

Formative Evaluation of a Reproductive Life Plan Tool



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December 2012

Introduction

In April 2006 the Centers for Disease Control and Prevention (CDC) published recommendations to improve preconception health (PCH) in the United States.¹ The goal of preconception health and preconception care is to provide health promotion, screening and interventions for women and men of reproductive age to reduce risk factors that might affect future pregnancies. Ten recommendations to improve PCH were developed by the CDC Preconception Care Work Group and the Select Panel on Preconception Care. The recommendations can be used by consumers, public health professionals, clinical providers, researchers and policy makers to improve preconception health of women and men of reproductive age. One recommendation focuses on promoting individual responsibility across the lifespan. Specifically, the recommendation advises that each woman, man and couple be encouraged to have a reproductive life plan. The CDC defines a reproductive life plan as a set of personal goals about having (or not having) children and includes action steps around how to achieve those goals. Reproductive life plan goals are based on personal values and resources.² The CDC Preconception Care Workgroup and the Select Panel on Preconception Care suggests developing, evaluating and disseminating reproductive life planning tools for women and men. The recommendation states the need to ensure that life plan tools are age-appropriate, culturally relevant and cover both general health topics and specific risk behaviors.

Although CDC recommends individual reproductive life plans as an intervention for improving preconception health, there are limited examples in peer-reviewed literature of how public health practitioners have operationalized and evaluated this intervention at an individual or population-based level. Therefore, the Women's Health Branch at the Colorado Department of Public Health and Environment developed, piloted, and evaluated a spiral bound 8.5 x 5.5 customized paper Life Plan Booklet. The objective for developing the tool was to provide women of reproductive age with an informative booklet that translates preconception health concepts into easy-to-understand steps for healthy behaviors, including pregnancy planning. The Booklet aimed to increase knowledge on a range of preconception health and wellbeing topics, encourage women to initiate conversation with their health care providers, and establish personal goals. Subject matter experts (Appendix A) contributed to the content of the booklet, which included the following topics:

- Future dreams
- Financial security
- Emotional health
- Healthy relationships
- Family planning and birth control
- Sexually transmitted infections
- Do you want to be a mom someday?
- Becoming a parent
- Tobacco use
- Drinking alcohol
- Immunizations
- Breast and pelvic exams
- Eating and exercising for better health
- Taking medicines
- Taking vitamins
- Oral health
- Family health history
- Health and chronic illness
- Men – partners in reproductive health

The Life Plan Booklet was piloted and evaluated among a convenience sample of women of reproductive age from June 12, 2010 to July 7, 2010. The purpose of this report is to 1) capture results from the process evaluation, 2) document the methods and challenges of the outcome evaluation, and 3) summarize the feasibility of a paper-based preconception health tool.

Background and Literature Review

Unintended pregnancies are defined by the Pregnancy Risk Assessment Monitoring System (PRAMS) as pregnancies occurring sooner than desired, or occurring when no pregnancy is desired at any time. In the United States unintended pregnancy rates have hovered around 50 percent for the past twenty years.³ Teen birth rates in the United States are declining; yet, U.S. unintended pregnancy rates remain the highest of any developed country.⁴ Nationally, for every public dollar spent on prevention, \$3.74 is saved in Medicaid costs.⁵

The Colorado Department of Public Health and Environment (CDPHE) selected unintended pregnancy as one of ten winnable battles for Colorado. Preconception health with a focus on reducing unintended pregnancy is one of nine priorities selected by the CDPHE Maternal and Child Health (MCH) program. According to 2011 PRAMS data, 39.8 percent of pregnancies in Colorado are unintended. In some cases, unintended pregnancies are linked to late entry into prenatal care, birth defects, low birth weight, elective abortions, maternal depression, reduced rates of breastfeeding and increased risk of physical violence during pregnancy.⁶ In addition, teen mothers are less likely than their peers to earn a high school diploma or General Educational Development. Women under the age of 25, with a high school education or less, who are African-American or Hispanic/Latina, or are classified as low-income are more likely to have an unintended pregnancy.⁴ Unintended pregnancy stretches the state budget, costing Colorado Medicaid more than \$160 million annually.⁷

An overview of peer-reviewed literature reflects that reproductive life plan tools as a PCH intervention have not been widely or consistently studied. Whitworth and Dowswell conducted a meta-analysis of randomized and quasi-randomized studies examining the effectiveness of routine pre-pregnancy health promotion to improve pregnancy outcomes compared to no pre-pregnancy care or usual care.⁸ Interventions ranged from brief advice to several education sessions about health and lifestyle. The authors identified four studies that satisfied criteria and excluded women already identified to be at risk for poor pregnancy outcomes. The authors concluded that although there is insufficient evidence of the effects of pre-pregnancy health promotion on pregnancy outcomes, it is possible that advice on specific risk factors such as encouraging pregnancy planning can achieve behavior change.

