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Telephone interview- CONTROL

Name of interviewer..... Date of

1st call (dd/mm/yy)....

Comment: no answer/left message/text sent requesting call back/other

Date of 2nd call (dd/mm/yy)

Comment: no answer/left message/text sent requesting call back/other

Date of 3rd call (dd/mm/yy)*

Comment: no answer/left message/text sent requesting call back/other Date of

interview (dd/mm/yy).....

Instructions for research nurse:

- Verify that the person answering the telephone is the correct individual
- Introduce yourself; say that you are the research nurse for the Bridge-it study
- Remind the participant what project is about and tell her that this is a short telephone interview (approx. 10 mins)
- Check that she is still willing to participate.
- Remind her that she is under no obligation to answer any or all of the questions
- Say that you are very grateful for her help.
- Check that it is a convenient time for her to speak. If not rearrange a suitable date/time. (Re- scheduled for (dd/mm/yy)..... @.....hrs)

At END of interview:

- Thank her for participating
- Remind her of the study website details where results of study will be posted
- Ask if she would like a copy of results of the study at the end
- verify whether by text/email/postal address (select)
- Check that you have the most up to date phone/email/postal address



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- Check if she consented to the detailed telephone interview (60 mins) : still willing to participate in the telephone interview?

1 No → Yes

Best time to be contacted?

	Any time	Morning (9am-12 noon)	Afternoon (12 noon-5pm)	Evening (5-8pm)
Weekday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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4 Month Questionnaire - CONTROL

We would be very grateful if you would spend some time filling out this anonymous questionnaire. It should take you about 10 minutes. Completion of this is voluntary and you don't have to answer this questionnaire or any question in it if you don't want to – it is entirely your choice.

Section A. Information at the pharmacy and contraception

1. What method of contraception (if any) were you using at the time when you went to get EC from the pharmacy ? (Please tick)

- None
- Condoms
- Other (**please write it here**).....

2. Did you take the EC that the pharmacist gave you?

- Yes
- No
- If No, (**please tell us why not**).....

3. Did the pharmacist provide you with any information about starting contraception after EC? (Please tick)

- No
- Verbal information only
- Written information only
- Both written and verbal information

4. Did the pharmacist provide you with any information about where to get contraception ? (Please tick)

- No
- Verbal only
- Written only
- Both written and verbal

5. What method or methods of contraception (if any) are you using now? (Please tick all that apply)



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- | Combined hormonal contraceptive pill/patch or ring
- | Progestogen only pill (mini pill)
- | Male condom
- | Contraceptive injection 'jag' (Depo Provera or Sayana)
- | Implant (Nexplanon)
- | Copper Coil/intra-uterine device (IUD)
- | Intrauterine system (Mirena or Jaydess)
- | Female condom
- | Cap/diaphragm
- | Partner has been sterilised (vasectomy)
- | I have been sterilised
- | I am currently pregnant
- | Other method of protection-**please write here what this is**
- | I am not using any method of contraception (**Please go to question 8**)

6. When did you start using this/these contraceptive method(s)?
(Please tick)

- ☛ The same day that I took the EC
- ☛ The day after I took the EC
- ☛ With the start of my next period after the EC
- | Other – please specify the approximate date (dd/mm/yyyy)

7. Where did you get the current method(s) of contraception that you are using from
(Please tick all that apply)

- ☛ GP clinic
- | Family planning/ sexual health clinic

☛ Other -please tell us where you got contraception from.....

Please go to question 9 now

8. Please tell us why you are not using a method of contraception? (Please tick all that apply)

- ☛ Not currently sexually active
- ☛ **I am worried about** side effects with contraception
- ☛ I cannot use contraception due to medical reasons
- ☛ I am not decided on what method I want to use
- ☛ 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 trying for a baby
- ☛ Other - **please tell us why**.....



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9. Have you used EC any further time(s) since entering the study? (Please tick)

No

Yes- please tell us how many times approximately

10. Have you been pregnant since you entered the study 4 months ago?

No (Go to question 17)

Yes

if Yes, please tell us about all of the pregnancies you have had since you entered the study 4 months ago (Please tick all that apply)

I am currently pregnant

I had a miscarriage

I had an abortion

I had an ectopic

Other - please tell us.....

11. 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.

In the month that I became pregnant.....

(Please tick 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

12. In terms of becoming a mother (first time or again), I feel that my pregnancy happened at the.....

(Please tick the statement which most applies to you):

right time

ok, but not quite right time

wrong time

13. Just before I became pregnant.....

(Please tick the statement which most applies to you):



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- | I intended to get pregnant
- | My intentions kept changing
- | I did not intend to get pregnant

14. Just before I became pregnant....

*(Please tick the statement which **most** applies to you)*

- | I wanted to have a baby
- | I had mixed feelings about having a baby
- | I did not want to have a baby

In the next question, we 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.

15. Before I became pregnant....

*(Please tick the statement which **most** applies to you)*

- | My partner and I had agreed that we would like me to be pregnant
- | My partner and I had discussed having children together, but hadn't agreed for me to get pregnant
- | We never discussed having children together

16. Before you became pregnant, did you do anything to improve your health in preparation for pregnancy?

*(Please tick **all** that apply)*

- | Took folic acid
- ☑ Stopped or cut down smoking
- | Stopped or cut down drinking alcohol
- | Ate more healthily
- | Sought medical/health advice
- ☑ Took some other action, please describe
- | I did not do any of the above before my pregnancy



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17. Have you had any hospital admissions in the last 4 months since you participated in the Bridge-it study? (Please tick)

➤ No

➤ Yes

If you have answered yes to this question, then the study research will need to call you to get more details.

Please return this questionnaire in the envelope provided to:

