) were unusual in covering sexual behaviour in a general population sample, but still the focus was primarily on STIs, and did not, for example, ask about unintended pregnancy.

While in recent years there have been large scale evaluations of the Teenage Pregnancy Strategy, and the factors associated with teenage pregnancy, normative contraceptive behaviour and its consequence for women across the reproductive age range has not been addressed in a large sample in England.

Existing studies on this topic have had the following limitations:

- examined discontinuation in relation to one specific method, in particular subgroups, or in clinical settings, with problems of generalisability;
- have tended to be cross-sectional, rather than longitudinal;
- not been UK based,
- was small and limited to methods that require a doctor to stop, such as implants, or else
- was collected as part of a clinical trial (often of a new method), and thus the data are unrepresentative of contraceptive use in real life.

To properly explore how patterns of contraceptive use and continuation in England can be improved, a prospective cohort study was required.

1.3 Research team

This was a collaborative study between clinicians and researchers at the National Centre for Social Research (NatGen), the London School of Hygiene and Tropical Medicine (LSHTM), the Centre for Sexual Health and HIV Research at UCL, Margaret Pyke Centre and UCL Institute for Women's Health (London), the Medical Research Council (MRC) Social and Public Health Sciences Unit and Edinburgh University. The group met quarterly throughout the project duration.

1.4 Funding

The work was supported by grant funding from the Medical Research Council Sexual Health and HIV Research Strategy Committee.

1.5 Ethical approval

Ethical approval was granted by the North West Research Ethics Committee (reference number 08/H1010/35)

1.6 Structure of this technical report

This technical report describes the methods used in the longitudinal survey and the design of the qualitative study. Findings will be reported on elsewhere.

- Chapter 2 summarising the study design and timetable
- Chapter 3 describes the pilot study conducted to test the questionnaire and survey procedures
- Chapter 4 describes the initial prevalence survey

- Chapter 5 covers the three waves of longitudinal data collection
- Chapter 6 outlines the approach taken to initial data preparation
- Chapter 7 describes the qualitative study methods
- Chapter 8 outlines the plans for dissemination of research results.

Further detail about the questionnaire and survey documents are reproduced in the appendices.

2 STUDY DESIGN AND TIMETABLE

2.1 Overview of the study design

The telephone survey is a cohort study of women aged 18-49 years. There is also a nested qualitative study which is described in more detail in chapter 7 and elsewhere. The study as a whole was conducted in several stages and fieldwork took place over 24 months.

Pilot stage: To pilot the prevalence survey including: respondent identification, use of feed forward data, study introduction, question wording and response options, and survey procedures such as advance and thank you letter mail out. This was conducted in February 2008.

Prevalence survey: An initial prevalence survey, comprising a ten minute telephone interview to estimate the amount of, and who is, stopping and switching contraceptive methods. Conducted in April-May 2008.

Cohort surveys: Three follow-up surveys to describe sequences of contraceptive use over time, reasons for change and implications for unplanned pregnancy.

- Wave 1: ten minute telephone interview at 6-7 months (Oct - Nov 2008)
- Wave 2: ten minute telephone interview at 12-13 months (April - May 2009)
- Wave 3: ten minute telephone interview at 18-19 months (Oct - Nov 2009)

Qualitative study: Alongside the cohort interviews, a number of qualitative in-depth interviews were conducted by researchers at the MRC in Glasgow and London School of Hygiene and Tropical Medicine to increase the understanding of the circumstances in which women stop and switch methods and how they feel about it.

2.2 Timetable

	Month																								
	2/08	3/08	4/08	5/08	6/08	7/08	8/08	9/08	10/08	11/08	12/08	1/09	2/09	3/09	4/09	5/09	6/09	7/09	8/09	9/09	10/09	11/09	12/09	01/10	
Pilot																									
Prevalence																									
Cohort 1																									
Cohort 2																									
Cohort 3																									
Qualitative																									

3 PILOT STUDY

3.1 Aims and objectives

The pilot study was designed to assess a number of different aspects of the questionnaire:

- How well respondents recalled their contraceptive use over the last year
- How well respondents were able to provide dates
- How well the interview flowed
- How long the interview took.

A number of open-ended questions were included at the end of the questionnaire for the interviewer to enter relevant observations that they felt would improve the recruitment procedure and questionnaire. In particular these observations focused on ways in which to improve how contact was made with the interviewer.

3.2 Pilot study sample

The sample consisted of 100 women aged 18-49 years who participated in the Health Survey for England in 2005 and consented to be being contacted again in the future for possible follow-up health-related surveys conducted by NatCen. Women who reported in the HSE interview that they had been sterilised or had any operation which meant that they could not conceive were excluded from the sampling frame. The aim was to achieve 20 interviews over a 2-week period. The objective was not to test response rate issues.

3.3 Interviewers

Three experienced female interviewers were briefed by researchers at a face to face half-day briefing held at the NatCen Telephone Unit in Brentwood. The briefing covered substantive issues about definitions of contraceptive discontinuation and types of methods, as well as several practise interviews. Researchers used the call centre systems to listen to pilot interviews to assess how well the questionnaire worked.

3.4 Data collection and response

An advance letter was sent out to all women a few days before the start of the fieldwork period, which ran from 18th February to 2nd March. The Computer Assisted Telephone Interview (CATI) programme was piloted with three experienced

telephone interviewers, who received a full briefing and participated in a debrief at the end of the pilot. Pilot interviewers made valuable contributions to the development of the CATI program, and suggested specific improvements which made things more straightforward for the interviewer (hence reducing interviewer variation) and clearer for the respondent. At the end of the pilot, inspection of the questionnaire dataset provided a final check that the questionnaire routing was operating as intended and there were no problems with the compilation of the data. Another important objective of the dress rehearsal was to test the interview length. The CATI program included time flags at the start of each module so that the length of each section of the questionnaire could be measured.

The questionnaire coverage is described in more detail in Chapter 4.

Table 3a: Pilot survey response rate	
Number issued:	100
Outcome:	
Productive	41
Proxy refusal	1
Respondent refusal	1
Respondent can not take part (for some other reason)	1
Respondent moved	1
Unobtainable number	22
<i>(Call not attempted)</i>	<i>33</i>
Productive achieved:	41
Response rate:	61% (41/67)
Call schedule	
Mean no. calls to make contact:	2 (range 1-6)
Mean interview length:	7mins 46 secs (range 1-13mins)
Time of interview (am/pm):	83% interviewed between 5-9pm
Respondent Characteristics	
Age: mean (range)	36 yrs (range 21-49 yrs)
Marital status	28 (67%) married & living with husband

3.5 Pilot recommendations

A half day debriefing was held after two weeks of pilot fieldwork. Key recommendations emerging from the experiences of interviewers and from analysis of the pilot data were as follows:

Interview length: the average interview length was a little under eight minutes, although this varied significantly depending on whether the respondent was using

contraception, if and how many times they had stopped or switched in the previous year, and whether they had been pregnant in the last year. Given this length was on target, no changes to the overall length of the interview were required.

Read out list for number of partners: Interviewers reported that a minority of respondents reported feeling embarrassed answering questions about the number of partners in the last year. Whilst no respondent refused to answer this question, it should be noted that no respondent gave an answer higher than one. This suggested an effect of social desirability bias when answering this question. By the nature of telephone surveys, it is not possible to ensure that sensitive questions are asked in a confidential environment. Therefore, the way in which this question is **answered** may allow women to report more accurate behaviour. Therefore, the response options were changed to an interviewer read out list 'A - 1, B - 2, C - 3 or more', with the respondent saying the letter that corresponded to them.

Token of appreciation: The pilot evaluated whether as a token of appreciation respondents should be offered a choice of a £10 high street voucher or a donation of equivalent value to either Cancer Research UK or the NSPCC. Interviewers sensed that respondents felt obliged to choose the charitable option, as this is generally perceived to be the 'correct' thing to do. It was therefore felt that voucher was less likely to operate as an incentive to participation in the next wave of research. Therefore, it was decided not to offer a choice of incentive, but to send all respondents a voucher.

4 PREVALENCE SURVEY

4.1 Aims and objectives

The initial prevalence survey, using a sample generated by the Health Survey for England (HSE) 2006, aimed to:

- identify a sample of women potentially able to conceive, to take forward as the sample for the cohort study
- estimate the prevalence of discontinuing and changing a contraceptive method in the previous year, in the sample as a whole and in specific sub-groups of interest
- compare the profiles of women who discontinue and/or change a method with that of those who do not, identifying standard demographic, lifestyle and health and service use-related variables associated with these practices.

4.2 Sampling

The sample drawn consisted of 1600 women aged 18-49 years who participated in the Health Survey for England (HSE) in 2006² and consented to be contacted again in the future for possible follow-up surveys. Women who reported in HSE 2006 that they had been sterilised or had had an operation which meant that they could not conceive were excluded from the sampling frame.

The Health Survey for England is the name given to the continuous series of surveys that generate National Statistics on trends in community health across England. The series has run since 1993 and is made up of an initial face to face interview, followed by a nurse visit, with all the adults (up to four) and up to two children per household.

The process of defining eligibility for the Contessa survey was as follows:

- belonging to the core HSE 2006 sample
- female
- between 17-49 years of age at 1st March 2008
- having given agreement to recontact
- having a valid telephone number
- currently menstruating
- interviewed in the last three-quarters of HSE 2006 fieldwork (April-Dec), to minimise attrition and ensure availability of a representative reserve sample (which in the end did not need to be used).

² Craig R and Mindell J (eds) *Health Survey for England 2006: Cardiovascular disease and risk factors* NHS IC: Leeds.

This generated 1,961 individuals in 1,882 households. However, HSE 2006 was also used as a sampling frame for the English Longitudinal Survey of Aging (ELSA).

Overlap was minimal because that study selects respondents aged 55 and over. However younger partners were also eligible for ELSA, so there was a small amount of overlap. To avoid the same respondents being selected for two follow-up studies, the following process was adopted:

Four types of household were identified, these consisted of households where there was potential:

- overlap with ELSA and not selected for the contraception study (98 households)
- overlap with ELSA and selected for the contraception study (135 households)
- no overlap with ELSA and not selected for the contraception study (185 households)
- no overlap with ELSA and selected for the contraception study (1465 households)

Of the 233 overlapping households 58% were randomly selected for this study and 42 for ELSA.

In addition to this, from the first six months of HSE 119 households were randomly selected for a cognitive sample pilot and from the first nine months of HSE 739 were randomly selected for a validation study. These were also excluded from the sampling frame for Contraception.

