Baseline Survey

We would be very grateful if you could spend some time filling out this confidential questionnaire. It will take about 5-10 minutes to complete. The questionnaire asks about your background, previous pregnancy, use of contraceptive methods, and your experience at the pharmacy.

Please answer the questions below as best as you can. If you run out of time, you can always save your responses and come back to complete the questionnaire later.

What is your date of birth?

__________________________________

Do you use a language besides English at home?

☐ Yes
☐ No, only English

Please specify what other language do you speak (apart from English)

__________________________________

Are you of Aboriginal or Torres Strait Islander origin?

☐ Yes
☐ No
☐ Prefer not to say

Which medicine were you buying when you were invited to participate in this project?

☐ Levonorgestrel (e.g. Postrelle, Levonelle) - emergency contraceptive pill
☐ Ulipristal acetate (e.g. EllaOne) - emergency contraceptive pill
☐ An emergency contraceptive pill (name unknown)
☐ Abortion medicines (MS-2 Step)

Select all methods of contraception you have ever used:

☐ Partner had a vasectomy
☐ Hormonal intrauterine device (Hormonal IUD) e.g. Mirena, Kyleena
☐ Copper intrauterine device (Copper IUD)
☐ Implant e.g. Implanon
☐ Contraceptive injection e.g. Depo Provera
☐ Contraceptive ring e.g. NuvaRing
☐ Combined hormonal contraceptive ("the pill" containing two hormones) e.g. Microgynon, Yasmin, Diane, Levlen ED
☐ Progestogen only pill ("minipill" containing one hormone) e.g. Noriday, Microlut, Slinda
☐ Male condom
☐ Female condom
☐ Diaphragm
☐ Natural family planning (monitoring of temperature, calendar, urine tests, etc.)
☐ Withdrawal ("pull-out") method
☐ Other method of contraception
☐ I have never used any method

Please say what other methods of contraception you have used

__________________________________

Before your recent use of [medicine] (before you entered this study)...

Had you ever taken an emergency contraceptive pill?

☐ Yes
☐ No
☐ Unsure
Had you ever given birth?  
- Yes
- No
- Unsure

Had you ever had an abortion?  
- Yes
- No
- Unsure

Did you talk to the pharmacist about your options for contraceptive methods during your visit?  
- Yes
- No
- Unsure

Which state was the pharmacy in?  
- NSW
- VIC

What suburb was the pharmacy in?  
- Albion Park
- Albury
- Ballina
- Berry
- Cabramatta
- Griffith
- Jerrabomberra
- Menai
- Miranda
- Mulgoa
- Newcastle
- North Sydney
- Penrith
- Port Macquarie
- Sydney
- Tamworth
- Warragong
- Windsor
- Woonona
- Yass

Which pharmacy did you go to?  
- Albion Park Rail Pharmacy
- Award Pharmacy Albury
- Blooms The Chemist Windsor
- Chemist Warehouse Sydney Hyde Park
- Cincotta Discount Chemist Warrawong
- Doc's MegaSave Chemist
- Drews Pharmacy
- Flynn's Beach Pharmacy
- Chemist Warehouse, Griffith
- Menai Compounding Discount Drug Store
- Mulgoa Pharmacy
- Priceline Ballina
- Priceline Pharmacy Cabramatta
- Priceline Pharmacy Woonona
- Priceline Pharmacy Yass
- Ramsay Pharmacy Parkside Plaza
- Soul Pattinson Chemist
- Tamworth Discount Drugstore
- TerryWhite Chemmart Penrith Compounding
- The Berry Pharmacy
What suburb was the pharmacy in?
- Bacchus Marsh
- Ballarat
- Bendigo
- Drouin
- Glen Waverley
- Hampton East
- Horsham
- Melbourne
- Mildura
- Mornington
- Port Fairy
- Strathfieldsaye
- Sunshine
- Swan Hill
- Tarneit
- Wantirna South

Which pharmacy did you go to?
- Bacchus Marsh UFS Pharmacy
- Barts the Chemist
- Bendigo UFS Pharmacies View Street
- Bendigo UFS Pharmacies Strathfieldsaye
- Chemist Discount Centre Drouin
- Chemist Warehouse Mildura
- Community Care Chemist North Geelong
- Direct Chemist Outlet Riverdale
- HealthSmart Pharmacy VCCC
- Marraboor Pharmacy
- Mornington Village Pharmacy
- Pharmacy Neo Port Fairy
- Priceline Pharmacy Horsham
- Priceline Pharmacy Knox
- Priceline Pharmacy The Glen
- Priceline Pharmacy Sunshine Marketplace
- Sturt Street UFS Pharmacy

Thank you for taking the time to complete this questionnaire. Your participation is very much appreciated. The last question below relates to your participation in this project.

