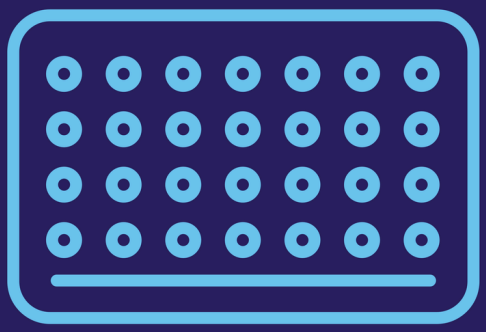
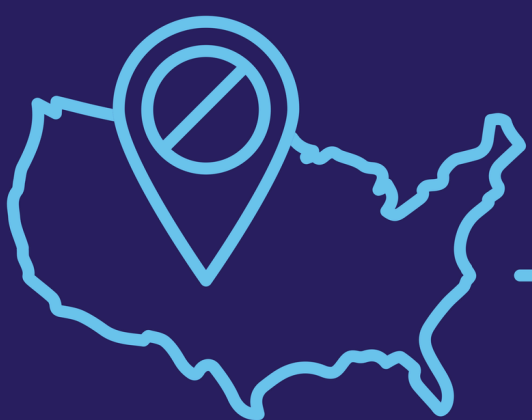



POWER TO DECIDE

Youth Reproductive Health Access (YouR HeAlth) Survey

2025 QUESTIONNAIRE


SCRIPTER CREATE VARIABLE: XCONTRACEPTION
1=ADULTS 18 TO 29
2=TEEN 15 TO 17

BASE: XCONTRACEPTION=2

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

INSERT NUMBER BOX RANGE 0-10

_____ teenager/teenagers between 15 and 17 years old

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

Base: **XCONTRACEPTION=2 and R01** = 1

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

How old is the teen and what sex is listed on their original birth certificate?

Household members in row:
1. Teen 1

Answers in second column:
1. Male
2. Female
3. Intersex

SCRIPTER: TERMINATE IF REFUSE AGE AND SEX
SCRIPTER: TERMINATE IF REFUSE AGE OR SEX
SCRIPTER: TERMINATE IF SEX=MALE OR IF SEX=INTERSEX

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

Base: **XCONTRACEPTION=2 and** R01 > 1

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

For each child aged 15 – 17 in your household, how old is the child and what sex is listed on their original birth certificate?

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

Household members in row:

1. Teen 1
2. Teen 2
3. Teen 3
4. Teen 4
5. Teen 5
6. Teen 6
7. Teen 7
8. Teen 8
9. Teen 9
10. Teen 10

Answers in second column:

1. Male
2. Female
3. Intersex

SCRIPTER: TERMINATE IF REFUSE
SCRIPTER: TERMINATE IF REFUSE AGE AND SEX
SCRIPTER: TERMINATE IF REFUSE AGE OR SEX

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

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

SCRIPTER: Create variable DOV_FemaleChildEligible

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

DOV_Age	
IF R01=1	DOV_Age=Age of female child entered in R02A
IF R01 >1	DOV_Age= Age of female child selected in R02
DOV_Sex	
IF R01=1	DOV_Sex=Gender of female child selected in R02A
IF R01 >1	DOV_Sex= Gender of female child selected in R02

Base: **XCONTRACEPTION=2**

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

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

SCRIPTER: IF SELECT 2 (NO, I DO NOT WANT TO SHARE), PLEASE USE "your teen"
SCRIPTER: IF REFUSED, THANK AND TERMINATE

DOV_Name	
IF R03=1	DOV_Name=Name entered in R03
IF R03=2	DOV_Name="your teen"

BASE: IF xcontraception=2

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

Are you willing to have your teen answer the survey?

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

SCRIPTER: TERMINATE IF REFUSED

Base: Parents who said yes to teen participating in the online survey (PARENTAL_CONSENT=1)

INTERVIEWCONSENT1.
There is an **additional, optional opportunity** for your teen to participate in a 1-to-1 phone interview conducted with Power to Decide researchers, to learn more about your teen's views. The interview will be conducted within the next year. If your teen is interested and is selected to participate, the interview will last about **45 minutes**, and you will receive **60,000 points** on behalf of your teen for their participation.

Do you consent to your teen being asked if they want to participate in a phone interview?

1. Yes
2. No

SCRIPTER: If refused, please mark as "No"

Base: Parents who said yes to the phone interview (INTERVIEWCONSENT1=1)

INTERVIEWCONSENT2. In order for your teen to participate in the phone interview, you will need to give Ipsos permission to share your contact information with Power to Decide researchers, so they can schedule the phone interview.

