

Affix Label

Followup Questions for Birth Control Pills

If subject answered "Yes" to Question 4.02, ask the questions on this page.

Are you taking (it/them) now?

A09BCNOW 1 No

A. When did you last stop taking them?

A09BCEDT

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A09BCXD

- 3 Exact date
 4 Approximate date

B. How long did you take them altogether?* (ROUND DOWN TO NEAREST MONTH.)

A09BCTY1

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A09BCTM1

Years Months

2 Yes

A09BCNAM

A. What is the name of the birth control pills? _____

B. How long have you taken birth control pills since you last started using them.

A09BCBYR

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Years

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Months

A09BCBM0

C. How long have you taken birth control pills altogether?*

A09BCTY2

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Years

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Months

A09BCTM2

*This is the total of all the different times the respondent took (or has taken) birth control pills.

Interviewer Id. A09IVIDG