Most studies assess using reproductive life planning in clinical settings. Malnory and Johnson (2011) discussed the importance of implementing a life course perspective model that includes a reproductive life plan to improve health outcomes.³ The author's state that a reproductive life plan is a comprehensive strategy that can be incorporated into all levels of health care practice to prevent unintended pregnancy and improve birth outcomes. They

recommend that health care providers incorporate reproductive life planning into their daily encounters with patients.

Dunlop, Logue, Miranda and Narayan (2010) explored the acceptability and utility of integrating an assessment of reproductive plans into primary care encounters.⁹ The authors purposefully selected 144 African-American and Hispanic females and males from publicly-funded clinics and assessed their desire for a child and contraceptive practices using a reproductive plan questionnaire. After the primary care encounter, semi-structured interviews to elicit patients' opinions about the reproductive plan questionnaire were conducted. Overall, 81 percent of females and 42 percent of males reported the reproductive plan assessment was important during their primary care encounter for preconception care interventions; including counseling about chronic conditions, medications, substance use, birth control methods and health education about unintended pregnancy and sexually-transmitted infections. Based on the study results, the authors recommend that primary care practices consider implementing reproductive life plans to facilitate family planning, preconception, and sexually-transmitted infection services that are aligned with individual patient reproductive intentions.

Lorraine Sanders examined the concept of reproductive life plans and their use by nurses to counsel patients about PCH.¹⁰ Sanders supports life plan tools to facilitate discussion about childbearing choices and to stimulate dialogue about life planning between couples and health care providers. Sanders concludes that life planning discussions may help providers implement preconception care as an intervention to reduce unintended pregnancy and improve future maternal and fetal outcomes.

A study published in *The Journal of Women and Aging* evaluated an internet-based program to prevent unintended pregnancy and sexually transmitted infections (STI) among women ages 44 to 50.¹¹ The program was based on several theoretical models of behavior change: the Expanded Theory of Reasoned Action, the Theory of Gender and Power, the Information-Motivation-Behavior Theory, and Social Learning Theory. The purpose of the evaluation was to determine if use of the program titled *Women's Reproductive Health: A Guide to Staying Healthy* led to increased knowledge regarding preventing unintended pregnancy and STIs, more positive attitudes regarding partner and health-care provider communication, and increased self-efficacy and behavioral intentions to engage in risk reduction. The findings indicated that a Web-based educational and skill-building intervention was effective in improving attitudes and beliefs in the short term and increasing behavioral intentions regarding risk behaviors.¹⁰

Evaluation: Phase I

Evaluation Design

The Women's Health Branch (WHB) in the Prevention Services Division at the Colorado Department of Public Health and Environment (CDPHE) worked with prenatal, maternal and child health content experts to develop a draft Life Plan Booklet (Appendix A). Once the booklet was drafted, the Epidemiology, Planning and Evaluation (EPE) Branch developed a process evaluation of the booklet. A qualitative design was developed, including a demographics questionnaire and open-ended question guide for use in several focus group discussions (FGDs) with women of reproductive age. The questions sought to elicit information about general attitudes and reactions of women towards the booklet, as well as specific information about what they did or did not like about the booklet.

Data Collection

Qualitative data were collected via four FGDs among women ages 18 and older. The FGD participants were from a convenience sample and recruited as already established groups. The facilitator from the WHB contacted community organizations throughout the Denver area with existing support groups of women of reproductive age (18 – 44 years). A FGD took place with each of the following existing groups in the greater Denver area: 1) participants in a life skills course taught as part of a temporary housing assistance program; 2) a breastfeeding support group for new mothers; and 3) two different transitional housing shelters for homeless women with children. Once the facilitator had selected and scheduled the focus groups with the organization, copies of the Life Plan Booklet were provided one week in advance so participants had the opportunity to read and complete the writing sections of the booklet.

A total of four focus groups were conducted over a five-week time span, from June 5, 2010 to July 7, 2010. The FGDs were conducted onsite at the location where the existing support group was routinely held. Participants were asked to fill out an anonymous demographic questionnaire prior to the start of the FGD (Appendix B). The purpose of this questionnaire was to gather key demographic information on the FGD participants (e.g. education level, relationship status, parity, how long it took to read through and complete the booklet).

The facilitator from the WHB led each FGD in English using a 13-question semi-structured question guide (Appendix C). A public health graduate student who was completing her capstone project also attended each FGD and served as a dedicated note-taker. The FGDs were audio recorded to ensure a verbatim record of the discussion was captured, and could be referred to as needed during the analysis phase. On average, the FGD lasted 60 minutes.