We will send your gift card to the phone number or email address you have provided to us in your consent form.
- By text message
- By email

Please indicate how you would like to receive your $20 gift card:
4-Month Survey

We would be very grateful if you could spend some time completing this anonymous questionnaire. It will take between 5-10 minutes to complete. It asks about your circumstances at the time you entered the study, your use of contraceptive methods, and your experience of taking part in this study.

Please answer the questions below as best you can. If you run out of time, you can always save your responses and come back to complete the questionnaire later.

Section A. When you entered the study

Which medicine were you buying at the time you entered this study?  
- An emergency contraceptive pill  
- Abortion medicines (MS-2 Step)

This question asks about your circumstances around the time you went to get the emergency contraceptive pill from the pharmacy four months ago (when you entered this study). Please note: 'Contraception' includes anything you did, took or used to avoid becoming pregnant. Withdrawal ('pull-out') method, contraceptive pills ('the pill') and condoms are some examples.

In the month before I entered the study...  
(Please select the statement which most applies to you)
- I/we were not using contraception  
- I/we were using contraception, but not on every occasion  
- I/we always used contraception, but know that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once  
- I/we always used contraception

The next two questions ask about your circumstances around the time you became pregnant. Please think of your pregnancy four months ago, just before you entered this study. Please note: 'Contraception' includes anything you did, took or used to avoid becoming pregnant. Withdrawal ('pull-out') method, contraceptive pills ('the pill') and condoms are some examples.

In the month that I became pregnant...  
(Please select the statement which most applies to you)
- I/we were not using contraception  
- I/we were using contraception, but not on every occasion  
- I/we always used contraception, but knew that the method had failed (i.e. broke, moved, came off, came out, not worked etc) at least once  
- I/we always used contraception
What contraceptive method(s) were you using at that time? (Please tick all methods you used at least once)

- Partner had a vasectomy
- Hormonal intrauterine device (Hormonal IUD) e.g. Mirena, Kyleena
- Copper intrauterine device (Copper IUD)
- Implant e.g. Implanon
- Contraceptive injection e.g. Depo Provera
- Contraceptive ring e.g. NuvaRing
- Combined hormonal contraceptive ("the pill" containing two hormones) e.g. Microgynon, Yasmin, Diane, Levlen ED
- Progestogen only pill ("minipill" containing one hormone) e.g. Noriday, Microlut, Slinda
- Male condom
- Female condom
- Diaphragm
- Natural family planning (monitoring of temperature, calendar, urine test etc)
- Withdrawal

What other method of contraception had you used?

__________________________________

Section B. Information at the pharmacy and contraception

Below are some questions that ask about your experience at the pharmacy four months ago (when you entered this study), and your use of contraception afterwards.

At that time, did you talk to the pharmacist about your contraceptive options (i.e. methods you could start using either at the time or after you took [medicine])?

- Yes
- No

Did the pharmacist give you any written information about your options for contraceptive methods?

- Yes
- No

Did the pharmacist tell you about online information such as a website on contraceptives?

- Yes
- No

Please specify what online information was given

__________________________________

Did the pharmacist give you any information about clinics or GPs where you could get a prescription or a contraceptive method supplied?

- Verbal only
- Written only
- Both written and verbal
- None

Do you feel satisfied with the information and/or advice the pharmacist gave you about your contraceptive options?

- Very satisfied
- Quite satisfied
- Neither
- Quite dissatisfied
- Very dissatisfied

Have you used an emergency contraceptive pill or MS-2 Step in the four months since entering the study?

- Yes, emergency contraceptive pill
- Yes, MS-2 Step
- Yes, both
- No

Please tell us how many times approximately

__________________________________
What method(s) of contraception (if any) are you using now? (please select all that you are currently using or usually use when you have sex)

- Tubal ligation
- Partner had a vasectomy
- Hormonal intrauterine device (Hormonal IUD) e.g. Mirena, Kyleena
- Copper intrauterine device (Copper IUD)
- Implant e.g. Implanon
- Contraceptive injection e.g. Depo Provera
- Contraceptive ring e.g. NuvaRing
- Combined hormonal contraceptive ("the pill" containing two hormones) e.g. Microgynon, Yasmin, Diane, Levlen ED
- Progestogen only pill ("minipill" containing one hormone) e.g. Noriday, Microlut, Slinda
- Male condom
- Female condom
- Diaphragm
- Natural family planning (monitoring of temperature, calendar, urine tests etc)
- Withdrawal ("pull-out") method
- Other method of birth control
- I am not using any method of contraception

Please state what other method of birth control you are using __________________________________

When did you start using these contraceptive method(s)? (Please tick)

- The same day that I took the emergency pill/abortion medicines
- The day after I took the emergency pill/abortion medicines
- With the start of my next period after the emergency pill/abortion medicines
- Other

Please specify the approximate date __________________________________

Where did you get the current method(s) of contraception that you are using? (Please select all that apply)

- GP clinic
- Family planning/sexual health clinic
- Gynaecologist
- Other

Please tell us where you got contraception from __________________________________

We are interested to know why you are not using prescribed contraception (e.g. "the pill", implant etc) (Please select all that apply)

- Not currently sexually active
- I am worried about side effects
- I cannot use contraception due to medical reasons
- Difficult to get an appointment for GP or family planning/sexual health clinic appointment
- Difficult to find time to get to GP or family planning/sexual health clinic appointment
- I am pregnant/trying for a baby
- I am not decided on what method I want to use
- Other

Please tell us why __________________________________
How satisfied are you with your current contraceptive use?

- Very satisfied
- Satisfied
- Neither
- Dissatisfied
- Very dissatisfied

Contraceptive Counselling

When you went to the pharmacy four months ago (when you entered this study), did you talk to the pharmacist about any of the contraceptive methods below?

(Please select all the methods you remember talking or hearing about)

- Tubal ligation or hysterectomy
- Hormonal IUD
- Copper IUD
- Implant e.g. Implanon
- Contraceptive injection e.g. Depo Provera
- Contraceptive ring e.g. NuvaRing
- Combined hormonal contraceptive pill ("the pill")
- Progestogen only pill ("minipill")
- Male condom
- Female condom
- Diaphragm
- Natural family planning
- Withdrawal ("pull-out") method
- Other method of birth control
- Did not talk to the pharmacist about contraceptive methods

Please state what ____________________________________________________________

After talking to the pharmacist, which contraceptive method were you most interested in using?

(Please tick one)

- Tubal ligation or hysterectomy
- Hormonal IUD
- Copper IUD
- Implant e.g. Implanon
- Contraceptive injection e.g. Depo Provera
- Contraceptive ring e.g. NuvaRing
- Combined hormonal contraceptive pill ("the pill")
- Progestogen only pill ("minipill")
- Male condom
- Female condom
- Diaphragm
- Natural family planning
- Withdrawal ("pull-out") method
- I was not interested in using any of these methods

Referral

Did the pharmacist give you a 'referral' to get an appointment for contraception? (a letter to take to a health service to get a form of contraception)

- Yes
- No
- I cannot remember

20/07/2023 2:09pm projectredcap.org
When did you make an appointment for contraception? (Please tell us approximately)

- The same day that I took the emergency pill-abortion medicines
- The day after I took the emergency pill-abortion medicines
- Within 1 month after the emergency pill-abortion medicines
- 1-2 months after the emergency pill-abortion medicines
- 2-3 months after the emergency pill-abortion medicines
- 3-4 months after the emergency pill-abortion medicines
- I have not made an appointment

Do you intend to use the referral to get an appointment for contraception?

- Yes
- No
- Unsure

Did you use the referral to make this appointment?

- Yes
- No

Why is this the case?

- I prefer to see my usual GP for contraception
- I prefer to attend another family planning/sexual health service for contraception
- Other

Please tell us why

__________________________________

What was the length of time between the date you contacted the clinic and the date of your appointment? (Please tell us approximately)

- Less than a week
- 1-2 weeks
- More than 2 weeks
- 1 month or longer

Please tell us how long approximately

__________________________________

Were you prescribed a method of contraception at that visit?

- Yes
- No

Is this the contraceptive method you are currently using?