Do you give permission to Ipsos to provide your name, email address, and phone number to Power to Decide researchers, in order for your teen to participate in the phone interview (if your teen chooses to do so and is selected)?

1. Yes
2. No

SCRIPTER: If refused, please mark as "No"

BASE: IF xcontraception=2

ChildTransfer.

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

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

[CHILD SURVEY BEGINS BELOW]

BASE: IF xcontraception=2

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

Base: **XCONTRACEPTION=2**

QRACE1_TEEN [M] Are you Spanish, Hispanic, or Latino?

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

Select all answers that apply.

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

SCRIPTER: Prompt following nonresponse.

Base: **XCONTRACEPTION=2 AND respondents who indicated multiple countries of origin (more than one response selected for QRACE1_TEEN_2 to QRACE1_TEEN_8)**

QRACE1a_TEEN[S]
Which group do you identify with most closely?

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

Select one answer only.

Show only response options selected in QRACE1_TEEN:
2. Mexican, Mexican-American, Chicano
3. Puerto Rican
4. Cuban, Cuban American
5. Other Spanish, Hispanic, or Latino group

SCRIPTER: Prompt following nonresponse.

SCRIPTER: Create Data-only variable PPHISPAN_TEEN by using the below logic involving responses to QRACE1_TEEN and QRACE1a_TEEN.

Variable name: PPHISPAN_TEEN [S]
Variable Text: Census Hispanicity
Response list:

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

Count numhispan_TEEN=QRACE1_TEEN_2 QRACE1_TEEN_3 QRACE1_TEEN_4 QRACE1_TEEN_8 (1).

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

Base: **XCONTRACEPTION=2**

QRACE2INTRO_TEEN

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

SCRIPTER: Show on same screen as CPSRACE.

Base: **XCONTRACEPTION=2**

CPSRACE_TEEN [M]

What race or races do you consider yourself to be?

[PROMPT]

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

Select all answers that apply.

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

DOV_BLACK (data combined for teens and adults) =

1= YES (IF (xcontraception=1 and XRACE2=1) OR (xcontraception=2 and CPSRACE_TEEN=2))
2= ALL ELSE

Base: **XCONTRACEPTION=2 and respondents who are Asian (CPSRACE_TEEN=4)**

CPSASIAN_TEEN [M]

Which of the following groups best describes your background?

Select all answers that apply.

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

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

CPSNHPI_TEEN [M]

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

Select all answers that apply.

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

SCRIPTER: Create Data-only variable PPETHM_TEEN by using the below logic involving responses to QRACE1_TEEN, CPSRACE_TEEN, CPSASIAN_TEEN and CPSNHPI_TEEN.

Variable name: PPETHM_TEEN [S]
Variable Text: Census Ethnicity demographic
Response list:

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

Compute Asian_TEEN=0.
Compute nhopi_TEEN=0.
If CPSASIAN_TEEN_1=1 or CPSASIAN_TEEN_2=1 or CPSASIAN_TEEN_3=1 or CPSASIAN_TEEN_4=1 or CPSASIAN_TEEN_5=1 or CPSASIAN_TEEN_6=1 or CPSASIAN_TEEN_7=1 asian_TEEN=1.
If CPSNHPI_TEEN_1=1 or CPSNHPI_TEEN_2=1 or CPSNHPI_TEEN_3=1 or CPSNHPI_TEEN_4=1 nhopi_TEEN=1.
Count numraces_TEEN=CPSRACE_TEEN_1 CPSRACE_TEEN_2 CPSRACE_TEEN_3 asian_TEEN nhopi_TEEN CPSRACE_TEEN_6 (1).

QRACE1_TEEN	CPSRACE_TEEN/CPSASIAN_TEEN/ CPSNHPI_TEEN	PPETHM_TEEN
1	CPSRACE_TEEN_1=1 and numraces_TEEN=1	1
1	CPSRACE_TEEN_2=1 and numraces_TEEN=1	2
1	(CPSRACE_TEEN_3=1 OR CPSRACE_TEEN_4=1 OR CPSRACE_TEEN_5=1 OR CPSRACE_TEEN_6=1) and numraces_TEEN=1	3
1	numraces > 1	5
2 OR 3 OR 4 OR 8	(numraces=1 or numraces>1)	4
REFUSED	Any value	MISSING
Any value	REFUSED	MISSING
2 OR 3 OR 4 OR 8	REFUSED	4

SCRIPTER: IF PPETHM_TEEN has missing values, USE PARENTS PPETHM

BASE: XCONTRACEPTION=2

ChildDemo2. What grade in school will you be starting in the fall?

1. 8th grade
2. 9th grade
3. 10th grade
4. 11th grade
5. 12th grade
6. Something else

Base: if XCONTRACEPTION=1

AgeConfirm. How old are you?