Table 4a Contessa sample selection stages

HSE	
1	Overall, there were 17,633 adult respondents to HSE 2006 (samptype=1 or 2). Of these, 9,544 were women. 7,060 were issued in quarters 2,3 or 4.
2	2,914 were women aged between 17 and 50 at 1/3/2008 (start date of Contessa). Of these, 2,627 gave permission to contact for re-interview. Of these, 2,578 had a valid telephone number. ³
3	1,962 were still menstruating at the time of the HSE interview.
4	Of these, four cases were selected for the cognitive sample pilot. One respondent was productive. This respondent was excluded, leaving 1,961.
5	81 cases were selected for the validation study. This leaves 1,961 individuals in 1,882 households.
6	Just over 7% of the 1,961 individuals live in a household with more than one woman eligible for the Contessa study.
Overlap with ELSA	
7	The 1,882 households eligible for the Contessa study (Q2-Q4 of HSE 2006) can be split into two types: those that overlap with potential households for ELSA W4 and households that are eligible for Contessa only.
8	All the households in the HSE 2006 (general population sample) can be split into one of the following types: ELSA only Q1 (819); ELSA only Q2-Q4 (2300); ELSA & Contessa Q1 (94); ELSA & Contessa Q2-Q4 (mainstage) (233); Contessa only Q1 (reserve for Contessa) (581); Contessa only Q2-Q4 (mainstage) (1650); Neither ELSA or Contessa (2938): TOTAL: 8615.
9	Overall, 327 households overlap between ELSA & Contessa. Of the 94 households that overlap in Q1 54 were allocated to the Contessa reserve sample.
10	Of the 233 overlapping households in Q2-Q4, 135 (58%) households were allocated to Contessa.
11	Of the 1,650 Contessa only households we selected 1465 making $1,465+135 = 1,600$ in total.

³ HSE respondents with obviously invalid telephone numbers (e.g. 9999999999) were excluded.

4.3 Interviewers

Fourteen experienced female interviewers received a full face to face half-day briefing, three of whom had also taken part in the pilot and so already had some familiarity with the study.

4.4 Making contact with respondents

Respondents were sent an advance letter, which referred to 'The Women's Health Survey' but did not specifically explain what the study was about. It mentioned the prevalence study interview and also the £10 high street voucher that all respondents would be sent to as a token of appreciation. The letter mentioned that that if their telephone number had changed, it would be appreciated if they could call NatCen on a freephone telephone number with their new contact details. A copy of this letter is in Appendix B at the back of this report.

Before making contact with respondents, interviewers had access to some background information on the named respondent taken from their responses in the HSE 2006 interview. This included information like the respondent's age, marital status, and employment activities (as of 2006, about two years prior to the interview).

4.5 Data collection

The prevalence survey interview was conducted by Computer Assisted Telephone Interviewing (CATI). An advantage of telephone interviewing is that it is relatively low cost, and therefore maximises the number of possible achieved interviews from a given fieldwork budget compared to face-to-face interviewing. Another advantage is that a purely telephone-based sample does not need to be geographically clustered, which reduces the sampling error. Finally, tight control over the interviewing process is possible, with experienced supervisors at NatCen's specialist telephone unit monitoring the work of interviewers.

The questionnaire was programmed using the Blaise programming system. Blaise programming was carried out by specialist computing staff and researchers together.

NatCen's telephone unit is based in the Brentwood offices and has considerable experience of contacting and conducting interviews on health related and sensitive issues. The telephone unit is equipped to carry out large-scale surveys at all times of day, during evenings and on weekends. The freelance panel of interviewers currently stands at about 50. There are 25 telephone booths which are fully equipped for CATI using Blaise software.

NatCen's telephone interviewers attend core training that consists of one basic interviewer training day and one CATI training day. Both training days include practice sessions and use simulation methods. Refresher training is provided where interviewers have not worked for the Centre for a period of time. In addition, personal briefing is provided for all surveys by project researchers.

All shifts are supervised by a trained telephone supervisor who is able to deal with referrals from specific interviewers in cases of difficulty. A minimum of 10% of every interviewer's work is monitored from a remote listening post.

The telephone sample made use of the Blaise telephone sample management system. 'Call Scheduler' judges the nature and status of each piece of sample and from those pieces of sample selected for use that day, Blaise takes account of engaged signals, appointments, and non-answer call-backs and selects the proper treatment for unsuccessful call-back attempts. A busy signal, for example, was tried three or four times at regular intervals within the shift. After this time the Blaise software would set this piece of sample to inactive and it would then not be tried again during this shift. Such scheduling maximises the calling efficiency within each shift.

NatCen's CATI system also offered the facility to set up appointments - both 'hard' and 'soft' - to further maximise response. In addition to being a sample management tool, interviewers are trained to view this facility as an aid in approaching 'situational' refusals. Since continued efforts to persuade a respondent to participate may lead to a hard refusal, this method allowed an appointment to be scheduled and so encouraged a sense of obligation to respond when the call back is made. Once an appointment has been scheduled, response tends to be significantly higher.

In addition, Blaise offers the facility to set up 'Time Slices.' This allows a standardised treatment system to be set up for non answer call-backs. For example, if a number was repeatedly dialled at a certain time of day and continually failed to yield a response the scheduler would keep track of this and once a specified maximum had been reached, such as two calls in an afternoon time slice, the form was scheduled for a different time of day.

With response maximisation of particular importance for this survey, all sample members received a minimum of 12 calls before being marked as non-contact.

The location of all telephone fieldwork at NatCen's central telephone unit enables both research and field staff to closely monitor fieldwork progress, with telephone supervisors having access to live updates of the progress of each issued case, as well as each interviewer's productive interviews and progress on the sample overall.

This enables issues which risk lowering the response rate achieved by particular interviewers or within particular parts of the sample to be rapidly identified and remedied. The telephone unit's management systems are used to produce regular updates of the proportion of work completed, both in terms of fieldwork time used and productive interviews achieved, so that researchers are able to check that targets will be met within time and budget.

4.6 Questionnaire

The prevalence survey questionnaire was designed to collect a contraceptive history over the past year, so that the prevalence of stopping and switching a contraceptive method in the whole sample and in specific sub-groups can be derived. Women who "stop" or "switch" can then be compared with those who don't; some sexual lifestyle and service use variables that are thought to be associated with inconsistent contraceptive use were also included, as well as questions on birth and abortion.

The prevalence survey questionnaire took a contraceptive history and included questions on recent use and on birth and abortion, including:

- heterosexual practices and partnerships during the past year
- when they began their current method of contraception
- whether they had stopped or changed a contraceptive method in the past year
- whether they considered they had been at risk of unplanned pregnancy over the past year as a result of sub-optimal use of a method and non-use
- whether they had tried to become pregnant in the past year
- whether a pregnancy in the past year was planned, using a short validated measure whether emergency contraception had been used in the past year

The structure and coverage of the prevalence study questionnaire is summarised in Table 4b:

Table 4b Prevalence survey questionnaire structure		
Module No.	Module name	Description
1	Respondent Identification	To ascertain whether the interviewer is speaking to the right person based on respondent's details from HSE. Agreement to proceed with the interview and provides an opportunity to update any information.
2	Survey introduction and contraceptive service use	A short introduction / description of the survey. Then, where the respondent had obtained contraceptive supplies from in the last year.
3	Contraception	When they began their current contraceptive method; whether they had stopped or switched in the past year. Questions are asked about up to four different methods.
4	Emergency Contraception	Contains two key questions on use of the "morning after" pill in the last year, plus a question on the emergency IUD/coil.
5	Sexual activity	Contains four key sexual behaviour questions on heterosexual practices and partnerships during the past year.
6	Pregnancy	This module asked whether ever pregnant and ever had children, and contains questions about any pregnancy in the past year and if so, the respondent's circumstances and feelings surrounding it.
7	Marital and Relationship status	Key demographic variable on relationship status.
8	Thanks and re-contact info	To thank the respondent for taking part, introduce stage 2 of the study and to collect additional telephone number, plus stable telephone contact details.

Module 1: Respondent Identification This module contained questions seeking agreement to proceed with the interview and to update person details if any have changed. If the respondent says it was not a convenient time to talk, an appointment was made for a follow-up call.

Module 2: Survey introduction and contraceptive service use The second module briefly described the survey. There was then a question exploring what places people most often got their contraception from. The focus was on contraception obtained within the past year (i.e. 12 months).

Module 3: Contraception This was sometimes the longest module, although completion time depended on how many types of contraception the respondent had used in the past 12 months. At the beginning of this module the respondent was asked whether they had been sterilised or had any operation which meant they could not conceive. If they had they were directed to the end of the questionnaire. This happened rarely as those sterilised before 2006 were already excluded from the sample on the basis of their responses at HSE.

This study was trying to determine how often women stop and switch contraceptive methods and whether they put themselves at risk of unplanned pregnancy during that time. Because of the possible complexity of a woman's contraceptive history in the past year there was substantial filtering within this module.

It was important to ensure that the respondent understood what was meant by their "main" method of contraception. If a respondent identified more than one method over a time period, respondents were encouraged to think of the main method as that which they most often used. If respondents had difficulty in identifying which of two or more methods was their main, they were encouraged to think about a main and alternative method; when they couldn't use a main method, they may use an alternative method. This was particularly relevant for respondents who *usually* relied on the identification of fertile times but when this is not appropriate, may use alternative occasion-based methods such as condoms. In this instance, the natural/fertile method would be classified as a 'main' method. There were instructions on the screen to assist interviewers with this.

The module was made up of a repeating cycle (x4) of a series of questions about contraception use in the past year – one cycle for each main method used. Respondents were first asked about their current use of contraception, and then worked back from there (up to 12 months). Within each cycle of questions, the respondent was asked whether they had had any breaks from their main method and if so, whether they used any other method of contraception during that break, if they had sex during that time and if they had any intention or hope of getting pregnant. A flag indicating the number of breaks (0 to 4) and switches (0 to 3) was created at the end of this module.

Modules 4 & 5: Emergency contraception and sexual activity These were short modules containing questions about emergency contraception use and sexual behaviour in the last year. Two methods of emergency contraception were asked about – the morning after pill and the IUD/coil. Two of the sexual behaviour questions used a 'read out' list of response options; this was designed to make it easier for respondents to report more than one partner without concern that anyone else in their home would not be able to hear them.

Module 6: Pregnancy This module started by asking standard questions about pregnancy. It then asked people who had had a pregnancy in the last 12 months a series of psychometrically-validated questions which measure pregnancy planning and intention. This is called the London Measure of Unplanned Pregnancy (LMUP).⁴ It is reproduced in full in the questionnaire in Appendix C. The version used in this

⁴ Barrett G, Smith SC, Wellings K. 2004 Conceptualisation, development and evaluation of a measure of unplanned pregnancy *Journal of Epidemiology and Community Health* 58:426-433

study had to be adapted somewhat from the original in order to make it compatible with telephone administration.

Module 7: Marital and relationship status Contained standard questions about marital and cohabitation status.