- Yes
- No

Were you prescribed the method of contraception that YOU preferred at that visit?

- Yes
- No

Please tell us why the clinic did not provide you with a method you preferred.

- I cannot use the method that I preferred due to medical/health reasons
- Not enough staff or time to provide my preferred method at that visit
- I was/am still deciding which method to use
- I needed to make a second appointment to get my preferred method
- Staff would not provide me with it because I could have been pregnant
- I cannot afford by preferred contraception
- Other
Please tell us why

What was the method that you preferred but did not get at the appointment? (Please select all that apply)

- Tubal ligation or hysterectomy
- Hormonal IUD
- Copper IUD
- Implant e.g. Implanon
- Contraceptive injection e.g. Depo Provera
- Contraceptive ring e.g. NuvaRing
- Combined hormonal contraceptive pill (*the pill*)
- Progestogen only pill (*minipill*)
- Diaphragm
12-Month Survey

We would be very grateful if you would spend some time completing this anonymous questionnaire. It will take between 5-10 minutes to complete. It asks about your use of birth control (contraception), recent pregnancies, and your experience of taking part in this study.

Please answer the questions below as best you can. It's okay to leave a question blank if you're unable to answer. If you run out of time, you can always save your responses and come back to complete the questionnaire later.

### Section A. Contraceptive use

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you used an emergency contraceptive pill or MS-2 Step in the 12 months since entering the study?</td>
<td>Yes, emergency contraceptive pill, Yes, MS-2 Step, Yes, both, No</td>
</tr>
<tr>
<td>Please tell us how many times approximately</td>
<td></td>
</tr>
<tr>
<td>What method(s) of contraception (if any) are you using now?</td>
<td>Partner had a vasectomy, Hormonal intrauterine device (Hormonal IUD) e.g. Mirena, Kyleena, Copper intrauterine device</td>
</tr>
<tr>
<td>Please state what</td>
<td></td>
</tr>
<tr>
<td>When did you start using these contraceptive method(s)?</td>
<td>The same day that I took the emergency pill/abortion medicines, The day after I took the emergency pill/abortion medicines, With the start of my next period after the emergency pill/abortion medicines, Other</td>
</tr>
<tr>
<td>Please specify the approximate date</td>
<td></td>
</tr>
<tr>
<td>Where did you get the current method(s) of contraception that you are using? (please select all that apply)</td>
<td>GP clinic, Family planning/sexual health clinic, Gynaecologist, Other</td>
</tr>
<tr>
<td>Please tell us where you got contraception from</td>
<td></td>
</tr>
</tbody>
</table>
We are interested to know why you are not using prescribed contraception (e.g. "the pill", implant etc)  
(please select all that apply)

- Not currently sexually active
- I am worried about side effects
- I cannot use contraception due to medical reasons
- Difficult to get an appointment for GP or family planning/sexual health clinic appointment
- Difficult to find time to get to GP or family planning/sexual health clinic appointment
- I am pregnant/trying for a baby
- I am not decided on what method I want to use
- I cannot afford my preferred contraception
- Other

Please tell us why

How satisfied are you with your current contraceptive use?

- Very satisfied
- Satisfied
- Neither
- Dissatisfied
- Very dissatisfied

Section B. Referral

Did the pharmacist give you a 'referral' to get an appointment for contraception? (a letter to take to a health service to get a form of contraception)

- Yes
- No
- I cannot remember

When did you make an appointment for contraception? (please tell us approximately)

- The same day that I took the emergency pill/abortion medicines
- The day after I took the emergency pill/abortion medicines
- Within 1 month after the emergency pill/abortion medicines
- 1-2 months after the emergency pill/abortion medicines
- 2-3 months after the emergency pill/abortion medicines
- 3-4 months after the emergency pill/abortion medicines
- I have not made an appointment

Do you intend to use the referral to get an appointment for contraception?

- Yes
- No
- Unsure

Did you use the referral to make this appointment?