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

[TERMINATE IF AGECONS < 18 OR >29]

BASE: All Respondents

CONSENT2. Thank you very much for participating in KnowledgePanel® surveys. You are being asked to participate in a research study that involves taking a survey about reproductive health care. This survey will take about 5 minutes to complete. **[IF xcontraception=2 SHOW]** If you complete this survey your parents will be given 5,000 points (equivalent to $5) on your behalf.

This survey is being conducted by Power to Decide. Like many surveys, this survey includes some questions that you might consider personal, such as birth control use and pregnancy options. There is no direct benefit from participating in the study, however findings may help researchers understand how to improve access to quality health education and services. There are no physical risks to participating in this study other than potential discomfort answering survey questions. As with all KnowledgePanel® surveys, responding to this survey, or to any individual question on the survey, is completely voluntary. Your responses remain confidential and will be used for research analyses only. **[IF xcontraception=2 SHOW]** As a reminder, your answers will be private and will NOT be shown to your parents.

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

Do you agree to participate in this study?

1. Yes
2. No (THANK AND TERMINATE)

SCRIPTER: IF REFUSED, THANK AND TERMINATE

Base: all respondents

QBIRTHSEX [S]

What sex is listed on your original birth certificate? *Select one answer only.*

1. Male
2. Female
3. Intersex

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

Base: all respondents

QGENDERIDENTITY [MP]

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

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

Base: all respondents

QSEXORIENTATION [M]

Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person. There are many ways a person can describe their sexual orientation. Which of the following describes your sexual orientation? *Select all that apply.*

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

Base: ALL RESPONDENTS

QINSERT [SP]

Which state do you live in most of the time?

[PLEASE SHOW STATE DROP DOWN LIST]

Base: ALL RESPONDENTS

QHHSIZENEW. How many people, including you, currently live or stay with you?

DROPDOWN SCALE for respondents to answer 1-12+ (SCRIPTER: if xcontraception=2 only show scale from 2-12+; xcontraception=1 show 1-12+)

BASE: All Respondents

INTRO. This survey is going to ask you about birth control (also called “contraception”). When we say "birth control," we mean anything a person might take, do, or use to prevent pregnancy OR for other reasons people might use birth control, like preventing sexually transmitted infections (STIs or STDs), helping with heavy or painful periods, or treating medical conditions. We’re including lots of methods here, like those you need a prescription for, those you can get without a prescription like condoms, as well as permanent surgeries, and not having sex at all.

BASE: All respondents

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

BASE: All Respondents

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

   Randomize

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

BASE: If Q1=3 or 4

2. In the **past 12 months**, what online platforms did you get information about birth control from, whether you were searching for it or because you just came across it? *Select all that apply.*

   Randomize List

   1. Instagram
   2. X (used to be Twitter)
   3. Bluesky
   4. Reddit
   5. TikTok
   6. Facebook
   7. Threads
   8. YouTube
   9. Snapchat
   10. A search engine, like Google or Bing
   11. Another online platform (including specific websites or apps), *please specify*: **[OE] [ANCHOR]**

BASE: All respondents

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

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q1

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

BASE: If Q3=3 or 4

4. What online platforms would you like to get information about birth control from? *Select all that apply.*

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q2

1. Instagram
2. X (used to be Twitter)
3. Bluesky
4. Reddit
5. TikTok
6. Facebook
7. Threads
8. YouTube
9. Snapchat
10. A search engine, like Google or Bing
11. Another online platform (including specific websites or apps), *please specify*: **[OE] [ANCHOR]**

BASE: If Q3=6

5. How would you like to get information about birth control from a doctor, nurse, or other health care provider? *Select all that apply.*

   RANDOMIZE 1-2, 3-4

   1. At an in-person appointment
   2. At a telehealth (phone or video) appointment
   3. Resources (like an article or video) that a provider has created or shared on a website
   4. Resources that a provider has created or shared on a social media platform, like Instagram or TikTok
   5. Another way, *please specify*: **[OE] [ANCHOR]**

BASE: All respondents

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

BASE: All respondents

6. Do you feel like you currently have enough information to make a decision about **whether using birth control now** is right for you?

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

BASE: All respondents

7. Do you feel like you currently have enough information to make a decision about **what birth control method(s)** is right for you?