Module 8: Thanks, re-contact information and stable address details As well as a thank you letter, a £10 high street voucher was sent out to each respondent after the interview as a token of appreciation. There was a question towards the end of the questionnaire asking if the respondent was willing for a NatGen interviewer to contact them again in six months. Respondents were not asked to consent to another interview, just whether they would agreed to be re-contacted. If the respondent did agree, they were asked whether they could provide a second telephone number and stable contact details (stable name, relationship and telephone number) in order to facilitate tracing should they move address before the next wave of fieldwork.

4.7 Response

Interviewers assigned a final outcome code to every case at the end of the interview. The range of possible outcomes is shown in Appendix E.

Table 4c: Prevalence survey response rate	
Issued Sample	1600
Full response rate	
Productive	1092
Non-contact (eligible)	393
Refusal (eligible)	99
Other unproductive (eligible)	15
Ineligible (respondent died)	1
Non-contact (unknown eligibility)	0
Full response rate	68%
Co-operation rate	
Productive	1092
Refusal	99
Other unproductive (eligible)	15
Co-operation rate (excludes ineligible and non-contact)	91%
Refusal rate (excludes ineligible)	6%

Table 4c above shows a summary of response, co-operation and refusal rates. Of 1600 cases issued for the prevalence survey, 1599 were eligible for inclusion. The

response rate for the prevalence survey was 68%. However, the majority of non-response consisted of non-contact, for example telephone numbers given at HSE which were no longer in use. (See section 4.8 for more detail on telephone number problems). The co-operation rate was 91% and refusal rate 6%.

4.8 Telephone number problems

Telephone number problems were of two types: where there was never an answer at the number given, even after a large number of contacts had been attempted on different days and at different times of day; and secondly where there was technical problem, such as permanently or temporarily disconnected numbers. Where there was a problem with the telephone number, the following process was used:

- a temporary outcome was assigned to indicate the nature of the problem
- a check was made to see whether an alternative number was available
- the person's details were checked against the BT Phonedisc and the address details against a database called AFD
- where no solution could be found, the code 690 was assigned to the case (these accounted for 220 of the 508 (43%) unproductive cases).

Non-contacts after a large number of attempted calls may also reflect out of date telephone numbers. As the calls are scheduled automatically by the CATI management system, it is difficult to account for the unavailability of someone to answer the telephone on any occasion in such a high proportion of cases.

4.9 Other unproductive outcomes

The design of the study allowed for reasons to be coded in cases with unproductive outcomes. There were some respondents whose health prevented them from taking part in the study, whether they were at home or in hospital. In a few cases, language or communications issues prevented the respondent being interviewed.

4.10 Weighting the Contessa Sample

All participants in the HSE have a HSE weight. As only one woman per household was invited to participate in Contessa, an initial weight was created for each of the Contessa participants, which was their HSE weight multiplied by the number of women in their household who were eligible for Contessa (i.e. who women agreed to follow-up and provided phone number). The Contessa participants' data were weighted by this initial weight and compared to data for the full sample of 3050 potentially eligible women (aged 18-49 and still menstruating) who participated in HSE, weighted by the HSE weights. Comparisons were made with respect to demographic characteristics and behaviour, and tests were performed using the

survey commands in Stata. There were significant differences between the two samples for the six variables considered (marital status, qualifications, age, contraceptive pill use, degree of urbanisation, household type) demonstrating that further adjustment of the initial weights was required.

Adjusting the initial weights to make the same distribution in Contessa as the full HSE sample was not possible for all combinations of all six variables due to small cell sizes. Logistic regression with the survey as the outcome variable (Contessa vs. HSE) was used to identify key variables for which there were differences between the samples, and to see how best to categorise them into binary variables for weight calculation. A stepwise model selection procedure identified age, contraceptive pill use, degree of urbanisation, and household type as key variables. Once these four variables were categorised as binary then within each combination of the variables the initial weights were multiplied by a factor to make the final weights. Weighting the Contessa sample by the final weights means that the distribution across these combinations of variables was the same in Contessa as for the HSE sample when weighted by HSE weights.

5 COHORT SURVEYS

5.1 Aims and objectives

The cohort surveys were designed to collect a contraceptive history over the **past six months**, unlike the prevalence survey questionnaire which asked about contraceptive use over the **past 12 months**. Most of the questionnaire coverage in the cohort surveys was the same as in the prevalence study. The main change to the cohort questionnaire was the addition of a new module, which collected further information about reported method breaks or switches. (The first of the cohort surveys also collected this information for breaks or switches reported in the baseline survey). These modules consisted of questions about: reasons for the break or switch; the circumstances leading up to the break or switch; and the service use experiences around the time of the break or switch.

5.2 Cohort sample at waves one, two and three

Wave one

The wave one sample consisted of 976 women aged 18-49 years who participated in the prevalence study interview earlier in the year. The 976 women were eligible for inclusion for follow-up (at the prevalence interview they reported that they were not sterilised and were aged between 18 and 49 years) and consented to be contacted again in six months.

Wave two

The wave two sample consisted of 904 women aged 18-49 years (at the time of the prevalence interview) who participated in wave one. The 904 women were eligible for inclusion for follow-up (at prevalence and wave one they reported they were not sterilised) and consented to be contacted again in six months.

Wave three

The wave two sample consisted of 845 women aged 18-49 years (at the time of the prevalence interview) who participated in wave two. The 845 women were eligible for inclusion for follow-up (at prevalence, wave one and wave 2 they reported they were not sterilised) and consented to be contacted again in six months.

5.3 Interviewers

Fourteen interviewers received a full face to face briefing, most of whom had also taken part in the prevalence study. There was a separate half day face to face briefing for each of the three cohort survey waves.

5.4 Data collection

The three cohort surveys took place over a 20 month period:

- Wave one: a 10 minute telephone interview at 6-7 months (Oct - Nov 2008)
- Wave two: a 10 minute telephone interview at 12-13 months (April – May 2009)
- Wave three: a 10 minute telephone interview at 18-19 months (Oct - Nov 2009)

At each wave, advance letters were sent out a few days before the commencement of fieldwork, and thank you letters and vouchers were mailed to productive respondents as a token of appreciation afterwards (see Appendix B for example letters).

Survey responses from wave one were fed forward into the questionnaire at wave two, and wave two survey responses were fed forward to the questionnaire administered at wave three. This helped to provide some consistency between waves and to act as a prompt, however the programme had the flexibility to allow the respondent to answer inconsistently if she chose to. Interviewers wrote extensive notes for the researchers to read if they came across a situation that did not fit neatly into the structure of the questionnaire.

5.5 Cohort questionnaire: new module

The questionnaire used in the three follow-up surveys was very similar to that used in the prevalence survey, because the main purpose was to monitor change over time. In addition to the question modules asked in the prevalence survey, an additional module was asked in the cohort waves. (The first of the cohort surveys also collected this information for breaks or switches reported in the baseline survey).

Any respondent who reported a switch or break in contraceptive method during their 1-year contraceptive history at baseline, and six-month contraceptive history over subsequent waves was routed to this module.

Specifically, the module was split into two main sections – a ‘break’ section and a ‘switch’ section. The questions asked in each of these sections were broadly similar, although there were some additional questions in the switch section.

Within each section there were questions about:

- reasons for having a break/switch
- life changes before a break/switch
- influences on having a break/switch
- service use experiences when having a break/switch.

Where a respondent reported more than one break or switch, this module of questions was repeated for each break or switch event.

5.6 Response at cohort waves one, two and three

Table 5a: Cohort Wave One Response Rate		
	Wave 1 Response	Cumulative Response
Issued Sample	976	1600
<i>Didn't agree to follow-up</i>		12
<i>Ineligible for follow up: sterilised</i>		102
<i>: aged over 49 years</i>		3
Full response rate		
Productive	916	916
Non-contact (eligible)	44	437
Refusal (eligible)	13	112
Other unproductive (eligible)	3	18
Ineligible	0	1
Non-contact (unknown eligibility)	0	0
Full response rate	94%	61%*
Co-operation rate		
Productive	916	916
Refusal	13	112
Other unproductive (eligible)	3	18
Co-operation rate (excludes ineligibles and non-contact)	98%	88%
Refusal rate (excludes ineligibles)	1%	7%~

* No. productive at wave 1 / no. eligible at baseline and wave 1

~ Total no. refusals at baseline and wave 1 / total no. eligible at baseline and wave 1

Of 976 cases issued at wave 1, 916 were productive giving a response rate of 94%.

Co-operation at wave 1 was very high (98%) and refusal very low (1%). The cumulative response among eligible respondents was 61% (916/1,495).

Table 5b: Cohort Wave Two Response Rate		
	Wave 2 Response	Cumulative Response
Issued Sample	904	1600
<i>Didn't agree to follow-up</i>		16
<i>Ineligible for follow up: sterilised</i>		109
<i>: aged over 49 years</i>		3
Full response rate		
Productive	846	846
Non-contact (eligible)	40	477
Refusal (eligible)	15	127
Other unproductive (eligible)	3	21
Ineligible	0	1
Non-contact (unknown eligibility)	0	0
Full response rate	94%	57%*
Co-operation rate		
Productive	846	846
Refusal	15	127
Other unproductive (eligible)	3	21
Co-operation rate (excludes ineligibles and non-contact)	98%	85%
Refusal rate (excludes ineligibles)	2%	8%~

* No. productive at wave 2 / no. eligible at baseline, waves 1 and 2

~ Total no. refusals at baseline, waves 1 & 2 / total no. eligible at baseline, waves 1 and 2

Of the 904 respondents willing and eligible to take part in wave 2, 846 were productive (response rate 94%). Co-operation at wave 2 remained high at 98%, and refusal low at 2%. This gives a cumulative response rate among eligible respondents of 57% (846 / 1,488) and a cumulative refusal rate of 8% (127 / 1,488).

Table 5c: Cohort Wave Three Response Rate		
	Wave 3 Response	Cumulative Response
Issued Sample	845	1600
<i>Didn't agree to follow-up</i>		16
<i>Ineligible for follow up: sterilised</i>		110
<i>: aged over 49 years</i>		3
Full response rate		
Productive	812	812
Non-contact (eligible)	26	503
Refusal (eligible)	5	132
Other unproductive (eligible)	2	23
Ineligible	0	1
Non-contact (unknown eligibility)	0	0
Full response rate	96%	55%*
Co-operation rate		
Productive	812	812
Refusal	5	132
Other unproductive (eligible)	2	23
Co-operation rate (excludes ineligible and non-contact)	99%	89%
Refusal rate (excludes ineligible)	1%	9%~

* No. productive at wave 3 / no. eligible at baseline, waves 1,2 & 3

~ Total no. refusals at baseline, waves 1,2 & 3 / total no. eligible at baseline, waves 1,2 & 3

The response rate in the final wave was 96% (812/845), with high levels of co-operation and low levels of refusal.