- Yes
- No

Why is this the case?  
(Please select all that apply)

- I prefer to see my usual GP for contraception
- I prefer to attend another family planning/sexual health service for contraception
- Other

Please tell us why
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
<th>Selections</th>
</tr>
</thead>
</table>
| What was the length of time between the date you contacted the clinic and the date of your appointment? (please tell us approximately) | □ Less than a week  
□ 1-2 weeks  
□ More than 2 weeks  
□ 1 month or longer |            |
| Please tell us how long approximately                                   |                                                                        |            |
| Were you prescribed a method of contraception at that visit?           | □ Yes  
□ No |            |
| Is this the contraceptive method you are currently using?              | □ Yes  
□ No |            |
| Were you prescribed the method of contraception that YOU preferred at that visit? | □ Yes  
□ No |            |
| Please tell us why the clinic did not provide you with a method you preferred. | □ I cannot use the method that I preferred due to medical/health reasons  
□ Not enough staff or time to provide by preferred method at that visit  
□ I was/am still deciding which method to use  
□ I needed to make a second appointment to get my preferred method  
□ Staff would not provide me with it because I could have been pregnant  
□ I cannot afford my preferred contraception  
□ Other |            |
| Please tell us why                                                     |                                                                        |            |
| What was the method that you preferred but did not get at the appointment? | □ Tubal ligation or hysterectomy  
□ Hormonal intrauterine device (Hormonal IUD)  
□ Copper intrauterine device (Copper IUD)  
□ Implant  
□ Contraceptive injection  
□ Combined hormonal contraceptive pill or ring  
□ Progestogen only pill ("minipill")  
□ Male or female condom  
□ Diaphragm |            |
| Section C. Recent pregnancy                                             |                                                                        |            |
| Have you been pregnant since you entered the study 12 months ago?      | □ Yes  
□ No |            |
| Please tell us about all the pregnancies you have had since you entered the study 12 months ago. (please select all that apply) | □ I am currently pregnant  
□ I had a miscarriage  
□ I had an abortion  
□ I had an ectopic pregnancy  
□ Other |            |
<p>| Please provide details                                                  |                                                                        |            |
| Below are some questions that ask about your circumstances and feelings around the time you became pregnant. Please think of your current (or most recent) pregnancy when answering the questions below. |            |</p>
<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the month that I became pregnant...</td>
<td>I/we were not using contraception</td>
</tr>
<tr>
<td>(please tick the statement which most applies to you)</td>
<td>I/we were using contraception, but not on every occasion</td>
</tr>
<tr>
<td></td>
<td>I/we always used contraception, but knew that the method had failed</td>
</tr>
<tr>
<td></td>
<td>(i.e. broke, moved, came off, came out, not worked etc) at least once</td>
</tr>
<tr>
<td></td>
<td>I/we always used contraception</td>
</tr>
<tr>
<td>In terms of becoming a parent (first time or again), I feel that my</td>
<td>Right time</td>
</tr>
<tr>
<td>pregnancy happened at the...</td>
<td>Ok, but not quite the right time</td>
</tr>
<tr>
<td>(please select the statement which most applies to you)</td>
<td>Wrong time</td>
</tr>
<tr>
<td>Just before I became pregnant...</td>
<td>I intended to get pregnant</td>
</tr>
<tr>
<td>(please select the statement which most applies to you)</td>
<td>My intentions keep changing</td>
</tr>
<tr>
<td></td>
<td>I did not intend to get pregnant</td>
</tr>
<tr>
<td>Just before I became pregnant...</td>
<td>I wanted to have a baby</td>
</tr>
<tr>
<td>(please select the statement which most applies to you)</td>
<td>I had mixed feelings about having a baby</td>
</tr>
<tr>
<td></td>
<td>I did not want to have a baby</td>
</tr>
<tr>
<td>In the next question, we ask about your pregnancy partner. (This</td>
<td>My partner and I had agreed that we would like me to be pregnant</td>
</tr>
<tr>
<td>might be (or have been), a partner you live with, husband, boyfriend,</td>
<td>My partner and I had discussed having children together, but hadn’t</td>
</tr>
<tr>
<td>or someone you’ve had sex with once or twice.)</td>
<td>agreed for me to get pregnant</td>
</tr>
<tr>
<td></td>
<td>We never discussed having children together</td>
</tr>
<tr>
<td>Before I became pregnant...</td>
<td>My partner and I had agreed that we would like me to be pregnant</td>
</tr>
<tr>
<td>(please select the statement which most applies to you)</td>
<td>My partner and I had discussed having children together, but hadn’t</td>
</tr>
<tr>
<td></td>
<td>agreed for me to get pregnant</td>
</tr>
<tr>
<td></td>
<td>We never discussed having children together</td>
</tr>
</tbody>
</table>