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

BASE: All respondents

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

   1 Find a nurse, doctor, or other health care provider you trust to provide birth control services
   2 Start or switch to a new birth control method if you want to
   3 Stop using birth control if you want to

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

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

BASE: All respondents

9. How much do you agree or disagree with the following statements?

RANDOMIZE

1 Using birth control is good for my health and well-being
2 I worry that birth control has dangerous side effects
3 I worry that using birth control is unnatural
4 I believe the hormones in birth control are safe
5 Birth control affects my body in ways that I do not like
6 I worry that drug companies hide information about birth control
7 I worry that using birth control could affect my ability to have a baby later in life

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

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

BASE: All respondents

10. In the **past 6 months**, have you worried about being able to get birth control in the future?
    1. Yes
    2. No

BASE: Q10=1

11. What specific worries have you had? *Select all that apply*.

RANDOMIZE

1. I won't have health insurance
2. I won't be able to see a doctor to get birth control
3. Birth control will cost more or cost too much
4. Some or all birth control methods won't be legal
5. Access to birth control will be very difficult for people my age
6. Planned Parenthood or other family planning clinics will close
7. Other:_____ (forced text entry if select) [ANCHOR]

BASE: Q10=1

12. Did you start birth control or change your birth control method because of these worries?
    1. Yes, I started using birth control
    2. Yes, I changed birth control methods
    3. No

BASE: All respondents

INTRO3. The next set of questions will ask about birth control methods. Remember, please think about condoms in addition to other types of birth control methods when you are answering these questions about birth control.

BASE: All respondents

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

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

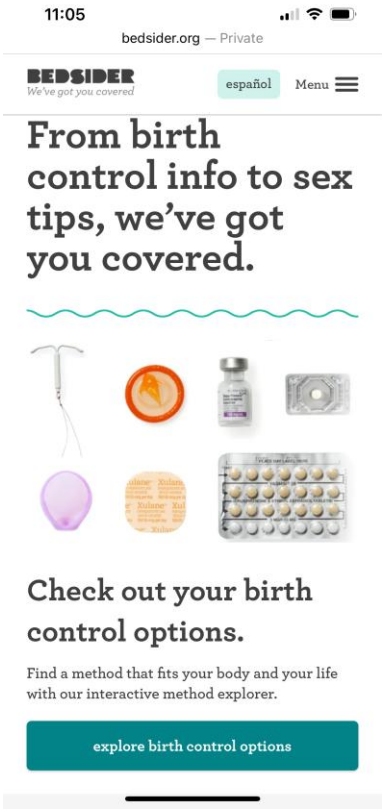
1. There are birth control methods that people can use without their partner knowing about them
2. If someone has penis-in-vagina sex, condoms (both the external and internal types) are the only method of birth control that can be used to help prevent sexually transmitted infections (STIs or STDs)
3.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

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

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

BASE: All respondents

14. Have you heard of the website Bedsider.org, which offers information on all aspects of reproductive health, including sex, sexual health, and birth control? It looks like this:



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

BASE: If Q14=1

15. Have you **ever** visited the website Bedsider.org?
    1. Yes
    2. No
    3. I'm not sure

BASE: All respondents

INTROX_1. Now we are going to ask some general questions about abortion. The first few questions ask about the past 12 months.

BASE: All respondents

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

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q1

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

BASE: If Q16=3 or 4

17. In the **past 12 months**, what online platforms did you get information about abortion from, whether you were searching for it or because you just came across it? *Select all that apply.*

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q2

1. Instagram
2. X (used to be Twitter)
3. Bluesky
4. Reddit
5. TikTok
6. Facebook
7. Threads
8. YouTube
9. Snapchat
10. A search engine, like Google or Bing
11. Another online platform (including specific websites or apps), *please specify*: **[OE] [ANCHOR]**

BASE: All respondents

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

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q1

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

BASE: If Q18=3 or 4

19. What online platforms would you like to get information about abortion from? *Select all that apply.*

PRESENT LIST BASED ON ORDER RANDOMIZED IN Q2

1. Instagram
2. X (used to be Twitter)
3. Bluesky
4. Reddit
5. TikTok
6. Facebook
7. Threads
8. YouTube
9. Snapchat
10. A search engine, like Google or Bing
11. Another online platform (including specific websites and apps), *please specify*: **[OE] [ANCHOR]**

BASE: If Q18=6

20. How would you like to get information about abortion from a doctor, nurse, or other health care provider? *Select all that apply.*

RANDOMIZE BASED ON ORDER RANDOMIZED IN Q5

1. At an in-person appointment
2. At a telehealth (phone or video) appointment
3. Resources (like an article or video)that a provider has created or shared on a website
4. Resources that a provider has created or shared on a social media platform, like Instagram or TikTok
5. Another way, *please specify*: **[OE] [ANCHOR]**

