



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA



The Canadian Sexual Health Survey

Proposed national survey

The Canadian Sexual Health Survey Team,
CART-GRAC, University of British Columbia



CART-GRAC

Contraception
and Abortion
Research
Team



Groupe de
recherche sur
l'avortement et
la contraception



CSHS

Canadian Sexual Health Survey



The Canadian Sexual Health Survey team

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Executive Summary

In Canada, there is currently little population data available to support understanding key indicators of sexual and reproductive health. Accurate data on prevalence of sexually transmitted infections, gender-based and intimate partner violence, gender inequities, reproductive coercion, contraception use and type of method, pregnancy intention, sexual behaviour, and the associated social determinants of health are lacking. These indicators are essential to decision makers to assess the need for services, evaluate the impact and equity of health policies and programs and examine trends over time.

Our team developed a pilot instrument and fielded in 2015 in the province of British Columbia. We measured a number of indicators not collected in Canada, with a focus on sexual health behaviour, pregnancy intention, prevalence of use of contraceptives and correlation with pregnancy outcomes, and social determinants of health among a representative sample of British Columbian females aged 14-49 years. The survey achieved a high response rate of 75.3%. Nearly 90% of respondents currently wished to avoid pregnancy. Among women who had been pregnant in the last 5 years, 40% of pregnancies had been unintended. Most unintended pregnancies (56.8%) resulted in birth. A minority of females at risk of pregnancy were using a highly effective method of contraception.

We have built upon the successful BC pilot survey using valid and widely used scores to present the Canadian Sexual Health Survey (CSHS) instrument with these features:

- For use among males and females age 14 to 69
- We collect a broad range of sexual and reproductive health indicators and gender equity determinants including rates for: sexually transmitted infection (sub-sample for urine testing); intimate partner violence, reproductive coercion; attitudes and perceptions; pregnancy intention; sexual behaviours; contraception use and gender identity.
- Collection of personal health number to facilitate linkage with census and health administrative data to offer a more comprehensive evaluation of the population

By undertaking a national survey using validated and robust questions from high impact iterative national sexual and reproductive health surveys such as the UK's NATSAL and the USA's NSFG, Canada will be able to obtain quality indicators to guide policy and service allocation, to allow comparisons to similar countries, and to best support equitable achievement of gender equity and sexual and reproductive health among Canadians.

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PART 1: CAPI- computer assisted personal interview

1. Consent

Your participation in this study is entirely voluntary and you may refuse to participate, you may skip over any question you do not feel comfortable answering or you may withdraw from the study at any time without penalty.

CST1. Are you between 14 and 69 years old?

- a. Yes *[Continue if age is 14-69 years].*
- b. No *[Thank potential participant and exit survey]*

CST2. Are you 14 or 15 years old, or are you 16, 17 or 18 and living with a parent or guardian?

- a. Yes

If Yes (CST2a) Then say: I am required to speak with your parent or guardian to obtain their consent.

- b. No *[Continue to CST 3 if No]*

CST3. Do you give your consent to participate in this study (or for parental consent, do you give consent for the minor to participate in the study)?

- a. Yes
- b. Parental consent if participant is age 14 or 15 years or 16-18 and not an emancipated minor
- c. No (END)
- d. Parent or guardian will not be available to consent (END)
- e. Parents will be available to consent at a later date, click 'Save and Return Later' and record time to return in Huddle Spreadsheet

If parental consent was given, then ask the minor child:

CST4. Do you give your assent to participate in this study?

- a. Yes *[Continue].*
- b. No *[Thank potential participant and exit survey]*

2. Date of Birth

DOB1. For some of the questions I'll be asking, I will need to know your date of birth. Please tell me the month and year of your birth.

a. *MMYY*

*If respondent does not wish to give date of birth, respond with: **In order to proceed with this interview, we need to know either your age or your date of birth. I'd like to assure you that all information collected in this survey will remain confidential and be used only for statistical tabulations. Would you please tell me the month and year of your birth?***

If necessary, ask (What is the month?)

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Don't Know
14. Refused

If necessary, ask (What is the year?)

Year: _____

Survey Program to calculate age based on the entered date of birth.

DOB2. So your age is <calculated age>

Is that correct?

- a. Yes (*Next question in sequence*)
- b. No (*return and correct date of birth*)
- c. Don't Know
- d. Refused

3. Smoking and Alcohol Behaviours

Smoking

SAB1 [all] **At the present time, do you smoke cigarettes every day, occasionally or not at all?**

- a. Daily
- b. Occasionally
- c. Not at all
- d. Don't know
- e. Refused

Source: CCHS (SMKQ005)

SAB2 [if replied daily/occasionally/don't know/refused] **How many cigarettes do you smoke each day now?**

- a. Number given
- b. Don't know
- c. Refused

Source: CCHS (SMKQ045)

SAB3 [replied "not at all" to SAB1] **Did you ever smoke cigarettes regularly, that is at least 1 cigarette a day?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: NATSAL (SMOKENOW)

Alcohol

SAB4 [all] **How often do you have a drink containing alcohol?**

- a. Never (0)
- b. Monthly or less (1)
- c. 2-4 times a month (2)
- d. 2-3 times a week (3)
- e. 4 or more times a week (4)
- f. Don't know
- g. Refused

Source: AUDIT- C (score)

SAB5 [all] **How many standard drinks containing alcohol do you have on a typical day?**

A standard drink is defined as: (www.rethinkyourdrinking.ca)

- A pint of beer or cider (341 ml or 12 oz) with 5% alcohol content
 - A glass of wine (142 ml or 5 oz) with 12% alcohol content
 - A small glass of distilled alcohol, i.e. gin, rum, whiskey, etc. (43 ml or 1.5 oz) with 40% alcohol content
- a. Zero (0)
 - b. 1 or 2 (0)
 - c. 3 or 4 (1)
 - d. 5 or 6 (2)
 - e. 7 or 9 (3)
 - f. 10 or more (4)
 - g. Don't know
 - h. Refused

Source: AUDIT- C (score)

SAB6 [all] **How often do you have 6 or more drinks on one occasion?**

- a. Never (0)
- b. Less than monthly (1)
- c. Monthly (2)
- d. Weekly (3)
- e. Daily or almost daily (4)
- f. Don't know
- g. Refused

Source: AUDIT- C (score)

4. Learning About Sex

LS1 [all] **When you were growing up [about age 10-16], in which of the ways listed on this card did you learn about sexual matters?** (Please select the 3 most important ones, ranking them from 1 (most important) to 3)

- a. Doctor, nurse, other healthcare professional
- b. Internet – sexual advice websites/ blogs
- c. Social media/ apps
- d. Sexual education at school
- e. Books/magazines/newspapers
- f. Friends about my own age
- g. Television/radio
- h. Mother
- i. Father
- j. Brother or sister (including half, step or adoptive)
- k. First sexual partner
- l. Other, please specify
- m. Don't know
- n. Refused

Source: modified from Natsal (LearnSex)

LS2 [all] **Still thinking about when you were growing up, did you receive sex education on:**

LS2a **Sex and sexual intercourse**

- a. Yes
- b. No
- c. Don't know
- d. Refused

LS2b **Sexual feelings, relationships and emotion**

- a. Yes
- b. No
- c. Don't know
- d. Refused

[option to split to separately examine “sexual feelings and emotion” from “sexual relationships”.
In Canada sexual education programming typically addresses the concepts together]

LS2c **Contraception**

- a. Yes
- b. No
- c. Don't know

- d. Refused

LS2d Safe sex/sexually transmitted infections

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: ISSRH (B2a)

LS3 [all] Overall and from all sources, how helpful do you think your sex education growing up was in terms of preparing you for a healthy sexual life?

- a. Very helpful
- b. Helpful
- c. Neither
- d. Unhelpful
- e. Very unhelpful
- f. Don't know
- g. Refused

Source: modified from ISSRH (Section B3)

5. Sex, Gender and Orientation

Sex

SGO1 [all] **What sex were you assigned at birth, meaning your original birth certificate?**

- a. Female
- b. Male
- c. Other, please specify
- d. Don't know
- e. Refused

Source: Bauer et al. (2017) Transgender-inclusive measures of sex/gender for population surveys. PLOS One

Gender

Definition: Gender refers to the roles and behaviours we associate with males and females, but for some people it is not the same as the sex they were born as.