Across the Contessa survey as a whole, the cumulative response rate was 55% (812 / 1,487). Overall, we achieved a very high co-operation rate of 89% (812 / 867) and a relatively low refusal rate of 9% (132 / 867).

Biases

To explore the possible bias arising from incomplete follow-up in our analyses, simple sensitivity analyses will be performed, such as weighting the data from completed interview waves to represent the data for that participant at any waves that they did not complete.

6 DATA PREPARATION

6.1 Data preparation

Data for all variables in the HSE 2006 questionnaire, including demographic and health-related data, were available for all the women in the study. In HSE 2006, topics included general health, smoking, drinking, psychological health (General Health Questionnaire 12), socio-economic status, use of health services, social capital, and use of medication. Biological measurements are also be available, including body mass index (BMI), blood pressure and prescribed medicines.

NatCen led on initial data processing, including labelling the variables and providing a basic check on routing. More detailed data processing, including the derivation of categories, was undertaken at UCL.

All cases retained unique identifying serial number from HSE 2006 dataset.

Datasets then had to be merged, with the following components combined:

- HSE 2006 – key variables
- Prevalence survey
- Wave 1 cohort
- Wave 2 cohort
- Wave 3 cohort

Categorising women according to contraceptive use

Women were classified according to their reported use of contraception in the 12 months before interview, into 'stoppers'; 'starters'; 'switchers'; 'breakers'; continuous users; and non-users. 'Stoppers' were defined as women who stopped using a contraceptive method in the past year and had since restarted neither this nor another method; 'starters' as those who began using a method within the last year having previously used none for at least the last 12 months; 'switchers' as those who had changed method at least once during the past year, or had a break from a current method and used other method during a break, 'breakers' as those who had stopped and restarted the same method of contraception, where the break fell within the year before interview and the break was for more than 1 week; continuous users as those reporting no change in contraceptive method use in the past year; and non-users as those reporting use of no method for at least the past year.

Within each of these categories, we further subdivided women into one of three categories according to their risk of unplanned pregnancy using data from their responses to questions asking about their sexual activity, pregnancy intentions, experience of pregnancy and pregnancy planning status, and whether they had tried to become pregnant in the past year. These categories were: (1) women who had been potentially at risk of unplanned pregnancy through stopping, breaking or switching method during the past year; (2) those potentially at risk of unplanned pregnancy through non-use of contraception; and (3) those not at risk of unplanned pregnancy through stopping or switching method, who had either used a method continuously over the past year or, during periods of non-continuous use, had been sexually inactive, intentionally pregnant, or trying to conceive.

7 QUALITATIVE STUDY

7.1 Sampling criteria

A purposive sample of the women in the cohort study were invited to take part in one to one, in-depth interviews to provide further, more detailed, understanding of the context and experience of contraceptive method choice and discontinuation, focusing on the processes and mechanisms involved. Three groups were included:

- a) women who had switched from a more to a less effective contraceptive method;
- b) women who had stopped use of a contraceptive method and had sex without contraception;
- c) women who reported repeat or multiple contraceptive discontinuations.

The following criteria were used to select the qualitative sample from the cohort study:

Group 1: Women who had switched from a more to a less effective contraceptive method.

- a) had a contraceptive 'break' or 'switch' at baseline or wave 1;
- b) 'switch' was from a more to a less effective method;
- c) were not pregnant, or trying to get pregnant;
- d) agreed to qualitative interview.

Group 2: Women who stopped use of a contraceptive method and had sex without contraception.

- a) had a contraceptive 'break' or 'switch' at baseline or wave 1 for 1 month or more in the last year;
- b) had sex and did not use any other contraception during the 'break' or 'switch';
- c) were not pregnant, or trying to get pregnant;
- d) agreed to qualitative interview and not already taken part in one.

or

- a) were not using contraception at baseline or wave 1;
- b) had stopped using contraception in the last year;
- c) had sex when not using contraception;
- d) were not pregnant, or trying to get pregnant;
- e) agreed to qualitative interview and not already taken part in one.

or

- a) had a contraceptive 'break' or 'switch' for 1 month or more in the last 6 months or were not using contraception at wave 2;
- b) had sex when not using contraception;
- c) were not pregnant, or trying to get pregnant;
- d) agreed to qualitative interview and not already taken part in one.

Group 3: Women who reported repeat or multiple contraceptive discontinuations.

- a) had more than one contraceptive 'break' or 'switch' at baseline, wave 1 or wave 2;
- b) were not pregnant, or trying to get pregnant;
- c) agreed to qualitative interview and not already taken part in one.

7.2 Response

Overall, 49 women were approached for interview, 21 refused or could not be contacted, and 28 interviews were completed. A breakdown by sample group is shown in Table 7a.

Table 7a: Qualitative study response rates			
	Approached for interview	Refused or could not be contacted	Interview completed
Group 1	18	7	11
Group 2	16	6	10
Group 3	15	8	7
TOTAL	49	21	28

Most of the interviews (n=24) were conducted face to face in the respondents own homes; four were conducted via telephone.

The age-group and area characteristics of the sample are shown in Table 7b. A split by area was desired and nine interviews were conducted in the North of England (i.e. North of, and including Sheffield) and 19 were conducted in the South. The North/South split of the non-responders/refusals was similar to that of the interviewees.

Table 7b: Qualitative sample characteristics				
Location	Age group (at selection)			Total
	<30 years	30-39 years	40+ years	
North	0	6	3	9
South	5	9	5	19
Total	5	15	8	28

The average age of respondents was 34.7 years, although this varied a little by contraception group: average age in group 1 was 35.8 years, group 2 38.5 years and group 3 29.9 years.

Respondents received a £20 gift voucher for taking part in the qualitative interview.

7.3 Interviews

In total, five interviewers conducted the qualitative interviews. Interviewees were provided with a written information sheet and asked to sign a consent form for the qualitative interview. Interviews were audio-recorded and recordings were transcribed by an external transcription company. Transcripts were then checked against the original recordings by Lisa McDaid.

The interview schedule covered the women's knowledge and experiences of contraception and their specific experiences of stopping or switching contraceptive methods. In particular, interviewees were asked to describe what led to stopping a method (i.e. life changes, experience of the method, efficacy, ease of use, acceptability, side effects or health-related issues, advice from health professionals) and what they felt about stopping this method. Interviewees who had switched to another method were asked to describe what they knew about the method they had chosen, what influenced their decision to use this method, and whether they thought it a more or less reliable method than the one they had changed from. The same questions were asked about all the additional or prior experiences of stopping or switching a method that the interviewees reported. Interviewees were also asked whether they viewed their experiences of contraceptive use as problematic, what might have helped when changing method (i.e. advice/information, help from health professionals, more information about methods, having different methods available, etc.) and what might help in the future.

7.4 Qualitative analysis

A content analysis method of proven validity and reliability developed by NatCen, 'Framework', is being used to analyse the qualitative data. Interview transcripts are reviewed for initial and emergent themes, ensuring that all text is coded and accounted for. Themes are organized into topic areas to summarize and chart the data in spreadsheet format for thematic analysis. Themes are then compared across all interviews. Interpretative analysis of the charted data and themes is carried out using the constant comparative method to examine similarities and differences between the interviews and to understand and explain deviant cases in relation to the rest of the data.

The qualitative analysis was conducted by Lisa McDaid. The initial coding, emergent themes and analysis of the data was checked by another qualitative researcher, Katie Buston, and the findings will be discussed with the study team.

8 DISSEMINATION OF RESEARCH RESULTS

Results from the three main stages of the study (prevalence, cohort and qualitative interviews) will be written up by the wider research team.

Papers from each phase of the research will be prepared and submitted to appropriate peer-review journals. The academic outputs will be matched with a report and recommendations, which will be of relevance to the National Strategy for Sexual Health and HIV. This will be disseminated to the relevant agencies, such as the Royal College of Obstetricians and Gynaecologists, the Royal College of Nursing, the fpa and the Faculty of Sexual and Reproductive Health. Results will be presented at national and international conferences relevant to reproductive health.

APPENDIX A CONTRACEPTIVE METHODS AND BRANDS

The following information was provided to interviewers to assist them with understanding respondents' descriptions of their contraceptive methods.

	Contraception Method	Description
1	Combined pill	Often just called 'the pill', the combined pill is made up of two hormones, progestogen and oestrogen. It can be taken either for 21 days in a row, followed by a seven-day break, or for 28 days (the everyday pill). Common brands include: <i>Microgynon, Eugynon, Trinordiol, BiNovum, Cilest, Loestrin, Norimin, Ovysmen, Synphase, and TriNovum.</i>
2	Mini pill (also called the progestogen only pill, or POP)	This pill contains a progestogen hormone similar to the progesterone women produce in their ovaries. Mini-pills are different to combined pills because they do not contain any oestrogen. It is taken <i>every day</i> . The six brands available in the UK are: <i>Micronor, Noriday, Femulen, Microval, Norgeston, and Neogest.</i>
3	Coil (also called an Intrauterine Device, IUD)	The coil (IUD) is a small device made from plastic and copper. It is placed into the uterus (womb) by a trained doctor or nurse. The coil also has a spermicidal effect (kills sperm). It can also be used for emergency contraception if it is inserted into the vagina within five days of unprotected sex and if it's the only unprotected sex since the last period.
4	Mirena (also called the intrauterine system, IUS)	Mirena (otherwise called the intrauterine system (IUS)), is a hormone-releasing IUD. It is a small t-shaped plastic device containing a progestogen hormone which is put into the uterus. The progestogen is released at a slow but constant rate. It works for five years before needing replacing.
5	Condom (male condom)	Condoms are a barrier method of contraception made from latex rubber or a very thin plastic called polyurethane. A condom covers the erect penis during sex and stops sperm from entering the woman's vagina. They contain a spermicide - a chemical that damages or kills sperm.
6	Femidom (female condom)	The first female condom (Femidom) was introduced in 1992. It is made of a soft plastic material. It fits into the vagina lining the inside walls of the vagina.
7	Cap or diaphragm	Diaphragms are dome-shaped devices which are usually made from soft rubber or silicone. They are put into the vagina and cover the cervix (the entrance to the womb) during sex. They stop sperm from entering the uterus (womb). There are three types available to women in the UK: flat, coil and arcing spring. Caps are basically just smaller and firmer than diaphragms. They cover just the cervix. They are used much less often than diaphragms. There are also three types of cap: vault, cervical and vimule.
8	Spermicidal gels, sprays, pessaries	These are chemical contraceptives, in the form of pessaries, foams, jellies, sprays and creams, which can be inserted into the vagina. All of them are spermicidal (kills sperm). They must be inserted into the vagina shortly before sexual intercourse. They work for 30-60 minutes. Brands available include: Delfen (foam), Double Check (pessaries), Durex Duragel (gel), Gynol II (jelly), Ortho-Creme (cream, now discontinued) and Orthoform (pessaries).