BASE: All respondents

21. In the **past 6 months**, have you worried about being able to get an abortion in the future?
    a. Yes
    b. No

BASE: If Q21=1

22. What specific worries have you had? *Select all that apply.*

RANDOMIZE

    a. An abortion will cost more or cost too much
    b. It will be too far to travel to get an abortion
    c. Abortion won't be legal
    d. Access to abortion will be very difficult for people my age
    e. Planned Parenthood or other abortion clinics will close
    f. Other:_____ (forced text entry if select) [anchor]

BASE: All respondents

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

RANDOMIZE 1-3

1. Get the information you need about abortion services or methods
2. Find a nurse, doctor, or other health care provider you trust to provide abortion services
3. Pay for the cost of an abortion

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

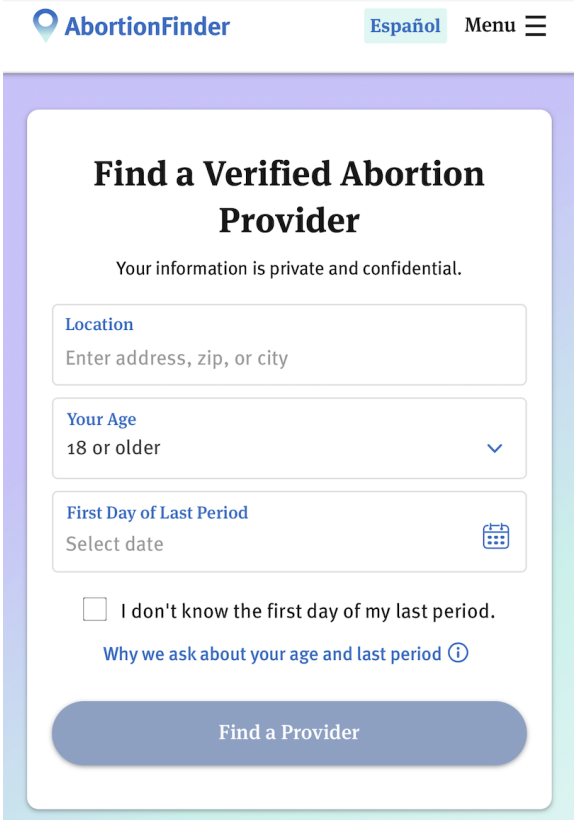
1. Not at all confident
2. Somewhat confident
3. Completely confident

BASE: All respondents

24. Based on what you know or have heard about <u>abortion laws</u>, how easy or difficult is it to have an abortion in the state where you live most of the time?
    1. Easy
    2. Neither easy nor difficult
    3. Difficult
    4. Impossible
    5. I'm not sure

BASE: All respondents

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



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

BASE: Q25=1

26. Have you **ever** visited the website AbortionFinder.org?
    1. Yes
    2. No
    3. I'm not sure

BASE: All Respondents

INTRO_NEW. The next set of questions are about sexual behavior and pregnancy history. Remember, please answer the questions honestly. Your answers will be kept private.

BASE: All Respondents

27. Have you **ever** had penis-in-vagina sex?
    1. Yes
    2. No

BASE: If Q27=1

28. **In the past 30 days**, have you had penis-in-vagina sex?
    1. Yes
    2. No

BASE: If Q27=1

29. Have you **ever** been pregnant?
    1. Yes
    2. No

BASE: Q29=1

31. Have you been pregnant in **the past 12 months?**
    1. Yes
    2. No

BASE: Q29=1

30. Are you **currently** pregnant?
    1. Yes
    2. No

BASE: Q31=1 OR Q30=1 for Q32-42

INTROX2. The next set of questions asks you to think back to when you first found you were pregnant. Please answer the following questions as you would have **AT THAT TIME**.

For Q32-42 BASE: Q31=1 OR Q30=1

32. Thinking back to when you first found out you were pregnant, which of the following options did you consider for this pregnancy, even if only for a moment? (*select all that apply*)
    1. Parenting (*which means being a primary caretaker for a child resulting from this pregnancy)*
    2. Abortion (*which means ending a pregnancy on purpose)*
    3. Adoption (*which means permanently giving the child to another adult for caretaking, either through a formal, legal process or an informal arrangement*)
    4. Surrendering the child *(for example, leaving the child at a fire station, church, or "Safe Haven")*

33. Thinking back to when you first found out you were pregnant, how much control did you feel you had in deciding among these options?
    1. Not enough
    2. Enough
    3. I don't know

34. Thinking back to when you first found out you were pregnant, would you have preferred to avoid getting pregnant in the first place?
    1. Yes, I would have preferred to avoid getting pregnant
    2. I had mixed feelings
    3. No, I preferred getting pregnant
    4. I don't know

35. Thinking back to when you first found out you were pregnant, if you had wanted to prevent this pregnancy, would you have had the information and resources needed to do so?
    1. Yes
    2. No
    3. I don't know

36. Thinking back to when you first found out you were pregnant, how did you feel about the possibility of parenting a child from this pregnancy?
    1. I felt it was not the right option for me
    2. I had mixed feelings
    3. I felt it was the right option for me
    4. I don't know

37. Thinking back to when you first found out you were pregnant, did you think you would have the resources needed to raise a child from this pregnancy?
    1. No, not enough resources
    2. Some resources, but could use more
    3. Yes, enough resources
    4. I don't know

38. Thinking back to when you first found out you were pregnant, how did you feel about the possibility of having an abortion *for this pregnancy*?
    1. I felt it was not the right option for me
    2. I had mixed feelings
    3. I felt it was the right option for me
    4. I don't know

39. Thinking back to when you first found out you were pregnant, how hard did you think it would be to access an abortion *for this pregnancy* if you wanted or needed one?
    1. Hard
    2. Somewhat hard
    3. Not hard
    4. I don't know

40. Thinking back to when you first found out you were pregnant, how did you feel about the possibility of adoption for this pregnancy?
    1. I felt it was not the right option for me
    2. I had mixed feelings
    3. I felt it was the right option for me
    4. I don't know

41. Thinking back to when you first found out you were pregnant, did you think you would have the information and resources needed to arrange an adoption if you wanted or needed to?
    1. No
    2. Unsure
    3. Yes
    4. I don't know

42. Thinking of the sexual encounter that led to this pregnancy, were you pressured or forced to do anything sexually that you did not want to do?
    1. I don't want to say
    2. Yes
    3. No
    4. I am unsure if I was pressured or forced
    5. This does not apply to me (ex: in-vitro fertilization)
    6. I don't know which sexual encounter led to pregnancy

BASE: All respondents

43. Would you like to become pregnant **in the next year**?
    1. Yes
    2. No
    3. I'm okay either way
    4. I'm not sure

BASE: All respondents

44. Do you personally know someone, like a close friend, family member, or yourself, who has had an abortion? *Please check all that apply*.
    1. Yes, a close friend
    2. Yes, a family member
    3. Yes, myself
    4. Yes, someone else I know personally
    5. No, not that I'm aware of [EXCLUSIVE]

BASE: Q27=1

INTRO_NEW2. The next two questions are about sexually transmitted infections, also referred to as STIs/STDs.

BASE: If Q27=1

45. **The last time you had penis-in-vagina sex**, did you or your partner use or do anything to prevent STIs or STDs, including HIV? *Select all that apply.*

    RANDOMIZE LIST

    1. External or internal condom
    2. HIV Pre-exposure prophylaxis (PrEP)
    3. HIV or STI/STD post-exposure prophylaxis (PEP)
    4. Routine testing
    5. Mutual monogamy (two partners agreeing to be sexually active with only each other)
    6. Some other method. *Please specify*: **[OE] [ANCHOR]**
    7. No method was used **[ANCHOR] [EXCLUSIVE]**

BASE: All Respondents

46. In the **past 12 months**, have you been tested for an STI or STD other than HIV, such as chlamydia, gonorrhea, or syphilis?
    1. Yes
    2. No
    3. I'm not sure

BASE: All respondents

INTROX_3. The next three questions ask about birth control methods you have used in the **past 30 days**.

47. In the **past 30 days**, which of the following have you used? *Select all that apply.*

    1. Birth control pills or "the pill"
    2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
    3. Vaginal ring, like NuvaRing or Annovera
    4. Injectable birth control or "the shot", like Depo-Provera or DMPA
    5. Birth control implant, like Nexplanon
    6. IUD or intrauterine device with hormones, like Mirena, Liletta, Kyleena, or Skyla
    7. Copper IUD, like Paragard
    8. Emergency contraception pills or the "morning after pill", like Plan B or Ella
    9. Partner's vasectomy (sterilization method)
    10. Tubal ligation or "getting your tubes tied"
    11. I have not used any of these birth control methods in the past 30 days **[EXCLUSIVE]**

BASE: All Respondents

48. In the **past 30 days**, which of the following have you used? *Select all that apply.*

    1. External condoms (sometimes called "male condoms")
    2. Internal condoms (sometimes called "female condoms")
    3. Non-hormonal contraceptive gel, like Phexxi
    4. Spermicide inserted into the vagina before sex, like VCF or Gynol II
    5. Diaphragm, like Caya
    6. Cervical cap
    7. Contraceptive sponge, like the Today Sponge
    8. I have not used any of these birth control methods in the past 30 days **[EXCLUSIVE]**

BASE: All Respondents

49. In the **past 30 days**, which of the following have you used? *Select all that apply.*

    1. Withdrawal or "pulling out"
    2. Fertility awareness or natural methods, including the rhythm or calendar method (tracking your menstrual cycle on a calendar or app), periodic abstinence (only having sex on certain days of the month), and/or methods where you monitor your basal body temperature or cervical mucus
    3. Not having sex at all (abstinence)
    4. Another birth control method, *please specify*
    5. I have not used any of these birth control methods in the past 30 days **[EXCLUSIVE]**

BASE: If Q47=1 or 2 or 3

50. The last time you got **[insert method from Q47; if multiple responses selected at Q47, randomly select one**], how did you get it? *Select one answer only.*

    Randomize List

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

BASE: If Q27=1

54. **The last time you had penis-in-vagina sex**, did you do any of the following **within a week after sex** to avoid getting pregnant? *Select all that apply*.

RANDOMIZE, BUT GROUP 1-3, 4-6, 8-9

1. Took emergency contraception pills (e.g., Plan B, Ella, the "morning after pill")
2. Took another kind of pill, medicine or vitamin (don't select if you just took regular birth control pills)
3. Ate, drank or ingested something else by mouth (herbs, alcohol, etc.)
4. Douched/washed my vagina
5. Put something else in my vagina
6. Used an enema
7. Had a copper IUD inserted
8. Jumped up and down or exercised
9. Punched my stomach or uterus
10. Prayed
11. Other (please specify): _____

BASE: If Q54=2

55. What pill, medicine, or vitamin did you take within a week after sex to avoid getting pregnant? [Open ended response]

BASE: If Q54=3

56. What did you eat, drink, or ingest within a week after sex to avoid getting pregnant? [Open ended response]

BASE: If Q54=5

57. What did you put in your vagina within a week after sex to avoid getting pregnant? [Open ended response]

BASE: All Respondents

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

BASE: If Q51=1

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

RANDOMIZE

1. Birth control pills or "the pill"
2. Birth control patch, like Xulane, Twirla, or Ortho-Evra
3. Vaginal ring, like NuvaRing or Annovera
4. Injectable birth control or "the shot", like Depo-Provera or DMPA
5. Birth control implant, like Nexplanon
6. IUD or intrauterine device with hormones, like Mirena, Liletta, Kyleena, or Skyla
7. Copper IUD, like Paragard
8. Emergency contraception or the "morning after pill", like Plan B or Ella
9. Partner's vasectomy (sterilization method)
10. Tubal ligation or "getting your tubes tied"
11. External condoms (sometimes called "male condoms")
12. Internal condoms (sometimes called "female condoms")
13. Non-hormonal contraceptive gel inserted into the vagina before sex (Phexxi)
14. Spermicide inserted into the vagina before sex, like VCF or Gynol II
15. Diaphragm, like Caya
16. Cervical cap
17. Contraceptive sponge, like the Today Sponge
18. Withdrawal or "pulling out"
19. Fertility awareness or natural methods
20. Not having sex at all (abstinence)
21. Another birth control method, *please specify:* _____
22. I don't know which birth control method(s) I would like to be using **[ANCHOR] [EXCLUSIVE]**
23. None of these birth control methods **[ANCHOR] [EXCLUSIVE]**

BASE: If Q47 ne 1, 2, 3, 4, 5, OR 6

53. Which of the following are reasons why you are **not** using a hormonal birth control method (like the pill, patch, ring, shot, implant, or hormonal IUD)? *Select all that apply.*

RANDOMIZE

1. I'm not currently having penis-vagina sex
2. I don't think I can get pregnant or my partner(s) can get me pregnant
3. I'm worried about side effects (like mood changes, weight gain, or pain)
4. I've heard hormonal methods might be harmful or unsafe
5. I wanted to take a break from a method with hormones
6. My partner(s) does not want me to use a method with hormones
7. I'm afraid of being judged by my parents, friends, or others
8. I'm worried that using hormonal birth control will affect my ability to get pregnant in the future
9. It's hard to get—like needing a prescription, cost, or transportation
10. I don't know enough about hormonal methods
11. I prefer an option without hormones
12. I want to get pregnant soon or wouldn't mind if I did
13. I have religious, moral, or personal beliefs against it
14. Another reason (please specify): _____
15. I'm not sure [EXCLUSIVE]

BASE: All Respondents

INTRO6. You are almost done! The next two questions ask about the past 12 months.

BASE: All Respondents

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

BASE: All Respondents

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

RANDOMIZE LIST, EXCEPT LIST 4 LAST

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

BASE: If Q59 =1,2, OR 3

INTRO7. The last question asks about the last time you got health care related to birth control.