SGO2 [all] **Which best describe your current gender identity?**

- a. Male
- b. Female
- c. Indigenous or other cultural gender minority identity (e.g. two-spirit)
- d. Something else (e.g. gender fluid, non-binary)
- e. Don't know
- f. Refused

Source: Bauer et al. (2017)

The 3rd question may be asked only of those who indicated a current gender identity (SGO2) different than their birth-assigned sex (SGO1). If so, it can be forward-filled to code cisgender participants as living in their identified (and birth-assigned) sex/gender

SGOb2 [if different answer in 1 and 2] **What gender do you currently live as in your day-to-day life?**

- a. Male
- b. Female
- c. Sometimes male, sometimes female
- d. Something other than male or female, please specify: _____
- e. Don't know
- f. Refused

Source: Bauer et al. (2017)

Orientation

SGO3 [all] **Do you consider yourself to be...?**

- a. Heterosexual (sexual relations with people of the opposite sex)
- b. Homosexual, that is lesbian or gay (sexual relations with people of your own sex)
- c. Bisexual (sexual relations with people of both sexes)
- d. Other, please specify _____
- e. Not yet sure
- f. Refused

Source: B.C. Pilot CSHS 2015 (SGO3) CCHS (SDC_Q035)

6. Sexual History (intro)

Definitions:

- **Sexual partners:** people who have sex together – whether just once, or a few times, or as regular partners, or as married partners
- **Sexual experience:** any kind of contact with another person that you felt was sexual, such as kissing, touching, intercourse or any other form of sex
- **Sexual intercourse:** any type of vaginal, anal or oral intercourse with a sexual partner
- **Vaginal intercourse:** a penis in a vagina
- **Oral intercourse:** a mouth on the genital area (the sex organs, i.e. penis or vagina)
- **Anal intercourse:** a penis in an anus/rectum/back passage

Overall

SH1 [all] **Sexual experience means any kind of contact with another person that you felt was sexual, such as kissing, touching, intercourse or any other form of sex. Which of these statements best describes you? I have had sexual experiences:**

- a. Only with males, never with females
- b. More often with males, and at least once with a female
- c. About equally often with males and females
- d. More often with females, and at least once with a male
- e. Only with females, never with males
- f. I have never had any sexual experience with another person
- g. Don't Know
- h. Refused

Source: B.C. Pilot CSHS 2015 (SGO4), Natsal-3 (ExpScale)

Vaginal intercourse

SH2 [all] **At any time in your life, have you ever had vaginal intercourse? (Vaginal intercourse is a penis in a vagina)**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from B.C. Pilot CSHS 2015 (SXB1), Modified from Natsal-3 (HetCheck)

SH3 [if replied yes to vaginal intercourse] **How old were you the first time you had vaginal intercourse?**

- a. Age in years ____
- b. I don't remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (SH2) (originally NSFG (HOWOLD))

SH3b [if replied "don't remember"] **Could you tell me the month and year?**

- a. Date given
- b. Don't remember/not sure
- c. Refused

Source: B.C. Pilot CSHS 2015

SH3c [if still doesn't remember] **About how old?**

- a. No further prompting, record estimate
- b. Don't know
- c. Refused

Source: Modified from Natsal-3 (FirstINT)

At this point check question: **So you would have been X years old at the time?**

At some point in the survey I will ask you some questions that are specific to the last 18 months, that is from (Survey software to calculate MONTH AND YEAR OF INTERVIEW – 18 months) ***to*** (MONTH AND YEAR OF INTERVIEW)

I have some questions about how often you have had vaginal intercourse within the last 18 months, that is, since (MONTH AND YEAR OR INTERVIEW – 18 Months) ***up until*** (MONTH AND YEAR OF INTERVIEW)

SH4. [Vaginal intercourse + females only] CALENDAR Please, start with the current month, (MONTH OF INTERVIEW), and think about each month, one at a time, going back to (MONTH OF INTERVIEW AND YEAR OF INTERVIEW – 18 MONTHS/ OR DATE OF FIRST INTERCOURSE) **On the row labeled "Intercourse", in each month please mark an "x" in the box for each month during which you had vaginal intercourse at least once.** So the boxes in this row that are blank will be the ones during which you DID NOT have intercourse at all for the whole month.

- a. ENTER
- b. Don't Know
- c. Refused



Now I need to enter this information in the computer. It is important that we get this information correct. If you notice that I have entered something incorrectly, please let me know. Would you prefer that I look at your calendar, or would you rather tell me the months?

Source: B.C. Pilot CSHS 2015 (shi4) Originally NSFG (INTR-EC6, INTR-EC7, MONSX)

7. Contraception History

I'd now like to ask you some questions about your history of using any method to prevent pregnancy or sexually transmitted infection.

Definition:

Contraception: any method that is used to prevent pregnancy, and can include condoms

To start, I need to ask a few questions about the very first time in your life that you used one of these methods for any reason.

First time

CH1 [ask if vaginal intercourse+ (SH2)] **The first time you had vaginal intercourse, did you use a contraceptive method? (This also refers to methods men use, such as condoms, vasectomy, withdrawal or other method to prevent pregnancy)**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (USEFSTP)

CH2 [ask if vaginal intercourse+ (SH2)] **The first time you had vaginal intercourse, were you and/or your sexual partner using any of these methods? If you used more than one method, please tell me about each one.** Please refer to Card X (lists all contraception methods)

- a. Copper intrauterine device (IUD), also called a "Coil" or "Copper T"
- b. Hormonal intrauterine system (IUS), also called a Mirena, Jaydess or Kyleena
- c. Contraceptive implants such as Implanon, Norplant, Nexplanon or Jadelle
- d. Birth control pill ('the pill')
- e. Contraceptive patch or Evra patch
- f. Contraceptive vaginal ring or Nuva ring
- g. Injections such as Depo Provera
- h. Male condom
- i. Withdrawal or pulling out
- j. Calendar method
- k. Emergency contraception also called "morning after pill" (NorLevo, Plan B, or Next Choice, Ella)
- l. I/My partner was sterilized or had a vasectomy
- m. I/My partner had tubal ligation/hysterectomy
- n. No method used
- o. Another method, SPECIFY _____

- p. Don't know
- q. Refused

Source: B.C. Pilot CSHS 2015 (Ch11)/ modified from Natsal (AnyPre2)/NSFG (FSTMTHP).

CH3 [all] **How old were you the first time you used a method of contraception for any reason?**

- a. ENTER Age in years _____
- b. I have never used any method
- c. Don't Remember
- d. Refused

Source: B.C. Pilot CSHS 2015 (CH13) originally NSFG (AGEFSTUS)

CH4 [if used a method before (CH1, CH2), females only] CALENDAR **Can you please tell me in what month and year you first used a method/any methods of contraception, for any reason. Add if having trouble recalling the month: Can you remember the season? If answer given as a season, enter first month of season such as December, March, June, or September.**

- a. ENTER: MM/YYYY
- b. Don't Remember
- c. Refused

*After R has given the year, say: **Please write this on your calendar on the "Birth control Methods" row, in the box for this month and year. You can use an abbreviation for the method, or anything that you will recognize later. If this date is before (MONTH AND YEAR OF INTERVIEW – 18 MONTHS), write the date and method in the "Before (MONTH AND YEAR OF INTERVIEW – 18 MONTHS)" box***

Skip if it is clear the respondent has never used any method for any reason.

Source: B.C. Pilot CSHS 2015 (CH14), NSFG WNFSTUSE_M/WNFSTUSE_Y

Contraception and sexual health over 18 months

The next questions are about methods you may have used in the last 18 months, that is between (INTERVIEW MONTH AND YEAR – 18 Months) and (INTERVIEW MONTH AND YEAR). Remember that this also refers to methods men use, such as condoms, vasectomy, and withdrawal. We will use the calendar for the next several questions.

I need to find out about the methods you used each month. I need to know about all the methods you used, so if you used more than one method in a month, please record all the methods you used that month

CH5 [if used a method before (CH1, CH2)/females only] **please write the methods you used each month on the calendar.** To do this, on the “Birth Control Methods” row, write the corresponding letter for each method in each month that you used a method going back to (INTERVIEW MONTH AND YEAR – 18 Months). Or you can use an abbreviation for the method if you wish.

- a. ENTER in calendar
- b. Don't Remember
- c. Refused

Now I need to enter the methods in the computer. It is important that we get these methods correct. If you notice that I have entered something incorrectly, please let me know. Would you prefer that I look at your calendar, or would you rather tell me the months?

Enter data into computer while Respondent watches, or, while respondent reads out the LHC to you. Months will appear individually in the computer. Enter in the appropriate response for each month. When entering methods, if more than 1 method is indicated for a particular month, program will prompt CH6 question. Surveyor will read aloud and record answers into the corresponding month before moving onto subsequent month. This will be repeated for each month where more than 1 method is identified.

Source: B.C. Pilot CSHS 2015 (Ch15), Modified from NSFG (METHHIST)

CH6 [If two methods used in a single month] **Did you use those methods together, that is, at the same time, or did you use them at different times during the month?**

- a. Same time (with every time)
- b. Different times (even if different for only one time)
- c. Don't Remember
- d. Refused

Source: B.C. Pilot CSHS 2015 (CH16), modified from NSFG (MC1SIMSQ)

CH7 [if contraception + (CH1, CH2)] **When did you start using this/these <method from 1st month> method(s)? If you used this/these method(s) on and off before (INTERVIEW MONTH AND YEAR – 18 MONTHS), please tell me when you started using the/those method(s) most recently before (INTERVIEW MONTH AND YEAR – 18 MONTHS)**

Method Type:			
a. MM\YYYY			
b. Don't Remember			
c. Refused			

Source: B.C. Pilot CSHS 2015 (CH19), modified from NSFG (DATBEGIN_M/DATEBEGIN_Y)

Vaginal intercourse- Last time

Now I would like to ask you some questions about the last time you had vaginal intercourse, and the method(s) of contraception used:

CH8 [if vaginal intercourse+ (SH2)] **Think back to the last time that you ever had vaginal intercourse. In what month and year was that?**

- a. Date given MM/YYYY
- b. Don't remember
- c. Refused

Source: modified B.C. Pilot CSHS 2015 (SH15) modified from NSFG (LSTSEXP_M/LSTSEXP_Y)

CH8b [If recall problem] **Was it:**

- a. In the last 7 days
- b. Between 7 days and 4 weeks ago
- c. Between 4 weeks and 6 months ago
- d. Between 6 months and 1 year ago
- e. Between 1 and 5 years ago
- f. Longer than 5 years ago
- g. Don't know
- h. Refused

Source: Natsal recall questions (i.e. LastVag)

CH9 [if vaginal intercourse+ (SH2)] **The last time you had vaginal intercourse, what method(s) of contraception did you and/or your sexual partner use?**

- a. Copper intrauterine device (IUD), also called a “Coil” or “Copper T”
- b. Hormonal intrauterine system (IUS), also called a Mirena, Jaydess or Kyleena
- c. Contraceptive implants such as Implanon, Norplant, Nexplanon or Jadelle
- d. Birth control pill (‘the pill’)
- e. Contraceptive patch or Evra patch
- f. Contraceptive vaginal ring or Nuva ring
- g. Injections such as Depo Provera
- h. Male condom
- i. Withdrawal or pulling out
- j. Calendar method
- k. Emergency contraception also called “morning after pill” (NorLevo, Plan B, or Next Choice)
- l. I/ My partner was sterilized or had a vasectomy
- m. I/ My partner had tubal ligation/hysterectomy
- n. No method used
- o. Another method SPECIFY _____
- p. Don’t Know
- q. Refused

Source: B.C. Pilot CSHS 2015 (CHI10), NSFG (LSTMHP)

CH10: [Ask if no method used during last intercourse (CH9n)] **What are the reasons that you or the person you had sex with did not use any method of contraception at your last vaginal intercourse?** (Select all that apply)

- a. I was or my partner was trying to get pregnant
- b. I was or my partner was pregnant
- c. We did not think we were at risk of pregnancy
- d. We did not think we were at risk of sexually transmitted infections, including HIV
- e. I was in a monogamous relationship
- f. We did not have a condom or other protection at the time
- g. We didn't like contraception (including condom)
- h. Other, please specify
- i. Don’t know
- j. Refused

Source: Modified from B.C. Pilot CSHS 2015 (CHI11), CCHS 2015 (SXB_090)

Contraception use - Ever

I would now like to ask some questions about the methods you have used over your lifetime.

CH11 [all] Card X lists methods some people use to prevent pregnancy or to prevent sexually transmitted disease. **As I read a method from the list, please tell me if you and/or your sexual partner have ever used it for any reason**

- a. Copper intrauterine device (IUD), also called a “Coil” or “Copper T”
- b. Hormonal intrauterine system (IUS), also called a Mirena, Jaydess or Kyleena
- c. Contraceptive implants such as Implanon, Norplant, Nexplanon or Jadelle
- d. Birth control pill (‘the pill’)
- e. Contraceptive patch or Evra patch
- f. Contraceptive vaginal ring or Nuva ring
- g. Injections such as Depo Provera
- h. Male condom
- i. Withdrawal or pulling out
- j. Calendar method
- k. Emergency contraception also called “morning after pill” (NorLevo, Plan B, or Next Choice)
- l. I/ My partner was sterilized or had a vasectomy
- m. I/ My partner had tubal ligation/hysterectomy
- n. No method used
- o. Another method SPECIFY _____
- p. Don’t know
- q. Refused

Source: B.C. Pilot CSHS 2015 (CHI26), NSFG (OTHRMETH)

Barriers to contraception use- 12 months

I would now like to ask some questions about your experience with methods of contraception.

CH12 [all] **In the last 12 months, has cost prevented you from obtaining a method of contraception, or condoms?**

- a. Yes
- b. No
- c. Not applicable, I did not need to obtain a method of contraception
- d. Don’t know
- e. Refused

Source: modified from CCHS (PEX_090)

CH13: [all] **If contraception methods were provided for free, what method would be your first choice?**

- a. Copper intrauterine device (IUD), also called a “Coil” or “Copper T”
- b. Hormonal intrauterine system (IUS), also called a Mirena, Jaydess or Kyleena
- c. Contraceptive implants such as Implanon, Norplant, Nexplanon or Jadelle
- d. Birth control pill (‘the pill’)
- e. Contraceptive patch or Evra patch
- f. Contraceptive vaginal ring or Nuva ring
- g. Injections such as Depo Provera
- h. Male condom
- i. Withdrawal or pulling out
- j. Calendar method
- k. Emergency contraception also called “morning after pill” (NorLevo, Plan B, or Next Choice)
- l. Vasectomy
- m. Female sterilization (tubal ligation/hysterectomy)
- n. I would not use a method
- o. Another method, SPECIFY _____
- p. Not applicable
- q. Don’t know
- r. Refused

Source: New

Contraception Dissatisfaction

CH14 [only those who ever tried using a method (CH2, CH9 or CH11)] Some people try a method to prevent pregnancy or sexually transmitted infection and then don’t use it again, or stop using it, because they are not satisfied with the method. **Did you ever stop using a method because you were not satisfied with it in some way?** Do not count stopping a method for reasons other than dissatisfaction, for example, stopped to get pregnant or because not having intercourse.

- a. Yes
- b. No
- c. Don’t know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CHI27), NSFG (METHDISS)

CH15 [if stopped using a method (CH14)] **What method or methods did you stop because you were not satisfied?** Please select all methods that apply from list X. Would you like me to read out the list of methods again?

- a. Copper intrauterine device (IUD), also called a “Coil” or “Copper T”
- b. Hormonal intrauterine system (IUS), also called a Mirena, Jaydess or Kyleena
- c. Contraceptive implants such as Implanon, Norplant, Nexplanon or Jadelle
- d. Birth control pill (‘the pill’)
- e. Contraceptive patch or Evra patch
- f. Contraceptive vaginal ring or Nuva ring
- g. Injections such as Depo Provera
- h. Male condom
- i. Withdrawal or pulling out
- j. Calendar method
- k. Emergency contraception also called “morning after pill” (NorLevo, Plan B, or Next Choice)
- l. Vasectomy
- m. Tubal ligation/hysterectomy
- n. Not applicable (I don’t use any method)
- o. Another method SPECIFY _____
- p. Don’t know
- q. Refused

Source: B.C. Pilot CSHS 2015 (CH128), NSFG (METHSTOP)

CH16 [if stopped using a method (CH14)] **Did you stop using the method of contraception because of side effects?**

- a. Yes
- b. No
- c. Don’t know
- d. Refused

Source: simplified B.C. Pilot CSHS 2015 (CH129), simplified from NSFG (REASPILL)

CH17 [if stopped using a method (CH14)] **Did you stop using the method of contraception because of costs?**

- a. Yes
- b. No
- c. Don’t know
- d. Refused

Source: *simplified B.C. Pilot CSHS 2015 (CH129), modified from NSFG (REASPILL)*

[Update: Consider adding: Did you stop using the method of contraception because of a serious illness?]

CH18 [if stopped using a method because of costs or SE (CH16, CH17)/female only] **Can you tell me about how many months you used method X before you stopped using it?** (Ask for EACH method identified in "CH15")?

Method	Reason for stopping usage	Months used before stopping

Source: *B.C. Pilot CSHS 2015, modified from NSFG (MC1MONS1)*

Access to contraception

CH19 [all] **In the last 12 months, where did you most frequently obtain your contraception?** (Please select the 3 most important ones, ranking from 1 (most frequently) to 3)

- a. Regular health care provider (doctor or nurse),
- b. Other health care provider, walk-in clinic (sexual health clinic, family planning or reproductive health clinic, youth services or school/college/university)
- c. Retail (pharmacy, convenience store/supermarket/other shop, vending machine)
- d. Internet
- e. Emergency department
- f. Other, please specify: _____
- g. Did not obtain any contraception in the last year
- h. Don't know
- i. Refused

Source: *modified from Natsal (FPSourc2)*



8. Pregnancy History (intro)

Current Pregnancy

PH1 [all biological females (SGO1)] **Are you currently pregnant?**

- a. Yes
- b. No
- c. Unsure
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH1), modified from NSFG (PREGNOWQ)

PH2 [if currently pregnant (PH1a or c)] CALENDAR **How many weeks or months pregnant are you now?**

If Respondent is less than 1 week pregnant, enter [0]. **Indicate unit of measurement.**

- a. Week(s)_____/Months(s)_____
- b. Don't know
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH2a), NSFG (HOWPREG_N)

PH3 [if not currently pregnant (PH1b, c, d)] I'm going to read you a statement about pregnancy. **Please tell me if you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree. "It is important to me to avoid getting pregnant right now."**

- a. Strongly Agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly Disagree
- f. Refused

Source: B.C. Pilot CSHS 2015 (CPH2b) CCHS 2020 SXB_R9B

Pregnancy History

Definitions: (www.healthlinkbc.ca)

- **Miscarriage** is defined as the loss of a pregnancy before 20 weeks of pregnancy
- **Stillbirth** is defined as the loss of a pregnancy after 20 weeks of pregnancy but before the baby is born (can occur during pregnancy or during labour)
- **Abortion** is defined as the early termination of a pregnancy
- **Tubal or ectopic pregnancy** is any pregnancy outside the uterus or womb, like in the fallopian tube or abdomen

PH4 [Ask if not currently pregnant (PH1b)] **Have you ever been pregnant? Please include live births, miscarriages, stillbirths, tubal or ectopic pregnancies and abortions**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH3), NHANES (RHQ131)

PH5 [Ask if ever been pregnant (PH4a) or currently pregnant (PH1a)] CALENDAR QUESTION **How old were you at the time of your first pregnancy?**

- a. Date given
- b. Don't remember
- c. Refused

Source: modified from NSFG (AGEATEND)

PH5b [if doesn't remember] **About how old?**

- a. No further prompting, record estimate
- b. Don't know
- c. Refused

Source: Natsal recall question (i.e. NextAge)

PH6 [Ask if ever been pregnant (PH4a) or currently pregnant (PH1a)] CALENDAR QUESTION **How many times have you been pregnant in total? Again, be sure to count all your pregnancies, including current pregnancy, live births, miscarriages, stillbirths, tubal or ectopic pregnancies, or abortions.**

- a. Number given ____
- b. Don't know
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH4) NSFG (NUMPREGS)

PH7 [Ask if ever been pregnant (PH4) or currently pregnant (PH1a)] **Have you ever given birth to more than one child in a single pregnancy?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (MULTBRTH)

PH8 [If yes (PH7a)] **What year did you give birth to more than one child in a single pregnancy?**

- a. Year given
- b. Don't remember
- c. Refused

Source: New

PH9 [If yes (PH8a)] **How many children did you give birth to on that occasion?**

- a. Two children (twins)
- b. Three children (triplets)
- c. More than three children
- d. Don't know
- e. Refused

Source: modified from NSFG (MULTBRTH)

Now I'd like to ask some questions specifically about your <pregnancy number> pregnancy, not including current pregnancy if currently pregnant. Remember, we'll be talking about each of your pregnancies in the order they occurred.

PH10 [Ask if ever been pregnant (PH4) or currently pregnant (PH1a), (up to 10 pregnancies, starting with first pregnancy and then working forward toward most recent)] CALENDAR QUESTION **In which of the ways, shown on Card X, did your <pregnancy number> pregnancy end?**

- a. Stillbirth
- b. Live birth by caesarean section
- c. Live birth by vaginal delivery
- d. Ectopic or tubal pregnancy
- e. Miscarriage
- f. Abortion
- g. Don't know
- h. Refused

Source: B.C. Pilot CSHS 2015 (CPH5) NSFG (PREGEND)

PH11 [For each pregnancy] CALENDAR **In what month and year did this pregnancy end?**

- a. ENTER in Calendar MM/YYYY
- b. Don't remember
- c. Refused

After R has given the year, say: Looking at the Calendar, please record the pregnancy in the “Birth or Pregnancy Ending Dates” section below the calendar. Then, if the pregnancy ended between [MONTH AND YEAR OF INTERVIEW and MONTH AND YEAR OF INTERVIEW – 18 MONTHS], please record “S” for a stillbirth, “M” for miscarriage or ectopic, or “A” for abortion in the appropriate box on the “Births & Other Pregnancies” row of the calendar.

Source: B.C. Pilot CSHS 2015 (CPH6) NSFG (DATPRGEN_M DATPRGEN_Y)

PH12 [ask if has had more than 10 pregnancies] **When did your most recent pregnancy end?**

- a. ENTER date and outcome
- b. Don’t remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH14)

PART 2: ACASI Audio computer assisted self interview

Now we will offer you a chance to answer some of the sensitive questions privately and confidentially. I will show you how to put on the headphone set, and how to make the entries on the tablet computer. The audio recording will ask you the questions and no one else will hear the questions you are asked. You can choose to listen to the audio recording, or read the question yourself. Also, I will not see the answers you put in, nor will I ever have access to these answers or know what answer you gave.

9. Sexual Behaviours, History and Partners

SB1 [all] At any time in your life, have you ever had sexual intercourse with a person, this includes vaginal, oral, or anal intercourse?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: NSFG (EVERSEX)

[Update: Consider separately explicitly asking about non-consensual sexual intercourse and age at which it occurred.]

Vaginal intercourse

Vaginal intercourse is a penis in a vagina

SB2 [all] At any time in your life, have you ever had vaginal intercourse (i.e. a penis in a vagina)?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: Modified from B.C. Pilot CSHS 2015 (SXB1) Modified from Natsal-3 (HetCheck)

SB3 [all] How old were you the first time you had vaginal intercourse?

- a. Age in years____
- b. I don't remember
- c. I have never had vaginal intercourse
- d. Refused

Source: modified from B.C. Pilot CSHS 2015 (SHI1), originally NSFG (HOWOLD, AGEVAGR)

SB3b: [if “don’t remember”] **Could you tell me the month and year?**

- a. Date given
- b. I don't remember
- c. Refused

SB3c [if still “don't remember”] **About how old would you say you were?**

- a. Give estimate
- b. Don't know
- c. Refused

Source: Natsal recall question (FirstINt)

[Update: Consider separately explicitly asking about whether the above first vaginal intercourse was non-consensual.]

SB4 [all females] It is important for this study to know whether your first vaginal intercourse was before or after your first menstrual period so we know something about your risk of pregnancy. **Which came first, your first vaginal intercourse or your first menstrual period?**

- a. Vaginal Intercourse
- b. Menstrual Period
- c. Don't Remember
- d. I have not had vaginal intercourse
- e. I have not had vaginal intercourse nor my first menstrual period
- f. Refused

Source: B.C. Pilot CSHS 2015 (SHI3) NSFG (WHICH1st)

Last vaginal intercourse

SB5 [vaginal intercourse (SB2)] **When, if ever, was the last occasion you had vaginal sexual intercourse?**

Was it:

- a. In the last 7 days
- b. Between 7 days and 1 month ago
- c. Between 1 month and 6 months ago
- d. Between 6 months and 1 year ago
- e. Between 1 and 5 years ago
- f. Longer than 5 years ago
- g. Don't remember
- h. Refused

Source: modified from Natsal (Lastvag)

SB6 [vaginal intercourse+ (SB2)] **The last time you had vaginal intercourse, was a condom used?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: NSFG (EL-1)

SB7: [if vaginal intercourse+ (SB2)] **During a typical month, how many times do you have vaginal intercourse a week?**

- a. Once per week or less
- b. 2 – 3 times per week
- c. 4 times per week or more
- d. Don't know
- e. Refused

Source: modified from CCHS (SXB_Q080)

Oral sex

Oral sex (oral sexual intercourse) means a mouth on the genital area (the sex organs, i.e. penis or vagina)

SB8: [if sexual intercourse (SB1a)] **In the past 12 months, have you given oral sex?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (GIVORALM)

SB9: [if sexual intercourse (SB1a)] **In the past 12 months, have you received oral sex?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (GETORALM)

Anal sex

Anal sex (anal sexual intercourse) means a penis in a partner's anus (rectum or back passage)

SB10 [sexual intercourse (SB1a)] **In the past 12 months, have you given anal sex?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (ANALSEX)

SB11 [sexual intercourse (SB1a)] **In the past 12 months, have you received anal sex?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (ANALSEX)

SB12 [if anal sex+ (SB10 or SB11)] **The last time you had anal intercourse did you use a condom?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: Modified from NSFG (CONDANAL)

Sexual partners

Sexual partners: people who have sex together – whether just once, or a few times, or as regular partners, or as married partners

SB13: [all] **Altogether, in your life so far, how many people have you had sexual intercourse with (vaginal, oral or anal)?**

- a. Please type in 0 if none. Range (0 to 9997)
- b. Don't remember
- c. Refused

Source: NATSAL (HetLife)

SB14: [if more than 0 in SB13] **During the last 12 months, that is since [next_month] [previous_year], how many people, if any, have you had vaginal intercourse with? Vaginal sex or intercourse means a penis in a vagina.** Please count every person, even those you had vaginal intercourse with only once

- a. Please type in number (0 to 9997)
- b. Don't remember
- c. Refused

Source: modified from NSFG (PARTS12M)

SB15: [if more than 0 in SB13] **Which one of these descriptions best applies to your relationship with the other person at the time you most recently had sex?**

- a. We were living together as a couple/married/in a civil partnership at the time
- b. In a steady relationship at the time
- c. We used to be in a steady relationship, but were not at that time
- d. We had known each other for a while, but were not in a steady relationship
- e. We had recently met
- f. We had just met for the first time
- g. Don't know
- h. Refused

Source: modified from Natsal (JustMet2)

SB16 [all] **In the past 12 months, I have had sexual intercourse (vaginal, oral or anal intercourse):**

- a. Only with males, never with females
- b. More often with males, and at least once with a female
- c. About equally often with males and females
- d. More often with females, and at least once with a male
- e. Only with females, never with males
- f. I have never had any sexual intercourse with another person
- g. Don't know
- h. Refused

Source: modified from B.C. Pilot CSHS 2015, originally Natsal-3 (ExpScale)

SB17 [if sexual intercourse (SB1)] **Thinking about all the people you have had sexual intercourse with in the past 12 months, did any of them overlap in time? In other words did you have sex with someone (person A), then have sex with someone else (person B), then have sex with the first person (person A) again?**

- a. Yes
- b. No

- c. Don't know
- d. Refused

Source: modified from Natsal 3 (Overlp5y)

SB18 [if sexual intercourse (SB1)] In the past 18 months, have you exchanged sex (oral, vaginal or anal) for money, drugs, a place to stay, or other means of survival?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (PROSTFRQ)

Internet

The first question is about the use of Internet and the second question is about the use of apps in relation to sexual partners.