9	Persona	Persona is a natural method of contraception. It works non-invasively by monitoring hormone levels (luteinising hormone and oestrogen) in urine and identifies the days when there is a significant risk of becoming pregnant. It consists of Test Sticks and a hand-held Monitor.
10	Safe period (also known as natural family planning)	Safe period or natural family planning means preventing pregnancy without using pills or devices. It is based on being able to predict fertile times (when conception is most likely), using measures of body temperature, secretions and cycle length (in particular, knowing exactly when ovulation occurs). By not having sex during the fertile time, pregnancy is avoided.
11	Withdrawal	A natural contraceptive method. Withdrawal is when the male withdraws his penis completely from the woman's vagina before he ejaculates.
12	Contraceptive injections	The contraceptive injection contains a progestogen hormone. The progestogen is injected into a muscle and is gradually released into the bloodstream. There are two types available: The most common type is effective for up to 12 weeks, after which another injection is given. The second type must be given again after eight weeks. Common brands include: <i>Depoprovera</i> (given every 12 weeks) and <i>Noristerat</i> (given every eight weeks).
13	Contraceptive implants	A contraceptive implant is a small tube that is put under the skin of the upper arm by a doctor or nurse. The implant contains a progestogen hormone that is released slowly into the bloodstream at a steady rate. <i>Implanon</i> is the only one prescribed in the UK at present and is about the size of a hair grip.
14	Contraceptive patch	The contraceptive patch is stuck on any part of the body and it works by releasing hormones into the body that work in a similar way to the combined contraceptive pill. The patch is changed for a new one each week.
15	Partner has had vasectomy	Vasectomy is a small operation to cut the vas deferens, the tube that takes sperm from the testes to the penis. Once the vas deferens is cut, sperm can no longer get into the semen that is ejaculated during sex.
16	Morning after pill	This is a pill containing a progestogen hormone that can be taken up to three days (72 hours) after having unprotected sex. The earlier the pill is taken, the more effective it is. The brand name is <i>Levonelle</i> . The usual dose is one pill.

APPENDIX B ADVANCE AND THANK YOU LETTERS

The advance and thank you letters used at the prevalence survey and at the waves two and three cohort surveys were similar to the version reproduced below, which is taken from the wave one cohort documents.

EXAMPLE ADVANCE LETTER:

<i>SENT TO RESPONDENT ON NATCEN HEADED PAPER</i>	
	title NwSName nwad1wb nwad2wb nwad3wb nwad4wb nwad5wb nwpcwb
MAILMERGE DATE	
Dear <title> <nwsname>,	
Earlier this year you participated in the Women's Health Survey , a study funded by the Medical Research Council and carried out by Natcen with the London University. At the end of the interview you gave consent for us to contact you again in 6 months time to see whether you are willing to have a second interview that will take up to 10 minutes.	
This letter is to let you know that one of our telephone interviewers will call you in the next few weeks, on the telephone number you provided at the last interview (if this number has changed please call us on 0800 652 9296 with your new number). If you are busy when the interviewer calls she will be happy to call back.	
If you want to read a bit more about the study in the meantime please have a look at our website www.natcen.ac.uk/womenshealthsurvey . Can I take this opportunity to assure you that any information you give us will be treated in strict confidence in accordance with the Data Protection Act and the results of the study will never include any names or addresses.	
We are very grateful that you participated in the first part of the Women's Health Survey. Your continued participation will help make sure that the best contraceptive services and advice are provided for everyone across the country. As a token of our appreciation all participants who are interviewed in this second part of the study will receive a £10 high street voucher .	
Thank you for your help so far.	
Yours sincerely,	
NAME	
POSITION	

EXAMPLE THANK YOU LETTER:

SENT TO RESPONDENT ON NATCEN HEADED PAPER

title NwSName
nwad1wb
nwad2wb
nwad3wb
nwad4wb
nwad5wb
nwpcwb

MAILMERGE DATE

Dear <MAILMERGE TITLE AND SURNAME>

We are writing to **thank you** for recently taking part in the Women's Health Survey. Your contribution is invaluable and will help in the planning of effective health services around the country.

As a token of our appreciation please find a £10 High Street voucher enclosed.

If you would like any further information about the study please have a look at our website www.natcen.ac.uk/womenshealthsurvey. Results will be posted on this website at the end of the study.

Can I take this opportunity to assure you that all the information you provided in the interview is treated in **strict confidence** and no names will be reported in any results or reports.

If you have any queries about the study that are not covered on the website, please do not hesitate to contact me on XXXXXXXX.

Once again thank you for taking part in the study.

Yours sincerely,

NAME
POSITION

APPENDIX C PREVALENCE SURVEY (BASELINE) QUESTIONNAIRE

The questionnaire routing in the contraceptive history and stops and breaks modules was extremely complex, in order to cover the full range of contraception types and to explore multiple stops, switches and breaks in method use. For ease of use, the following questionnaire does not specify filtering, but provides an accessible list of questions asked. The survey documentation that accompanies the archived dataset will specify filtering.

MODULE 1: RESPONDENT IDENTIFICATION

GREET

Hello, my name is....and I'm calling from the National Centre for Social Research. Please can I speak to ^Name?

IF NECESSARY: SAY 'WE RECENTLY SENT A LETTER TO /name/ SAYING THAT WE MAY CALL SOON. IS IT POSSIBLE TO SPEAK WITH HER?' IF NOT AVAILABLE PLEASE MAKE AN APPOINTMENT."

TAKEPART

In ^MONTH OF HSE INTERVIEW, you took part in a national health survey and told my colleague that we could contact you again. We recently wrote to you about a study funded by the Medical Research Council. Is now a convenient time for a short interview? It should take no longer than 10 minutes.

MENTION IF NECESSARY: EVERYONE WHO TAKES PART IS SENT A £10 HIGH STREET VOUCHER AS A THANK YOU. IF RESPONDENT ASKS WHAT IT IS ABOUT SAY THAT WE WOULD LIKE TO ASK THEM A FEW QUESTIONS ABOUT CONTRACEPTION USE. IF RESPONDENT SAYS THAT SHE IS NOT USING CONTRACEPTION SAY THAT WE STILL WANT TO RECORD THAT INFORMATION. 'CONTRACEPTION' MEANS A METHOD OF PREVENTING PREGNANCY.

NAMECHK

Can I check, is your name still ^FIRST NAME ^SURNAME?

IF FIRST NAME OR SURNAME IS MISSING PLEASE CODE 'NO' AND RECORD FULL DETAILS.

ADDRESS

And do you still live at ^address?

Yes

No

AskDOB

In ^HSE, we recorded your date of birth as ^DOB. Is this correct?

Yes

No

ConDOB

IF DOB DOES NOT MATCH, CHECK WHETHER OTHER WOMAN OF SAME NAME IS RESIDENT AT PREMISES. IF DOB IS SIMILAR (E.G. SEEMS TO HAVE BEEN MIS-KEYED AT HSE) ENTER CORRECT DATE OF BIRTH : DATETYPE

AgeGp

Please could you tell me what age group you are in...READ OUT..:

18 to 24 years,
25 to 29 years,
30 to 34 years,
35 to 39 years,
40 to 44 years,
45 to 49 years or,
50 or more years?

MODULE 2: CONTRACEPTIVE SERVICE USE

Intro

This study is about women's experiences of contraception. The answers we collect will be used to help improve contraceptive services and inform how contraception advice should be given to women and their partners.

IF RESPONDENT SAYS THAT SHE IS NOT USING CONTRACEPTION SAY THAT WE STILL WANT TO RECORD THAT INFORMATION. IF RESPONDENT SAYS THAT SHE HAS NOT HAD SEX RECENTLY, SAY THAT WE NEED THE VIEWS OF ALL WOMEN!. 'CONTRACEPTION' MEANS A METHOD OF PREVENTING PREGNANCY.

GP

I am going to start by reading out a list of places where people can get contraception. Please tell me whether or not you have got contraception from each one in the last year, that is since ^date a year ago.

Firstly, in the last year, have you got contraception, or a prescription for contraception, from a GP or nurse at a local GP surgery?

IF NEEDED: IF R IS NOT USING ANY CONTRACEPTION SAY THAT WE NEED TO ASK ALL PARTICIPANTS THIS SET OF QUESTIONS.

Yes

No

FPclin

In the last year, have you got contraception, or a prescription for contraception from a Family Planning or Well Woman Clinic?

Yes

No

SHclin

In the last year, have you got contraception from a sexual health or GUM clinic? (GUM stands for Genito-Urinary Medicine)

Yes

No

YPAdv

In the last year, have you got contraception from a sexual health and contraception service for young people, for example, a Connexions office of Brook Advisory Centre?

Yes

No

CHEM

In the last year, have you got contraception from a commercial source, for example a shop, over the counter at a chemist, garage or over the internet?

INTERVIEWER: DO NOT INCLUDE CONTRACEPTION GOT WITH A PRESCRIPTION.

Yes

No

HOSP

In the last year, have you got contraception from a hospital?

Yes

No

HOSPYES

Was that from...READ OUT...

the emergency department of a hospital,

after child birth,

after an appointment or stay for a gynaecological problem,

after an abortion,

or some other time in hospital?

MODULE 3: CONTRACEPTIVE HISTORY

IntCon

I would now like to ask you about the methods of contraception you or a partner have been using together in the last year, that is since ^date a year ago.

Steril

Firstly, can I just check, are you sterilised or have you ever had an operation that means you could not now conceive, for example a hysterectomy or both ovaries removed?

INTERVIEWER: DO NOT CODE 'YES' HERE FOR MENOPAUSE OR INFERTILITY.

Yes

No

CurUsA

What method of contraception, if any, are you or a partner currently using together? By 'currently' we mean what you have been using in the last month or so.

REFER TO INTERVIEWER INSTRUCTIONS FOR DESCRIPTIONS OF DIFFERENT CONTRACEPTIVE METHODS.

ChkUse

By 'contraception' we include methods used by a male partner like condoms, withdrawal, and vasectomy, and 'natural' methods like a safe period or Persona. Have you used any method in the last month or so?

Yes

No

CurUsB

What method of contraception are you or a partner currently using together?

CurUsO

Please specify other.

IF RESPONDENT SAYS SHE HAS BEEN USING MORE THAN 1 'OTHER' METHOD ASK HER TO FOCUS ON THE MAIN ONE. PLEASE WRITE THE MAIN OTHER METHOD HERE AND USE CTRL+M TO MAKE A NOTE OF ANY OTHERS.

CPiTypA

You said you weren't sure which type of pill you were taking; is it the type that you take every day without a break or the type you take for 21 days and then have a 7 day break?

CurMul

Which of the methods that you have just mentioned do you consider to be the main one?

INTERVIEWER: BY 'MAIN' WE MEAN THE METHOD USED MOST OFTEN IN THE LAST MONTH. THE R MAY USE A NATURAL/FERTILE TIMES METHOD AND REPLACE IT WITH OCCASION-BASED METHODS WHEN NEEDED. ASK R TO DECIDE WHICH IS THE MAIN/MOST IMPORTANT METHOD AND WHICH THEY USE AS A REPLACEMENT.

YrCWhen

When did you last use contraception? ENTER THE YEAR. IF RESPONDENT CAN'T REMEMBER EXACT DATE, ENCOURAGE THEM TO GUESS. @/ENTER @i999@i IF NEVER USED A CONTRACEPTION. : 999..2097

MnCWhen

When did you last use contraception? ENTER THE MONTH. IF RESPONDENT CAN'T REMEMBER EXACT DATE, ENCOURAGE THEM TO GUESS.

NoCWhen

Did you last use contraception...READ OUT...? IF RESPONDENT CAN'T REMEMBER DATE, ENCOURAGE THEM TO GUESS. / estimate of when last used contraception.

:WithYr In the last year, or ,
OverYr More than a year ago? .

NoCPrev

Which method of contraception did you use last?

: SET OF TPrevConNam {ALLOW MUTICODE}

NoMeMul

Which of these methods do you consider to be the main one? INTERVIEWER: INSTRUCT RESPONDENT TO FOCUS ON THE MAIN METHOD FOR NOW. THE R MAY USE A NATURAL/FERTILE TIMES METHOD AND REPLACE IT WITH OCCASION-BASED METHODS WHEN NEEDED. ASK R TO DECIDE WHICH IS THE MAIN/MOST IMPORTANT METHOD AND WHICH THEY USE AS A REPLACEMENT.

NoMeMulO

Please specify other. IF RESPONDENT WAS USING MORE THAN 1 'OTHER' METHOD ASK HER TO FOCUS ON THE MAIN ONE. WRITE THE MAIN METHOD HERE AND USE CTRL+M TO MAKE A NOTE OF ANY OTHERS.

CPiTypB

You said you weren't sure which type of pill you were taking; is it the type that you take every day without a break or the type you take for 21 days and then have a 7 day break?

:TPilType

NoCSEX

Have you had sex with a male partner since last using contraception? (By sex, we mean vaginal sex).

IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA.

Yes

No

NoCRisk

Are you or have you been pregnant or trying to get pregnant ^NoCFill? :

Yes, I was/am pregnant ,

Yes, I was/am hoping/trying to get pregnant ,

No)

m

Before you started using.....what method of contraception were you using? :

CurMul

Which method did you consider to be the main one? BY 'MAIN' WE MEAN THE METHOD USED MOST OFTEN IN THE LAST MONTH. THE R MAY USE A NATURAL/FERTILE TIMES METHOD AND REPLACE IT WITH OCCASION-BASED METHODS WHEN NEEDED. ASK R TO DECIDE WHICH IS THE MAIN/MOST IMPORTANT METHOD AND WHICH THEY USE AS A REPLACEMENT.

CurUsO

Please specify other.

PiTypAM

You said you weren't sure which type of pill you were taking; is it the type that you take every day without a break or the type you take for 21 days and then have a 7 day break?

GapM

Was there any time between stopping ^TCurMul[iloop] and starting ^TCurMul[iloop-1] when you were not using any method of contraception?

Yes

No

GaDur

About how long was it between stopping ^TCurMul[iloop] and starting ^TCurMul[iloop-1]? PLEASE ENTER THE NUMBER, THEN CODE AT NEXT QUESTION WHETHER DAYS, WEEKS OR MONTHS. IF RESPONDENT CAN'T REMEMBER EXACTLY HOW LONG, ENCOURAGE THEM TO GUESS.

DMGaDur

INTERVIEWER: ENTER WHETHER DAYS, WEEKS OR MONTHS ENTERED AT GaDur.

StopM

DV: Flag to indicate if break within the last 12 months. :

Within last 12 months ,

More than 12 months ago

GaSexM

During that time when you were using no contraception did you have sex with a male partner? (By sex we mean vaginal sex).

IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA.

Yes

No

GaRskM

Were you pregnant or hoping or trying to get pregnant at that time?

Yes, I was pregnant

Yes, I was hoping/trying to get pregnant

No

YrStM

When did you most recently start using ^textfill?

IF RESPONDENT CAN'T REMEMBER DATE, ENCOURAGE THEM TO GUESS.

ENTER THE MONTH

StartM

When did you most recently start using ^textfill?

IF RESPONDENT CAN'T REMEMBER DATE, ENCOURAGE THEM TO GUESS. / start date of method ^iLoop

In the last year, or

More than a year ago?

BreakM

Was there any time during the last year when you stopped using ^TCurMul[iLoop] and then started using ^TCurMul[iLoop] again?

Yes ,

IF VOLUNTEERED Yes, stopped more than once in the last year ,

No

BkMMul

For the next few questions please think about the most recent break in use.

BkSex

During this break from ^TCurMul[iLoop] did you have sex with a male partner? IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA. :YN

Yes

No

BkOthM

And during this break, did you always use another contraceptive method when having sex with a male partner?

Yes

No

BkCoM

What other method of contraception did you use?

BkConOM

Please specify your other method. IF RESPONDENT WAS USING MORE THAN 1 'OTHER' METHOD ASK HER TO FOCUS ON THE MAIN ONE. WRITE THE MAIN OTHER METHOD HERE AND USE CTRL+M TO MAKE A NOTE OF ANY OTHERS.

PiTypBM

You said you weren't sure which type of pill you were taking; is it the type that you take every day without a break or the type you take for 21 days and then have a 7 day break?

:TPilType

BkRisk

Were you pregnant or hoping or trying to get pregnant at that time? :TPreg

YrBkSt

When did you start the break from ^TCurMul[iloop]?

IF RESPONDENT CAN'T REMEMBER DATE, ENCOURAGE THEM TO GUESS
ENTER THE YEAR.

MnBkSt

When did you start the break from ^TCurMul[iloop]?)

ENTER THE MONTH :Months

BkStM

When did you start the break from the ^TCurMul[iloop]?

BkDur

About how long was it between stopping ^TCurMul[iloop] and starting ^TCurMul[iloop] again? PLEASE ENTER THE NUMBER, THEN CODE AT NEXT QUESTION WHETHER DAYS, WEEKS OR MONTHS. IF RESPONDENT CAN'T REMEMBER EXACTLY HOW LONG, ENCOURAGE THEM TO GUESS.

DMBkDur

INTERVIEWER: ENTER WHETHER DAYS, WEEKS OR MONTHS ENTERED AT BkDur.

VaSex

During the time that your main method of contraception was a partner's vasectomy, did you have unprotected sex with another male partner? (By sex we mean vaginal sex). IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA.

Yes

No

YrChk

Can I just check, have you used any methods other than <textfill> in the last year?

Yes

No

ExMeth

What other methods of contraception have you used in the last year that we have not discussed so far? :SET OF TContraNam

ExMethO

Please specify other.

MODULE 4: EMERGENCY CONTRACPTION

EMAP

In the last year, have you used the morning after pill for emergency contraception at all?

READ ONLY IF NECESSARY: This is a pill taken within 72 hours of unprotected sex to help a woman avoid pregnancy

Yes

No

EMERNO

How many times in the last year have you taken the morning after pill? :

1 ,

2 ,

3 ,

4-5 ,

6-9 ,

10+ times

IUDEC

In the last year, have you had an IUD or coil inserted after unprotected sex to help avoid pregnancy?

IF THE RESPONDENT SAYS THEY HAVE USED A COIL BUT NOT FOR EMERGENCY CONTRACEPTION, CODE 'NO'. READ ONLY IF NECESSARY

The coil is a small plastic and copper device and is used for emergency contraception when it is inserted into the vagina within 5 days of unprotected sex.

Yes

No

MODULE 5: SEXUAL BEHAVIOUR

Eversex

Have you ever had sex with a male partner? (By sex we mean vaginal sex). IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA. : YN

Yes

No

Lastsex

When did you last have sex with a male partner? (By sex we mean vaginal sex)...

READ OUT... IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA. :

In the last 4 weeks ,

More than 4 weeks, but less than 3 months ago ,

More than 3 months, but less than 6 months ago ,

More than 6 months, but less than 1 years ago ,

1 or more years ago.

Partn

In the next question I'm going to read out a list of response options after the question. I'd like you to tell me the letter which best fits you. Altogether, in the last year, with how many men have you had sex? Was it (By sex, we mean vaginal sex)...

READ OUT...

IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA.

A - 1 ,

B - 2 ,

C - 3 or more?

UnpSex

Can I just check, in the last year have you had sex with a male partner ^QContra.UnpFill? (By sex we mean vaginal sex).

IF NECESSARY: BY SEX WE MEAN A MAN'S PENIS IN A WOMAN'S VAGINA.

Yes

No

MODULE 6: PREGNANCY AND THE LMUP

Intro

I am now going to ask you some questions about any pregnancies you may have had.

PREGEVER

Have you ever been pregnant?

Yes

No

PREGSTAT

Are you currently or have you been pregnant at all in the past year?

Yes, I am currently pregnant ,

Yes, I was pregnant earlier this year ,

No,

Maybe.

LMUPint

I am now going to read out some statements about women's circumstances and feelings around the time they became pregnant. Thinking of your ^{^txtCurrMost} pregnancy, please choose the option which best applies to you.

LMUP1

Firstly: 'In the month that I became pregnant...

READ OUT...@/PROMPT IF NECESSARY: which option comes closest to your circumstances when you last became pregnant?

...I was not using contraception, nor was my partner ,

We were using contraception, but not on every occasion ,

We always used contraception, but knew that the method failed at least once (by that I mean It broke, moved, came off, came out, or didn't work in some way) ,

We always used contraception.

LMUP2

In terms of becoming a mother, I feel that my pregnancy happened at the...READ OUT... :

...right time,

ok but not quite the right time,

the wrong time.

LMUP3

Just before I became pregnant...

...I intended to get pregnant ,

My intentions kept changing ,

I did not intend to get pregnant'

LMUP4

Just before I became pregnant...READ OUT... / feelings on having a baby :

...I wanted to have a baby ,

I had mixed feelings about having a baby ,

I did not want to have a baby.

LMUP5

In the next statement, I ask about your partner - this might be, or have been, your husband, a partner you live with, a boyfriend, or someone you've had sex with once or twice.

Before I became pregnant, my partner and I...READ OUT... :

...had agreed that we would like me to be pregnant ,

had discussed having children together, but hadn't agreed for me to get pregnant ,

never discussed having children together.

LMUP6a

I am going to read out a list of things that some people do before they become pregnant to improve their health in preparation for pregnancy.

Before you became pregnant, did you take folic acid [or folate] to improve your health in preparation for pregnancy?

Yes

No

LMUP6b

If you smoked before you became pregnant, did you stop or cut down on smoking?

Yes

No

I didn't smoke

LMUP6c

If you drank alcohol before you became pregnant, did you stop or cut down on drinking alcohol?

Yes

No

I didn't drink

LMUP6d

Before you became pregnant, did you eat more healthily?

Yes

No

LMUP6e

Before you became pregnant, did you seek medical or health advice?

Yes

No

LMUP6f

Before you became pregnant, did you take some other action to improve your health in preparation for pregnancy?

Yes

No

LMUP6fX

What other action did you take? :STRING[50]

PregOC

And how did that ^txtprev pregnancy end? Was it ...READ OUT.. :

a live birth (i.e. birth of a live baby) ,

a still birth (i.e. birth of a baby that is not alive, past 24 weeks' pregnancy) ,

a miscarriage ,

an ectopic pregnancy ,

or an abortion?

CHILD

Do you have, or have you had, any children that you are the natural mother of?

IF MENTIONED, EXCLUDE MISCARRIAGE/ABORTION/ADOPTED. :YN

CHILNO

How many children have you had?

INCLUDE STILLBIRTH/DIED. :1..97

MODULE 7: MARITAL STATUS

Marstat

What is your current, legal marital status.

Are you...READ OUT... CODE FIRST THAT APPLIES. :

Single, that is never married ,

Married, and living with your husband ,

Married, and separated from your husband ,

In a legally-recognised Civil Partnership with someone of the same sex ,

Divorced ,

Widow or, Widowed?

Cohab

And are you currently living with a man as if you are married?

Yes

No

MODULE 8: THANK YOU AND FOLLOW-UP

Montok

Many thanks for taking part in this interview. All participants are sent a £10 highstreet voucher as a token of appreciation. Can I check, what address would you like this sent to? :

ConToAdd

INTERVIEWER: DOUBLE CHECK DELIVERY ADDRESS.

FollUp

And finally, we would really like to speak to you again in 6 months, so that we can look at how contraception use changes over time. The interview would be very similar to this one and you'd receive another £10 high street voucher. Would it be ok for us to ask you in about 6 months time whether or not you'd like to take part?

Yes

No

Contac

Thank you. In case this number changes, do you have any other telephone number which we could use to reach you on?

Yes

No

Altnum

INTERVIEWER: PLEASE ENTER TELEPHONE NUMBER(S) HERE.

Stablead

It would also be helpful if you could let us have the name and telephone number of a friend or relative who would be able to contact you if we could not get in touch any other way.

Stabname

Can you please tell me their name?

Stabrel

And what is their relationship to you?

Stabtel

Could you please give me their telephone number?

Thanks

Can I take this opportunity to assure you that all the information that you've provided today will be treated in the strictest of confidence. Thank you for taking part in this survey.

APPENDIX D WAVE ONE COHORT SURVEY QUESTIONNAIRE

The questionnaire used at waves one, two and three of the cohort follow-ups was essentially the same as that used in the prevalence survey. There were two key differences between the prevalence survey questionnaire and the cohorts however:

- The contraceptive history asked about the past six months, rather than about the past year, and
- two additional modules were included, which collected further information about reported method break(s) and/or switch(s) at both the prevalence survey and/or at each wave. These modules consist of questions about: reasons for the break or switch; the circumstances leading up to the break or switch; and the service use experiences around the time of the break or switch. The series of questions was repeated for each break (maximum of 4) and/or switch (maximum of 3).

ADDITIONAL QUESTIONS FOR CONTRACEPTION HISTORY (WAVES 1, 2 and 3)

Wv1Usa

At the last interview you said that you were using @i^SCurMul@i. What method of contraception, if any, are you or a partner currently using together? By 'currently' we mean what you have been using in the last month or so.

SET OF CONTRACEPTION METHODS

Wv1Usb

At the last interview you said that you were not using any contraception. Are you or a partner currently using any method of contraception together? By 'currently' we mean in the last month or so.

Yes

No

Wv1Usc

At the last interview you said that you had never used contraception. Have you used any contraception since we last spoke to you?

Yes

No

MODULE OF BREAK QUESTIONS (BASELINE AND SUBSEQUENT WAVES)

Intro

I'd now like to ask you about the changes in contraceptive method you mentioned in the last interview.

BIntb1

At the last interview in <TEXTFILL: month of interview>, you said that you were using ^CURMUL2 and that you had had a break from this that started in ^textfill.

BRea1b1

There are many different reasons why women decide to have a break from ^CURMUL2. As I read out each reason, please tell me if this was a reason for that break. Firstly did you have a break because ...of pregnancy reasons?

Yes

No

BRea2b1

(Did you have a break from ^CURMUL2 because)...you weren't having sex?

Yes

No

BRea3b1

(Did you have a break from ^CURMUL2 because)...of supply problems?

Yes

No

BRea4b1

(Did you have a break from ^CURMUL2 because)...of side-effects?

Yes

No

BRea5b1

(Did you have a break from ^CURMUL2 because)...of worries about your health?

Yes

No

BRea6b1

(Did you have a break from ^CURMUL2 because)...your partner or you did not like the method?

Yes

No

BRea7b1

(Did you have a break from ^CURMUL2 because)...of any different reason?

Yes

No

BPartb1

Was it yourself, your partner or both of you who did not like the method?

Partner

Myself
Both

BDiffb1

What was the different reason?

BSEffb1

You mentioned that you wanted a break from ^CURMUL2 because of side-effects. I am now going to read out a list of side-effects and would like you to tell me if each was a side-effect you wanted a break from.

BSEf1b1

(When using ^CURMUL2, was the side-effect you wanted a break from)...bleeding or menstrual change?

Yes

No

BSEf2b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...a decrease in sex drive or sexual pleasure?

Yes

No

BSEf3b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...pain or discomfort?

Yes

No

BSEf4b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...weight gain?

Yes

No

BSEf5b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...mood change?

Yes

No

BSEf6b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...breast tenderness?

Yes

No

BSEf7b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...nausea?

Yes

No

BSEf8b1

(When using ^CURMUL2 was the side-effect you wanted a break from)
...headaches?

Yes

No

BSEf9b1

Did you want a break from any other side-effect?

Yes

No

BSE0tb1

What other side-effect did you want a break from?

BImpRb1

Of these reasons, which was the most important reason for the break?

pregnancy reasons

not having sex

supply problems

side-effects

worries about health

partner or I didn't like method

different reason

BInf1b1

Did any of the following influence your decision to have a break from ^CURMUL2?

...your doctor, nurse or clinician?

Yes

No

BInf2b1

(Was your decision to have a break from ^CURMUL2 influenced by)
...your partner?

Yes

No

BInf3b1

(Was your decision to have a break from ^CURMUL2 influenced by)
... a friend or family member, not including a partner?

Yes

No

BInf4b1

(Was your decision to have a break from ^CURMUL2 influenced by)
...what you'd read or seen in the media?

Yes

No

BInf5b1

(Was your decision to have a break from ^CURMUL2 influenced by)
...any other factor?

Yes

No

BInf6b1

What was the other factor (that influenced you to have a break from ^CURMUL2)?

BInfMb1

Which of these was the main influence?

doctor, nurse or clinician

partner

friend or family member, not including a partner

read or seen in the media

other factor

BVis1b1

At or around the time you started the break from ^CURMUL2 did you speak to someone at
any of the following places about contraception?

...a local GP surgery?

Yes

No

BVis2b1

(At or around the time you started the break from ^CURMUL2 did you speak to someone at) ...a family planning or well woman clinic?

Yes

No

BVis3b1

(At or around the time you started the break from ^CURMUL2 did you speak to someone at) ...a sexual health or GUM clinic (GUM stands for Genito-Urinary Medicine)?

Yes

No

BVis4b1

(At or around the time you started the break from ^CURMUL2 did you speak to someone at) ...a sexual health and contraception service for young people, for example, a Connexions office or Brook Advisory Centre?

Yes

No

BVis5b1

(At or around the time you started the break from ^CURMUL2 did you speak to someone at)...a commercial outlet, for example over the counter at a chemist?

Yes

No

BVis6b1

(At or around the time you started the break from ^CURMUL2 did you speak to someone at) ...a hospital?

Yes

No

BEx1b1

Thinking about that contact at <textfill>, please tell me if you agree or disagree with the following statements. INTERVIEWER INSTRUCTION: IF R SPONTANEOUSLY REPORTS SHE HAD MORE THAN ONE VISIT TO THE SAME PLACE AND AT EACH VISIT HER EXPERIENCE VARIED, ALSO READ OUT RESPONSE OPTION 'VARIED'.

...the staff made an effort to find out my needs

Agree

Disagree

Varied

BEx2b1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)

...I got all the advice I needed:

Agree
Disagree
Varied

BEx3b1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)

...I didn't understand the information I was given

Agree
Disagree
Varied

BEx4b1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)

...I didn't want to go there again

Agree
Disagree
Varied

BEx5b1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)

...I was satisfied with the service I received

Agree
Disagree
Varied

BLCh1b1

Again, thinking back to the time you started the break from ^CURMUL2 in <textfill>, please tell me if you experienced any of the following in the three months before the break, that is from <textfill> ...I begun or ended a relationship

Yes
No

BLCh2b1

(In the three months before the break)...I moved house or flat

Yes
No

BLCh3b1

(In the three months before the break)...I started or stopped a job or course

Yes
No

BLCh4b1

(In the three months before the break)...I was away from home a lot

Yes

No

BLCh5b1

(In the three months before the break)...I changed my GP

Yes

No

BLCh6b1

(In the three months before the break)...I had health problems

Yes

No

BLCh7b1

(In the three months before the break)...I had another personal issue going on in my life

Yes

No

MODULE OF SWITCH QUESTIONS (BASELINE AND SUBSEQUENT WAVES)**BInts1**

When we spoke to you in <textfill >, you said that you were using ^CURMUL2 and that before this you were using ^CURMUL3.

BRea1s1

There are many different reasons why women decide to change contraception method. As I read out each reason, please tell me if this was a reason in your decision to change from CURMUL3 to ^CURMUL2. Firstly, did you change method because ...of unwanted side-effects?

Yes

No

BRea2s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...you wanted an easier method?

Yes

No

BRea3s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...you wanted a method more reliable in stopping pregnancy?

Yes

No

BRea4s1

(Did you change from ^CURMUL3 to ^CURMUL2 because) ...^CURMUL3 was difficult to remember to use?

Yes

No

BRea5s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...of supply problems?

Yes

No

BRea6s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...you thought ^CURMUL2 was better for your health?

Yes

No

BRea7s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...you wanted a method that didn't interrupt sex?

Yes

No

BRea8s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...you wanted protection against infections?

Yes

No

BRea9s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...your partner wanted to change method?

Yes

No

BRe10s1

(Did you change from ^CURMUL3 to ^CURMUL2 because)...of any different reason?

Yes

No

BRe11s1

What was this different reason for the change (from ^CURMUL3 to ^CURMUL2)?

BSEffs1

You mentioned that you changed method because of unwanted side-effects. I am going to read out a list of side-effects and would like you to tell me whether each was an unwanted side-effect when using ^CURMUL3?

BSEf1s1

(When using ^CURMUL3 was an unwanted side-effect)...bleeding or menstrual change?

Yes

No

BSEf2s1

"(When using ^CURMUL3 was an unwanted side-effect)...a decrease in sex drive or sexual pleasure?": YN

BSEf3s1

"(When using ^CURMUL3 was an unwanted side-effect)...pain or discomfort?": YN

BSEf4s1

(When using ^CURMUL3 was an unwanted side-effect) ...weight gain?

Yes

No

BSEf5s1

(When using ^CURMUL3 was an unwanted side-effect) ...mood change?

Yes

No

BSEf6s1

(When using ^CURMUL3 was an unwanted side-effect) ...breast tenderness?

Yes

No

BSEf7s1

(When using ^CURMUL3 was an unwanted side-effect) ...nausea?

Yes

No

BSEf8s1

(When using ^CURMUL3 was an unwanted side-effect) ...headaches?

Yes

No

BSEf9s1

Did you have any other unwanted side-effect when using ^CURMUL3?

Yes

No

BSEfOs1

What other unwanted side-effect did you have (when using ^CURMUL3)?

BImpR1

Of these reasons, which was the most important reason for the change?

side-effects

easier to use

pregnancy reasons

difficult to remember to us

supply problems

worries about health

interrupt sex

protect against infections

partner or I didn't like method

different reason

BInf1s1

Did any of the following influence your decision to change from ^curmul3 to ^curmul2?

...your doctor, nurse or clinican?

Yes

No

BInf2s1

(Was your decision to change from ^curmul3 to ^curmul2 influenced by)...your partner?

Yes

No

BInf3s1

(Was your decision to change from ^curmul3 to ^curmul2 influenced by)... a friend or family member, not including a partner?

Yes

No

BInf4s1

(Was your decision to change from ^curmul3 to ^curmul2 influenced by)...what you'd read or seen in the media?

Yes

No

BInf5s1

(Was your decision to change from ^curmul3 to ^curmul2 influenced by)...any other factor?

Yes

No

BInf6s1

What was the other factor (that influenced you to change from ^curmul3 to ^curmul2)?

BInfMs1

Which of these was the main influence (to change from ^curmul3 to ^curmul2)?

doctor, nurse or clinican

partner

friend or family member, not including a partner

read or seen in the media

other factor

BLCh1s1

Again, thinking back to when you changed contraception method please tell me if you experienced any of the following in the 3 months before the change, that is from <textfill>...

I begun or ended a relationship

Yes

No

BLCh2s1

(In the 3 months before before the change)...I moved house or flat

Yes

No

BLCh3s1

(In the 3 months before before the change)...I started or stopped a job or course

Yes

No

BLCh4s1

(In the 3 months before before the change)...I was away from home a lot

Yes

No

BLCh5s1

(In the 3 months before before the change)...I changed my GP

Yes

No

BLCh6s1

(In the 3 months before before the change)...I had health problems

Yes

No

BLCh7s1

(In the 3 months before before the change)...I had another personal issue going on in my life.

Yes

No

BVis1s1

At or around the time you stopped using <CURMUL3>, that is in <textfill>, did you speak to someone at any of the following places about contraception?...a local GP surgery?

Yes

No

BVis2s1

(Did you speak to someone at)...a family planning or well woman clinic?

Yes

No

BVis3s1

(Did you speak to someone at)...a sexual health or GUM clinic (GUM stands for Genito-Urinary Medicine)?

Yes

No

BVis4s1

(Did you speak to someone at)...a sexual health and contraception service for young people, for example, a Connexions office or Brook Advisory Centre?

Yes

No

BVis5s1

(Did you speak to someone at)...a commercial outlet, for example over the counter at a chemist?

Yes

No

BVis6s1

(Did you speak to someone at)...a hospital?

Yes

No

BEx1s1

Thinking about that contact at <textfill>, please tell me if you agree or disagree with the following statements. IF R SPONTANEOUSLY REPORTS SHE HAD MORE THAN ONE VISIT TO THE SAME PLACE AND THAT HER EXPERIENCES WERE DIFFERENT EACH TIME, GIVE RESPONSE OPTION OF 'VARIED'....the staff made an effort to find out my needs:

Agree

Disagree

Varied

BEx2s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...

I got all the advice I needed

Agree

Disagree

Varied

BEx3s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...

I didn't understand the information I was given

Agree

Disagree

Varied

BEx4s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...

I didn't want to go there again

Agree

Disagree

Varied

BEx5s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...

I was satisfied with the service I received

Agree

Disagree

Varied

BAd1s1

And in which of the following ways was information and advice given to you at < textfill >?...spoken advice from the doctor or nurse?

Yes

No

BAd2s1

(Was information and advice given to you by)...written advice from the doctor or nurse?

Yes

No

BAd3s1

(Was information and advice given to you by)...a DVD or internet based at the service?

Yes

No

BAd4s1

(Was information and advice given to you by)...any other way?

Yes

No

BAd5s1

In what other way was information and advice given to you?

BStas1

At that visit to <textfill> did you also discuss starting ^CURMUL2?

Yes

No

BSt1s1

At or around the time you started using ^CURMUL2, that is in <textfill>, did you speak to someone at any of the following places about contraception?...a local GP surgery?

Yes

No

BSt2s1

(When you started using ^CURMUL2 did you speak to someone at)...a family planning or well woman clinic?

Yes

No

BSt3s1

(When you started using ^CURMUL2 did you speak to someone at)...a sexual health or GUM clinic (GUM stands for Genito-Urinary Medicine)?

Yes

No

BSt4s1

(When you started using ^CURMUL2 did you speak to someone at)...a sexual health and contraception service for young people, for example, a Connexions office or Brook Advisory Centre?

Yes

No

BSt5s1

(When you started using ^CURMUL2 did you speak to someone at)...a commercial outlet, for example over the counter at a chemist?

Yes

No

BSt6s1

(When you started using ^CURMUL2 did you speak to someone at)...a hospital?

Yes

No

BSx1s1

Thinking about that contact at <textfill>, please tell me if you agree or disagree with the following statements. IF R SPONTANEOUSLY REPORTS SHE HAD MORE THAN ONE VISIT TO

THE SAME PLACE, AND THAT HER EXPERIENCES WERE DIFFERENT EACH TIME, GIVE RESPONSE OPTION OF 'VARIED'....The staff discussed a range of methods I could choose from
Agree
Disagree
Varied

BSx2s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...The staff made an effort to find out my needs
Agree
Disagree
Varied

BSx3s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...
I got all the advice I needed
Agree
Disagree
Varied

BSx4s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...
I didn't understand the information I was given
Agree
Disagree
Varied

BSx5s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...
I didn't want to go there again
Agree
Disagree
Varied

BSx6s1

(Thinking about that contact at < textfill >, do you agree or disagree with the statement)...
I was satisfied with the service I received
Agree
Disagree
Varied

BSA1s1

Now thinking back to any information and advice you were given at < textfill >. In which of the following ways was information and advice given to you?...spoken advice from a doctor or nurse?

Yes

No

BSA2s1

(Was information and advice given to you by)...written advice from a doctor or nurse?

Yes

No

BSA3s1

(Was information and advice given to you by)...a DVD or internet based at the service?

Yes

No

BSA4s1

(Was information and advice given to you by)...any other way?

Yes

No

BSA5s1

In what other way was information and advice given to you?

BOb1s1

And when you started using ^CURMUL2, from which of the following places did you obtain contraception or a prescription for contraception? IF R GOT A PRESCRIPTION ASK R TO FOCUS ON THAT. ...A local GP surgery?

Yes

No

BOb2s1

(Did you obtain contraception from)...a family planning or well woman clinic?

Yes

No

BOb3s1

(Did you obtain contraception from)...a sexual health or GUM clinic (GUM stands for Genito-Urinary Medicine)?

Yes

No

BOb4s1

(Did you obtain contraception from)...a sexual health and contraception service for young people, for example, a Connexions office or Brook Advisory Centre?

Yes

No

BOb5s1

(Did you obtain contraception from)...a commercial outlet, for example over the counter at a chemist?

Yes

No

BOb6s1

(Did you obtain contraception from)...a hospital?

Yes

No

BMets1

When you went to discuss starting a different contraception method, did you already have a method in mind or did you want some suggestions? IF R SAYS SHE DID NOT PLAN ON CHANGING METHOD USE THE LAST REPOSE OPTION

I had a method in mind

I wanted some suggestions

I didn't plan on changing contraception

BMins1

What was the method you had in mind?: SET OF CONTRACEPTION METHODS

BMRes1

You said you had a method in mind which was <TEXTFILL BMins1>. However, you started using ^CURMUL2. Was there any reason why you were not given <TEXTFILL BMins1>?

BSats1

How satisfied were you with ^CURMUL2 when you started using it?

Very satisfied

Fairly satisfied

Not satisfied

APPENDIX E OUTCOME CODES

Codes used by the Telephone Unit to record an outcome for each participant at each wave of survey fieldwork:

- 111 Full Interview (not sterilised)
- 112 Full Interview
- 211 Partial Interview (not sterilised)
- 300 Respondent not known at phone number
- 310 Information refused
- 320 Language difficulties with respondent
- 380 NDC with respondent message left
- 390 No direct contact with respondent, NO message left
- 410 Office refusal (telephone)
- 420 Proxy refusal on behalf of respondent
- 430 Personal refusal by respondent
- 440 Refusal during interview (unproductive partial)
- 450 Broken Appointment. Re-contact attempt unsuccessful
- 520 Respondent away/in hosp during fieldwork period
- 530 Respondent permanently physically or mentally unable take part
- 540 Respondent can not take part for some other reason
- 550 Respondent unable to take part on phone due to communication difficulties
- 600 Always telecoms barriers e.g. call barring
- 610 Always ringing not answered (no answering machine)
- 630 Always fax/modem/data line/pager
- 640 Technical phone problems
- 650 Household language barrier
- 680 Number Temporarily Disconnected or Unobtainable
- 690 Number Permanently Disconnected or Unobtainable
- 710 Always answering machine
- 950 Respondent moved no new number no info alt contact
- 960 Respondent died
- 970 Respondent emigrated/permanently out of country