BASE: If Q59 =1,2, OR 3

60. For each item below, how would you rate the doctor, nurse, or other health care provider you saw the last time you got health care related to birth control?
    4. [RANDOMIZE]
    1. My provider was open to me trying different birth control methods
    2. I felt that my provider would support me if I wanted to stop using birth control
    3. My provider helped me choose a birth control method that could work for me
    4. I felt that my provider made me use a specific birth control method
    5. My provider made me feel like I had to use birth control
    6. My provider wanted to make my birth control decisions for me
    7. I felt that my provider judged me for my birth control decisions

    5. RESPONSE CATEGORIES: FLIP SCALE 1-5;5-1
    1. Strongly agree
    2. Agree
    3. Neither agree or disagree
    4. Disagree
    5. Strongly disagree
    6. Does not apply

BASE: IF xcontraception=1 OR (xcontraception=2 AND (InterviewConsent1=1 (YES) AND InterviewConsent2=1 (YES))

61. IDI1. Thank you for answering our questions! Would you be interested in participating in a **45-minute phone interview** with Power to Decide researchers within the next year? With your permission, the interview will be recorded and transcribed, with all personally identifiable information removed from the transcripts to protect your privacy. If you're selected and participate, [if xcontraception=1 SHOW: you will receive **60,000 points] [if xcontraception=2 SHOW:** your parents will receive 60,000 points ($60 cash equivalent) on your behalf].

    1. Yes, I am willing to be interviewed
    2. No, I am not willing to be interviewed

BASE: IF Q61=1 AND xcontraception=1

62. IDI2 Do you give permission for Ipsos to provide your first name, phone number, and email address to the Power to Decide researchers to contact you to schedule and conduct the interview? (The information will not be used for any other purpose).
    1. Yes
    2. No

BASE: All respondents

CLOSING. You can review the correct answers to the contraceptive knowledge questions we asked about below. **Once you have finished reviewing, please click ">>" to submit your survey responses.**

SCRIPTING: PLEASE SET THE BELOW UP IN A HYPERLINK THAT RESPONDENTS CAN CLICK TO SEE CORRECT RESPONSES IF THEY WANT 1. There are birth control methods that people can use without their partner knowing about them **TRUE**
2. If someone has penis-in-vagina sex, condoms (both the external and internal types) are the only method of birth control that can be used to help prevent sexually transmitted infections (STIs) **TRUE**
3. All birth control methods have hormones in them **FALSE** There are many different kinds of birth control methods. Some contain hormones—like the birth control pill, implant, and ring—that each have their own unique ingredients that are released differently. There are other methods that don't contain any hormones at all, like condoms and the copper IUD.
4. Adults can get birth control pills over the counter without a prescription **TRUE**
5. Teenagers under the age of 18 can get birth control pills over the counter without a prescription **TRUE**
6. People should "take a break" from birth control pills every couple of years for health reasons **FALSE** There's no need to take a break from birth control pills for health reasons. Birth control pills are very safe to use for most people and health issues are rare. Some people have specific health conditions that prevent them from being able to take the birth control pill, but they're able to use another method instead. If you're happy with the pill and not experiencing any negative side effects, it's totally okay to continue using it without any breaks. Just keep in mind, when starting the birth control pill, you may experience some side effects, but those usually go away after a couple of months. You can always talk to a provider to help you figure out which type of birth control is best for you.
7. After someone stops taking birth control pills, they are still protected from becoming pregnant for at least two months **FALSE** Once you stop taking birth control pills, you won't be protected from pregnancy anymore. If you don't want to get pregnant after you stop using the pill, you'll need to use a backup method, like a condom, during sex.
8. A person can use an IUD even if they have never had a child **TRUE**
9. IUDs work by causing an abortion **FALSE** IUDs do not cause abortions. IUDs are a form of birth control that work to prevent pregnancy before it can happen by making it so that sperm can't reach an egg. The IUD is one of the most effective birth control methods out there for preventing pregnancy and is safe to use.

10. Menstrual cycle tracking apps are a highly effective way to prevent pregnancy **FALSE**
    Period tracking apps are a great way to help you keep track of your periods, PMS symptoms, and even your birth control. Some people—especially those using fertility awareness methods as their form of birth control—may use period tracking apps to help them keep track of their body's signs and symptoms to determine which days of the month they are fertile and can get pregnant. But you have to pay very close attention to your body and its patterns and make sure to keep careful track of what's happening. For most people, fertility awareness methods are hard to use perfectly, thus the methods are ~77% effective, compared to the pill which is 93% effective or the IUD/Implant which are 99% effective.
11. Emergency contraception pills ("the morning after pill") are different than abortion pills **TRUE**