SB19: [all] In the last 12 months, have you used the Internet (e.g. match.com; eHarmony.ca; Zoosk.com; etc.) to find a sexual partner?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from Natsal (NetSex)

SB20: [all] In the last 12 months, have you used a smartphone application (app) (e.g. Tinder, happn, etc.) to find a sexual partner?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from ASHR (QNINT1)

SB21: [if sexual intercourse+ (SB1)] Have you ever had sex with someone you met online or through a smartphone application (app)?

- a. Yes
- b. No
- c. Don't know
- d. Refused



Source: modified from ASHR (QNINT6)

10. Sexual Violence

Sexual Assault

IPV1 [all] **Has anyone tried (successfully or not) to make you have sex with them, against your will?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from Natsal (Viosuc)

IPV2 [if yes to IPV1] **How old were you when this happened?**

- a. Age given
- b. Don't remember
- c. Refused

Source: Natsal (Viowhen)

IPV3 [if yes to IPV1] **Was this person**

- a. Someone you were, or had been, in a relationship with
- b. Someone known to you as a family member or friend
- c. Someone known to you but not as a family member or friend
- d. Someone you did not know
- e. Other
- f. Don't know
- g. Refused

Source: Natsal (Viowho)

Intimate Partner Violence

In this section, a partner is defined as a person with whom you are legally married, separated, divorced, common-law partner, dating partner (current and previous) and other people with whom you are sexually intimate (modified from Statistics Canada. Family violence in Canada, section 3: intimate partner violence)

IPV4 [those in a relationship from SB15, a – d] **How often does your partner physically hurt you?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Fairly often
- e. Frequently

Source: HITS

IPV5 [same as IPV4] **How often does your partner insult or talk down to you?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Fairly often
- e. Frequently

Source: HITS

IPV6 [same as IPV4] **How often does your partner threaten you with harm?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Fairly often
- e. Frequently

Source: HITS

IPV7 [same as IPV4] **How often does your partner scream or curse at you?**

- a. Never
- b. Rarely
- c. Sometimes
- d. Fairly often
- e. Frequently

Source: HITS. Screening for IPV in women of reproductive age is recommended by the USPSTF (JAMA Intern Med 2018 Oct 23). A recently published study has shown that Clinical screening in Edmonton was suboptimal (Long et al. J. Obstet Gynaecol Can. 2018 accepted May 2018)

<https://doi.org/10.1016/j.jogc.2018.05.003>

11. Reproductive Coercion

This section will be asked to all females that are biologically females (SGO1)

RC1 [all biological females (SGO1)] **In the past 3 months, has someone you were dating or going out with told you not to use any birth control (like the pill, shot, ring, etc.)?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

RC2 [SGO1a] **In the past 3 months, has someone you were dating or going out with taken your birth control (like pills) away from you or kept you from going to the clinic to get birth control?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

RC3 [SGO1a] **In the past 3 months, has someone you were dating or going out with made you have sex without a condom so you would get pregnant?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

RC4 [SGO1a] **In the past 3 months, has someone you were dating or going out with taken off the condom while you were having sex, so you would get pregnant?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

RC5 [SGO1a] **In the past 3 months, has someone you were dating or going out with put holes in the condom or broken the condom on purpose so you would get pregnant?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: Short form Reproductive Coercion Scale (McCauley, 2017)

12. Pregnancy History and Outcomes

This section will be asked to all females that are biologically females (SGO1)

Current pregnancy

PHO1 [all biological females (SGO1)] **Are you currently pregnant?**

- a. Yes
- b. No
- c. Unsure
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH1) modified from NSFG (PREGNOWQ)

PHO2 [Ask if currently pregnant (PHO1a, c)] **How many weeks or months pregnant are you now?** If Respondent is less than 1 week pregnant, enter [0]. Indicate unit of measurement.

- a. Week(s)/Months(s) _____
- b. Don't know
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH2), NSFG (HOWPREG_N)

PHO3 [Ask if not currently pregnant (PHO1b, c, d)] **Please read the statement below. Do you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree.**

“It is important to me to avoid getting pregnant right now.”

- a. Strongly Agree
- b. Agree
- c. Neither agree nor disagree
- d. Disagree
- e. Strongly Disagree
- f. Refused

Source: B.C. Pilot CSHS 2015 (CPH2b) CCHS 2020 SXB_R9B

Pregnancy history and outcomes

Definitions:

- **Miscarriage** is defined as the loss of a pregnancy before 20 weeks of pregnancy
- **Stillbirth** is defined as the loss of a pregnancy after 20 weeks of pregnancy but before the baby is born (can occur during pregnancy or during labour)
- **Tubal or ectopic pregnancy** is any pregnancy outside the uterus or womb, like in the fallopian tube or abdomen

- **Abortion** is defined at the early ending of a pregnancy

PHO4: [Ask if not currently pregnant (PHO1b)] **Have you ever been pregnant? Please include live births, miscarriages, stillbirths, tubal or ectopic pregnancies and abortions.**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH3), NHANES (RHQ131)

PHO5 [Ask if ever been pregnant (PHO4a)] **How old were you at your first pregnancy?**

- a. Date given
- b. Don't remember
- c. Refused

Source: modified from NSFG (AGEATEND)

PHO6 [Ask if has ever been pregnant (PHO4a)] **How old were you the first time you gave birth? Please include stillbirths and livebirths.**

- a. Age given (YYYY)
- b. Don't remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH12), modified from Natsal (PrgAge)

PHO7: [Ask if has ever been pregnant (PHO4a) or currently pregnant (PHO1a)] **How many times have you been pregnant in total? Again, be sure to count all your pregnancies including current pregnancy, live births, miscarriages, stillbirths, tubal or ectopic pregnancies, or abortions.**

- a. Number given___
- b. Don't know
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH4), NSFG (NUMPREGS)

PHO8 [Ask if has ever been pregnant (PHO4a) OR currently pregnant with a history of other pregnancies (PHO7a)] **Have you ever had a stillbirth? Can you please tell me how many stillbirths you have had?**

- a. Yes, Number given___
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH10), modified from NSFG (CASLOSS)

PHO9 [Ask if has ever been pregnant (PHO4a) OR currently pregnant with a history of other pregnancies (PHO7a)] **Have you ever given birth, not including those resulting in stillbirths?**

- a. Yes #__ (Number of pregnancies resulting in births, twin pregnancies should be counted as one pregnancy)
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH11), NSFG (CASIBIRTH)

PHO10 [if yes to PHO9] **How many children have you given birth to in total, not including any stillbirth?**

- a. Number given__
- b. Don't know
- c. Refused

Source: New (correlation between number of pregnancies and number of children)

PHO11 [Ask if has ever been pregnant (PHO4a) OR currently pregnant with a history of other pregnancies (PHO7a)] **Have you ever had a tubal or ectopic pregnancy? how many tubal or ectopic pregnancies you have had?** Tubal pregnancy is any pregnancy outside the uterus or womb, like in the fallopian tube or abdomen

- a. Yes #__
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH8), modified from NSFG (CASILOSS)

PHO12 [Ask if has ever been pregnant (PHO4a) OR currently pregnant with a history of other pregnancies (PHO7a)] **Have you ever had an abortion or termination of pregnancy? how many abortions or termination of pregnancies you have had?**

- a. Yes #__
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (CPH9), NSFG (CASIABOR)

PHO13 [Ask if has ever been pregnant (PHO4a) OR currently pregnant with a history of other pregnancies (PHO7a)] **Have you ever had a miscarriage? how many miscarriages you have had?**

- a. Yes #__
- b. No
- c. Don't know

d. Refused

Source: B.C. Pilot CSHS 2015 (CPH7), modified from NSFG (CASILOSS)

PHO14 [ask if more than 10 pregnancies] **When did your most recent pregnancy end?**

- a. Date given
- b. Don't remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (CPH14)

The following 2 questions are for biological males only

PHO15 [male only (SGO1b)] **To the best of your knowledge, have you ever made someone pregnant?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: NSFG (MADEPREG)

PHO16 [male only, yes to pregnancy (PHO15)] **To the best of your knowledge, were any of these pregnancies unplanned?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: new (adapted from NSFG NUMABORT, NUMLIVEB)

13. Pregnancy Intentions (unplanned pregnancies)

[Ask if currently pregnant (PHO1a) OR pregnant within last 5 years (see PH11a or PH12a or PHO14a)]

This section is for biological females only

PI1 Thinking of your (current/most recent) pregnancy within the last 5 years, whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy, please choose the option which best applies to you. In the month that I became pregnant...

- a. I or we were not using contraception
- b. I or we were using contraception, but not on every occasion
- c. I or we always used contraception, but knew that the method had failed (i.e. broke, came off, came out, not worked etc.) at least once
- d. I or we always used contraception

PI2 In terms of becoming a mother (first time or again), I feel that my most recent/current pregnancy, whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy, happened at the...

- a. Right time
- b. Ok, but not quite right time
- c. Wrong time

PI3 Just before I became pregnant the most recent time, whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy,...

- a. I intended to get pregnant
- b. My intentions kept changing
- c. I did not intend to get pregnant

PI4 Just before I became pregnant the most recent time whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy

- a. I wanted to have a baby
- b. I had mixed feelings about having a baby
- c. I did not want to have a baby

PI5 In this question, we ask about your sexual 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 this last time, whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy,....**

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

PI6 **Before you became pregnant this last time, whether resulting in a birth, stillbirth, abortion, miscarriage or ectopic pregnancy, or whether you are currently pregnant, did you do anything to improve your health in preparation for pregnancy?** Please tell me all the options that apply to you.

- a. Took folic acid
- b. Stopped or cut down smoking
- c. Stopped or cut down drinking alcohol
- d. Ate more healthily
- e. Sought medical/health advice
- f. Took some other action
- g. I did not do any of the above before my pregnancy

Source: Natsal (LMUP1 to 6)

14. Attitudes and Perceptions

Self-esteem

AP1. [all]

- a. **On the whole, I am satisfied with myself**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- b. **At times I think I am no good at all (R)**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- c. **I feel that I have a number of good qualities**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- d. **I am able to do things as well as most other people**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- e. **I feel I do not have much to be proud of (R)**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- f. **I certainly feel useless at times (R)**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- g. **I feel that I'm a person of worth, at least on an equal plane with others**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- h. **I wish I could have more respect for myself (R)**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- i. **All in all, I am inclined to feel that I am a failure (R)**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree
- j. **I take a positive attitude toward myself**
 - i. Strongly Agree/Agree/ Disagree /Strongly Disagree

Scoring system: "Items b, e, f, h, i are reverse scored (R). Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher self-esteem."

Source: Rosenberg Self-esteem scale

Sexual assertiveness

AP2 [all]

Communication about sexual initiation and satisfaction

- a. I feel uncomfortable telling my partner what feels good (R)
 - i. Strongly Agree/Agree/Disagree/Strongly Disagree
- b. I feel uncomfortable talking during sex (R)
- c. I am open with my partner about my sexual needs
- d. I let my partner know if I want to have sex
- e. I feel shy when it comes to sex (R)
- f. I approach my partner for sex when I desire it
- g. I begin sex with my partner if I want to
- h. It is easy for me to discuss sex with my partner

Ability to refuse unwanted sexual acts

- i. I refuse to have sex if I don't want to
- j. I find myself having sex when I do not really want it (R)
- k. I give in and kiss if my partner pressures me, even if I already said no (R)
- l. I have sex if my partner wants me to, even if I don't want to (R)
- m. It is easy for me to say no if I don't want to have sex

Sexual history communication

- n. I would ask my partner about his or her risk of HIV
- o. I would ask my partner if they had sex with someone who shoots drugs with needles
- p. I ask my partner if they practiced safe sex with other partners
- q. I ask my partners about their sexual history
- r. I ask my partners whether they have ever had a sexually transmitted infection/disease.

Scoring system: "Items a, b, e, j, k, l are reverse scored (R). Give "Strongly Disagree" 1 point, "Disagree" 2 points, "Agree" 3 points, and "Strongly Agree" 4 points. Sum scores for all ten items. Keep scores on a continuous scale. Higher scores indicate higher sexual assertiveness."

Source: Loshek & Terrell, Sexual Assertiveness Questionnaire

Depression and anxiety

AP3 [all] **Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS (CCC_Q195)

AP4 [all] **Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS (CCC_Q200)

15. Sexually Transmitted Infections and HPV vaccinations

Perceived risk

STI1 [all] **With your present sexual lifestyle, how much at risk do you personally feel of becoming infected with a sexually transmitted infection, or STI, not including HIV?**

- Greatly at risk
- Quite a lot at risk
- Not very much at risk
- Not at all at risk
- Don't know
- Refused

Source : Atlantic University Student Sexual Health Survey

STI2 [all] **With your present sexual lifestyle, how much at risk do you personally feel of becoming infected with HIV?**

- Greatly at risk
- Quite a lot at risk
- Not very much at risk
- Not at all at risk
- Don't know
- Refused

Source: adapted from Atlantic University Student Sexual Health Survey

Testing

STI3 [all] **Have you ever been tested for a sexually transmitted infection (or STI), other than HIV?**

- Yes
- No
- Don't know
- Refused

Source: CCHS (SXB_Q130)

STI3 b [if yes] **Was it in the last 12 months?**

- Yes
- No
- Don't know
- Refused

STI4 [all] **Have you ever been tested for HIV?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from CCHS (SXB_Q110)

STI4b [If yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI5 [all] **In the last year, when you thought you had an STI, did you get tested?**

- a. Yes
- b. No
- c. Not applicable, did not think you had an STI at any point
- d. Don't know
- e. Refused

Source: New

Diagnosis

STI6 [yes to STI3 or all?] **Have you ever been told by a doctor or other health care professional that you had chlamydia?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI6b [If yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI7 [yes to STI3 or all?] **Have you ever been told by a doctor or other health care professional that you had gonorrhoea?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI7b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI8 [yes to STI3 or all?] **Have you ever been told by a doctor or other health care professional that you had syphilis?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI8b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI9 [all] **Have you ever been told by a doctor or other health care professional that you had genital warts?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI9b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No

- c. Don't know
- d. Refused

STI10 [all] **Have you ever been told by a doctor or other health care professional that you had genital herpes?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI10b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI11 [yes to STI4] **Have you ever been told by a doctor or other health care professional that you had HIV?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI11b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI12 [females only] **Have you ever been told by a doctor or other health care professional that you had Pelvic Inflammatory Disease, or PID?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI12b [if yes] **Was it in the last 12 months?**

- a. Yes

- b. No
- c. Don't know
- d. Refused

STI13 [all] **Have you ever been told by a doctor or other health care professional that you had some other STI?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from PHAC M-Track (question 7.8)

STI13b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

STI14 [if yes to any of the above] **In the last year, when you had an STI, did you get the treatment you needed?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: New

Online testing

STI15 [all] **Have you ever tested for sexually transmitted infections through an online testing service?**

This could include ordering a home specimen collection kit from a website and sending in to a lab for testing, or getting a lab form from a website and taking it to a lab to get tested. Results may be provided online or by phone

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: New

STI15b [if yes] **Was it in the last 12 months?**

- a. Yes
- b. No

- c. Don't know
- d. Refused

Source: New

STI16 [skip if yes to STI15] **How likely would you be to use an online testing service like this if it were available?**

- a. Very likely
- b. Likely
- c. Unlikely
- d. Very unlikely
- e. I would never use this service
- f. Don't know
- g. Refused

Source: New

HPV vaccination

STI17 [all] **Have you ever been vaccinated against cervical cancer/ received HPV vaccine? (Human Papillomavirus)**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from Natsal (HPVever)

STI17b [if yes] **Did you receive all the shots that were recommended?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from Natsal (HPVever)

STI17c [if yes to ever vaccinated (STI17)] **At what age did you receive your first vaccination for cervical cancer?**

- a. Age given
- b. Don't remember
- c. Refused

Source: IDCCP toolkit

STI18 [female only (SGO1a)] **When did you last have a cervical smear test (pap test)?**

- a. I have never had one
- b. Less than 3 years ago
- c. Between 3 and 5 years ago
- d. Between 5 and 10 years
- e. More than 10 years ago
- f. Don't remember
- g. Refused

Source: Natsal (EverPap)

16. Substance use

SU1 [all] **In the past 12 months, have you taken any of the drugs listed below?** (Select all that apply)

- a. Alcohol
- b. Cannabis (marijuana)
- c. Methamphetamine or Crystal meth
- d. Cocaine or coke/Crack
- e. Ecstasy (MDMA)
- f. Heroin
- g. Other, please specify
- h. I have not taken any drugs
- i. Don't know
- j. Refused

Source: adapted from Natsal (DrugUse) with list from Health Canada

SU2 [if yes to any substance listed in SU1] **In the past 12 months, how often have you engaged in sexual intercourse while under the influence of [drug selected]** [Ask question for all drugs listed]

- a. Every time
- b. Most of the time
- c. Occasionally
- d. Not at all in the past 12 months

Source: modified from 1990 National Alcohol Survey (Guttmacher institute. The relationship of substance use to sexual activity among young adults in the United States. Family Planning Perspectives, 27:18-22 & 33, 1995)

17. Female genital cutting

Definition: **Female Genital cutting** comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. (WHO <http://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>)

GC1 [all females (SGO1a)] **Have you yourself ever had your genitals cut? / Are you circumcised?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: (DHS survey) Unicef

GC2 [all females circumcised (GC1a)] **How old were you when you had your genital cuts/ were circumcised?**

- a. Age given
- b. Don't remember
- c. Refused

Source: (DHS survey) Unicef

18. Adverse Childhood Experiences

Prologue: This section covers some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Please keep in mind that you can skip any question you do not want to answer. **All questions refer to the time period before you were 18 years of age, including up to the present if you are currently younger than 18.**

- a. Did you live with anyone who was depressed, mentally ill, or suicidal?
 - i. Yes/No/Don't know/Refused
- b. Did you live with anyone who was a problem drinker or alcoholic?
 - i. Yes/No/Don't know/Refused
- c. Did you live with anyone who used illegal street drugs or who abused prescription medication?
 - i. Yes/No/Don't know/Refused
- d. Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facilities?
 - i. Yes/No/Don't know/Refused
- e. Were your parents separated or divorced
 - i. Yes/No/Don't know/Refused
- f. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up
 - i. Never/Once/More than once/Don't know/Refused
- g. Before age 18, how often did a parent or adult in your home ever hit, kick, or physically hurt you in any way (do not include spanking)
 - i. Never/Once/More than once/Don't know/Refused
- h. How often did a parent or adult in your home ever swear at you, insult you or put you down?
 - i. Never/Once/More than once/Don't know/Refused
- i. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?
 - i. Never/Once/More than once/Don't know/Refused
- j. How often did anyone at least 5 years older than you or an adult, try to make you touch sexually?
 - i. Never/Once/More than once/Don't know/Refused
- k. How often did anyone at least 5 years older than you or an adult, force you to have sex?
 - i. Never/Once/More than once/Don't know/Refused

Source: Behavioral Risk Factor Surveillance System (BRFSS – Adverse Childhood Experience Module)



Scoring: 1 point per “yes” or “more than once” answer. Dose-response relationship

https://www.cdc.gov/violenceprevention/acestudy/ace_brfss.html

19. Infertility and sub-fertility

Infertility

INF1 [all biological females (SGO1a)] **Have you ever had an operation intended to prevent you getting pregnant, such as a tubal ligation, having your tubes tied or removed, or an Essure procedure?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (FRT1), modified from NSFG (EVERTUBS and ESSURE)

INF2 [if yes to INF1] **Have you ever had surgery to reverse a tubal ligation or Essure procedure?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

INF3 [all biological females (SGO1a)] **Have you ever had any other operation or treatment that makes it impossible for you to have a baby, such as a hysterectomy, removal of the uterus, or removal of both ovaries or tubes, or chemotherapy treatments, or any other method of sterilization?**

- a. Yes
- b. No
- c. Other, please specify _____
- d. Don't know
- e. Refused

Source: B.C. Pilot CSHS 2015 (FRT2) modified from NSFG (EVERHYST and EVEROVRS and EVEROTHR)

INF4 [if yes to INF1 or INF3] **When did you have the operation or treatment that made you sterile? If you had tubes tied or ovaries removed in 2 separate operations, record month/year for most recent operation. This is the date when they became completely sterile.**

- a. ENTER MM\YYYY
- b. Don't remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (FRT3) modified from NSFG (DATFEMOP_M DATEFEMOP_Y)

INF5 [biological males only (SGO1b)] **Have you ever had a vasectomy or any other operation or treatment such as chemotherapy, that makes it impossible for you to make someone pregnant?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: modified from NSFG (EVEROPER)

INF6 [biological males only (SGO1b)] **Have you ever had surgery to reverse a vasectomy?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: NSFG (RVRSVAS)

Menopause

INF7 [all biological females (SGO1a)] **Have you passed menopause? "Menopause means you have gone without a period for at least 1 year, not including pregnancy, breastfeeding, or any hormonal treatments that cause you to not have periods"**

- a. Yes
- b. No
- c. Unsure
- d. Refused

Source: B.C. Pilot CSHS 2015 (FRT4) modified from ISSHR (D1b)

Subfertility

INF8 [vaginal intercourse+ (SH2a) and no to infertility (INF1b or INF3b), not currently pregnant (PHO1b)]

Have you ever had a time, lasting 12 months or longer, when you were trying for a pregnancy but it didn't happen?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: Natsal (Infert1y)

INF9 [if yes to INF8] **Have you ever sought medical or professional help about infertility?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: Natsal (Medhelp)

INF10 [if yes to INF9] **Think about all of the medical help you have ever received to help you become pregnant. Which of the services listed below have you had (to help you become pregnant)?** (Select all that apply)

- a. Advice
- b. Infertility testing
- c. Drugs to improve ovulation
- d. Surgery to correct blocked tubes
- e. Assisted reproductive technology (ART, i.e. fertility medication, in vitro fertilization (IVF))
- f. Artificial insemination (also called intrauterine insemination)
- g. Other types of medical help
- h. Don't know
- i. Refused

Source: modified from NSFG (TYPALLPG)

PART 3: CAPI

20. Access and Information

Access to clinic in general

ACI1 [all] Where do you usually go for sexual health care?

- a. Regular health care provider (Family doctor, GP, nurse)
- b. Other doctor/walk-in clinic (sexual health clinic, family planning or reproductive health clinic, youth services or school/college/university)
- c. Specialist doctor (Ob/gyn; urologist)
- d. Pharmacist
- e. Emergency department
- f. Other, please specify
- g. No usual place
- h. Don't know
- i. Refused

Source: modified from CCHS (UCN_Q025) and Natsal (FPSourc2)

Access to clinic

ACI2 [all] **The last time you had an infection that is transmitted by sex (STI), where did you go seek diagnosis and/or treatment?**

- a. I have not had an STI
- b. Regular health care provider (Family doctor, GP, nurse)
- c. Other doctor/walk-in clinic (sexual health clinic, family planning or reproductive health clinic, youth services or school/college/university)
- d. Online or internet-based service offering testing (e.g. collect own specimens at home, or download lab form to take to a lab)
- e. Specialist doctor (Ob/gyn; urologist)
- f. Emergency department
- g. Other, please specify
- h. I did not **go** seek diagnosis or treatment
- i. Don't know
- j. Refused

Source: modified from Natsal (STDTrt)

ACI3 [if ACI2 b – g] **The last time you received care for an STI from What were the 3 main reasons that you chose this place for care?** (Please select the 3 most important ones, ranking them from 1 (most important) to 3)

- a. Location is convenient
- b. Could walk in or get same day appointment
- c. Hours of operation were convenient
- d. Confidential
- e. The service I needed was available
- f. Non-judgemental
- g. Expertise/Expert care there
- h. No regular provider
- i. It was the only place I could go to
- j. Other, please specify
- k. Don't know
- l. refused

Source: modified from NSFG (WHYPSTD), using Access framework from WHO (accessibility, acceptability, appropriateness, equitability, effectiveness)

ACI4 [If h on ACI2] **The last time you needed care for an STI, you did NOT go to seek care/or delayed. What were the main 3 reasons that stopped you for going?** (Please select the 3 most important ones, ranking them from 1 (most important) to 3)

- a. I did not know where to go
- b. The service hours were not convenient
- c. The service was not available or was too far away
- d. I did not feel confident in the skills of the health care provider
- e. I was afraid to be judged
- f. I thought the symptoms would disappear on their own
- g. I was concerned about privacy
- h. I was afraid to hear bad news
- i. I was concerned that the test would be painful (e.g. penile swab for males/speculum exam females)
- j. I was concerned that I would be embarrassed (e.g. get an erection)
- k. Don't know
- l. Refused

Source: modified from NSFG (BARRIER), using Access framework from WHO (accessibility, acceptability, appropriateness, equitability, effectiveness)

ACI5 [all] People can have various sexual health concerns (sexual difficulties or dysfunctions) throughout their life. Can you tell me if you have ever had one or more of the health concerns (sexual difficulty or dysfunction) listed below?

- a. Never had a sexual health concern
- b. Pain during intercourse or sexual activity
- c. Low sexual desire
- d. Difficulty with arousal
- e. Loss of pleasure
- f. Trouble reaching orgasm
- g. Erectile dysfunction (impotence or inability to keep an erection)
- h. Ejaculation concern
- i. Fear or aversion of sexual activity
- j. Other, please specify
- k. Don't know
- l. Refused

Source: New

ACI6 [if replied ACI5 b - j] The last time you had [answer from ACI5], where did you go for care?

- a. I did not need to seek care
- b. Regular health care provider (Family doctor, GP, nurse)
- c. Other doctor/walk-in clinic (sexual health clinic, family planning or reproductive health clinic, youth services or school/college/university)
- d. Specialist doctor (Ob/Gyn; urologist)
- e. Sex therapist
- f. Pharmacist
- g. Emergency department
- h. Other, please specify
- i. No usual place
- j. Don't know
- k. Refused

Source: modified from Natsal (STDTrt)

21. Demographics

Origin

DEM1 [all] **In what country were you born?**

INTERVIEWER: Ask the respondent to specify country of birth according to current boundaries. Start typing the name of the country to activate function.

Enter "CAN" to select Canada.

Enter "Other - Specify" if the country is not part of the list.

- a. Search
- b. Other - Specify
- c. Don't know
- d. Refused

Source: IMM_Q01 CCHS

DEM2 [if born in Canada] **In which province or territory were you born?**

- a. Newfoundland and Labrador
- b. Prince Edward Island
- c. Nova Scotia
- d. New Brunswick
- e. Quebec
- f. Ontario
- g. Manitoba
- h. Saskatchewan
- i. Alberta
- j. British Columbia
- k. Yukon
- l. Northwest Territories
- m. Nunavut
- n. Don't know
- o. Refused

Source: IMM_Q02 CCHS

DEM3 [if not born in Canada] **In what year did you first come to Canada to live?**

- a. Year given
- b. Don't remember
- c. Refused

Source: B.C. Pilot CSHS 2015 (DEM2) CCHS 2011 (SDC_3)

DEM4 [if not born in Canada] **Are you now, or have you ever been a landed immigrant in Canada?**

INTERVIEWER: A landed immigrant, or permanent resident, is a person who has been granted the right to live in Canada permanently by immigration authorities.

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS 2015 (IMM_Q03)

DEM5. [if yes to DEM4] **In what year did you first become a landed immigrant in Canada?**

INTERVIEWER: If respondent cannot give exact year of immigration, ask for a best estimate of the year.

- a. Year given (MIN: 1,870) (MAX: 2,100)
- b. Don't remember
- c. Refused

Source: CCHS 2015 (IMM_Q04)

DEM6. [all] **You may belong to one or more racial or cultural groups on the following list. Are you... ?**

- a. White
- b. South Asian (e.g., East Indian, Pakistani, Sri Lankan)
- c. Chinese
- d. Black
- e. Filipino
- f. Latin American
- g. Arab
- h. Southeast Asian (e.g., Vietnamese, Cambodian, Malaysian, Laotian)
- i. West Asian (e.g., Iranian, Afghan)
- j. Korean
- k. Japanese
- l. Other - Specify
- m. Don't know
- n. Refused

Source: B.C. Pilot CSHS 2015 (DEM3) CCHS PG_Q01

DEM7 [all] **Are you an Aboriginal person, that is, First Nations, Métis or Inuk (Inuit)?** First Nations includes Status and Non-Status Indians. The terms "First Nations" and "North American Indian" can be interchanged. Some respondents may prefer one term over the other. ("Inuit" is the plural form of "Inuk")

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS 2015 (AMB_Q01)

Education

DEM8 [all] **What is the highest grade of elementary or high school you ever completed?**

- a. Grade 8 or lower (Quebec: Secondary II or lower)
- b. Grade 9 - 10 (Quebec: Secondary III or IV; Newfoundland: 1st year of secondary)
- c. Grade 11 - 13 (Quebec: Secondary V; Newfoundland: 2nd to 4th year of secondary)
- d. Don't know
- e. Refused

Source: B.C. Pilot CSHS 2015 (DEM4) CCHS 2011 (EDU_1)

DEM9 [all] **Did you graduate from high school (secondary school)?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (DEM5) modified from CCHS 2011 (EDU_02)

DEM10 [all] **What is your highest level of education?**

- a. No postsecondary studies
- b. Some postsecondary studies, but no degree or certificate completed
- c. Trades certificate or diploma from a vocational school or apprenticeship training
- d. Non-university certificate or diploma from a community college, CEGEP, etc.
- e. Bachelor's degree
- f. University degree above a bachelor's degree (Masters, PhD, professional degree, etc.)
- g. Don't know
- h. Refused

Source: B.C. Pilot CSHS 2015 (DEM6) modified from CCHS 2011 (EDU_4A)

DEM11 [all] **Are you currently attending a school, college or university?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (DEM7) modified from CCHS 2011 (SDC_8)

Relationship status

DEM12 [all] **At present are you ...**

- a. Single, that is never married and never registered in a same-sex civil partnership
- b. Living with partner or common-law relationship
- c. Married and living with my spouse
- d. Separated, but still legally married
- e. Divorced
- f. Widowed
- g. Don't know
- h. Refused

Source: B.C. Pilot CSHS 2015 (DEM9), modified from CCHS 2011 (MSNC_Q01)

Insurance coverage

DEM13 [all] **Do you have insurance that covers all or part of the cost of your prescription medications?**

- a. Yes
- b. No
- c. Don't know
- d. Refused

DEM14 [if yes to DEM13] **Is it...?**

- a. A government-sponsored plan
- b. An employer-sponsored benefit plan
- c. A plan sponsored through an association such as a union, trade association or student organization
- d. Other, such as your own private plan purchased from an insurance company
- e. Don't know
- f. Refused

Source: B.C. Pilot CSHS 2015 (DEM17 and 18) CCHS INS_QQ10

Income

DEM15 [all] **Last week, did you work at a job or a business?** Please include part-time jobs, seasonal work, contract work, self-employment, baby-sitting and any other paid work, regardless of the number of hours worked. (If the participant indicates they are on vacation, sick leave or disability last week, please provide the following instructions: If you have a usual job but were absent or on vacation last week, then please respond for the most recent week within this past month.)

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: B.C. Pilot CSHS 2015 (DEM10) Modified from CCHS (LMAM_Q01)

DEM16 [if yes to DEM15] **Are you an employee or self-employed?**

- a. Employee
- b. Self-employed
- c. Working in a family business without pay
- d. Don't know
- e. Refused

Source: B.C. Pilot CSHS 2015 (DEM11) Modified from CCHS (LMA3_Q10)

DEM17 [if yes to DEM15] **Can you estimate in which of the following groups your household income falls?** Was the total household income during the year ending December 31, ^DV_PASTYEAR... ?

- a. Amount given___
- b. Less than \$50,000, including income loss
- c. \$50,000 and more
- d. Don't know
- e. Refused

Source: B.C. Pilot CSHS 2015 (DEM12 and 13) CCHS THI_Q02

DEM18a [If less than 50,000] **Please stop me when I have read the category which applies to your household. Was it?**

- a. Less than \$5,000
- b. \$5,000 to less than \$10,000
- c. \$10,000 to less than \$15,000
- d. \$15,000 to less than \$20,000
- e. \$20,000 to less than \$30,000
- f. \$30,000 to less than \$40,000
- g. \$40,000 to less than \$50,000
- h. Don't know
- i. Refused

Source: B.C. Pilot CSHS 2015 (DEM14) THI_Q03

DEM18b [if 50,000 or more] **Please stop me when I have read the category which applies to your household. Was it:**

- a. \$50,000 to less than \$60,000
- b. \$60,000 to less than \$70,000
- c. \$70,000 to less than \$80,000
- d. \$80,000 to less than \$90,000
- e. \$90,000 to less than \$100,000
- f. \$100,000 to less than \$150,000
- g. \$150,000 and over
- h. Don't know
- i. Refused

Source: B.C. Pilot CSHS 2015 (DEM145) THI_Q04

Household security

DEM19 [all] **Is the dwelling you live in currently owned or rented by a member of this household?**

- a. Owned
- b. Rented
- c. Live in rent free (including rent free in relative's/friend property, excluding squatting)
- d. Don't have a stable dwelling
- e. Other
- f. Don't know
- g. Refused

Source: modified from B.C. Pilot CSHS 2015 (DEM16) Natsal (tenure)

22. Consent to share personal health number

To avoid duplication of surveys, Statistics Canada has signed agreements to share the data from this survey with provincial and territorial ministries of health, Health Canada and the Public Health Agency of Canada.

Territorial ministries of health may make the data available to local health authorities. With the exception of postal code, no identifiable information such as names, addresses, telephone numbers or health numbers will be provided.

INTERVIEWER: With the exception of postal codes, no personal identifiers (names, addresses and telephone numbers) will be provided to Health Canada or the Public Health Agency of Canada.

These organizations have agreed to keep your information confidential and use it only for statistical purposes.

HN1 [all] Do you agree to share the data provided?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS ADM_Q035

HN2 [all] Do you have a provincial or territorial health number?

- a. Yes
- b. No
- c. Don't know
- d. Refused

Source: CCHS ADM_Q010

HN3 [if yes] From which province or territory is your health number?

- a. Newfoundland and Labrador
- b. Prince Edward Island
- c. Nova Scotia
- d. New Brunswick
- e. Quebec
- f. Ontario
- g. Manitoba
- h. Saskatchewan
- i. Alberta
- j. British Columbia

- k. Yukon
- l. Northwest Territories
- m. Nunavut
- n. Does not have a Canadian health number
- o. Don't know
- p. Refused

Source: CCHS ADM_Q015

HN4: [if gave consent] INTERVIEWER: **Enter a health number for** [Newfoundland and Labrador/Prince Edward Island/Nova Scotia/New Brunswick/Quebec/Ontario/Manitoba/Saskatchewan/Alberta/British Columbia/Yukon/the Northwest Territories/Nunavut]. In [Newfoundland and Labrador/Prince Edward Island/Nova Scotia/New Brunswick/Quebec/Ontario/Manitoba/Saskatchewan/Alberta/British Columbia/Yukon/the Northwest Territories/Nunavut], the health number is made up of [twelve numbers/eight numbers/ten numbers/nine numbers/four letters followed by eight numbers/ten numbers. Do not include the two letters at the end for green health cards/nine numbers, beginning with 002/one letter followed by seven numbers]. Do not insert blanks, hyphens or commas between the numbers.

[Note: In Manitoba, health numbers of families can be listed on the same card. Be sure to capture the intended respondent's health number if there is more than one on the card./Note: In British Columbia, residents may have a combined driver's license and health card. If the respondent has a combined card, the health number is on the back above the barcode./null]

- a. Number given (12 spaces)
- b. Don't know
- c. Refused

Source: CCHS HN_Q005



Canadian Sexual Health Survey



**WOMEN'S HEALTH
RESEARCH INSTITUTE**
AT BC WOMEN'S



**BC WOMEN'S
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HEALTH CENTRE



An agency of the Provincial Health Services Authority

Contraception & Abortion Research Team (CART-GRAC)

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