Ethical Considerations

The CDPHE Institutional Review Board (IRB) classified the process evaluation as public health practice. Because the project was used for fulfilling a public health graduate student's curriculum requirement of the Colorado School of Public Health, it was also

necessary to submit the process evaluation to the Colorado Multiple Institutional Review Board (COMIRB). The COMIRB oversees research requests from the University of Colorado at Denver and declared the process evaluation exempt from full ethical review.

Participation in the FGD was completely voluntary, and not required as part of membership in the existing support group. Participants were given two copies of a consent form, one of which they signed and returned to the FGD facilitator (Appendix D). A \$25 grocery store gift card was offered to each woman as a thank you for her time and participation. Due to the sensitive nature of some of the topics addressed in the booklet (e.g. interpersonal violence, substance abuse) a resource sheet was given to participants at the end of each FGD which directed them to organizations that could answer questions and provide support.

Data Analysis

Demographic Questionnaire

Each completed questionnaire was entered into a Microsoft Excel spreadsheet. Descriptive analysis was conducted for each of the seven questions.

Focus Group Discussions

Staff from the Epidemiology, Planning and Evaluation (EPE) Branch conducted the analysis of qualitative data. Two evaluators read through all four transcripts. A codebook of 15 codes was developed based on what emerged from the data. Both evaluators agreed to the codebook. One evaluator manually coded each transcript using Open Code software¹. The second evaluator reviewed each of the coded transcripts and confirmed that the coding was consistent with the established codebook. A different evaluator reviewed all the coded transcripts again by reading the text *down* each transcript, and then by reading the text and codes *across* each transcript. During this review the evaluator identified three overarching themes across the transcripts: value and purpose; suggested revisions; and format, distribution, and target audiences.

¹ ICT Services and System Development and Division of Epidemiology and Global Health (2009). OpenCode 3.4. University of Umeå, Sweden.

Results

A total of 29 women participated in the FGDs. Table 1 presents demographic characteristics of the FGD participants.

Table 1: Demographic Characteristics of Focus Group Participants

Demographic Characteristic	Frequency (%)
Highest Educational Level Completed	
<i>4 year Bachelors Degree</i>	3 (10.3)
<i>2 year Associates Degree</i>	4 (13.8)
<i>Vocational or Certificate Program</i>	4 (13.8)
<i>High School or GED</i>	15 (51.7)
<i>Less than High School</i>	3 (10.3)
Relationship Status	
<i>Married or Living Together</i>	7 (24.1)
<i>Dating or In Relationship</i>	7 (24.1)
<i>Divorced or Separated</i>	5 (17.2)
<i>Single</i>	10 (34.5)
Ever Been Pregnant	
<i>Yes</i>	26 (89.7)
<i>No</i>	3 (10.3)
Median number of children (n=26)	2.0 (min = 1, max = 5)
Read Life Plan Booklet in One Sitting (n=25)	
<i>Yes</i>	10 (40.0)
<i>No</i>	15 (60.0)
Median Time Spent Reading RHL P (n=16)	60 minutes (min = 10, max = 250)
Median Age in Years (n=26)	25.5 (min = 18, max = 47)

Value and Purpose

Overwhelmingly, the most positive feedback focus group participants had on the Booklet was encouragement to set goals, track progress, and see what they accomplished. Women explained how articulating goals and writing them down made goals seem tangible and made women feel accountable to work towards goals that may otherwise be forgotten. Women reported that the questions and goal-setting format of the Booklet was much more engaging, interactive and motivating than simply reading a book or brochure. Similarly, focus group participants found the structure of the Booklet helpful. The topic-by-topic format helped them organize their thoughts and goals per topic as well as prioritize needs and next steps across all of the health topics. The questions reminded the women of their rights and responsibilities as individual women, partners, and mothers. Women expressed a sense of empowerment from having read the Booklet and reflected on their personal goals. In addition, they predicted a sense of satisfaction in the future when they accomplished a particular goal that had been captured in the Booklet.

Moderator: *How did the booklet help you?*

Participant: *Because we usually don't write them (goals) down, we just keep them in our heads. And, get done whatever we can. When we put them down it's like a challenge for us.*

Participant: *I would say the goal setting. Because it kind of helped you with your short term goals and your future goals and, um, even if you wanted to have kids, if you do have kids, how many do you want? How spread apart do you want them? Like, I think the goals kind of set things straight.*

Participant: *Makes you think more about our goals and you know actually, we think about what we need to do with setting goals, long term, short term and you know, how you look at it to see how much you've achieved.*

Women viewed the Booklet as an important reminder to take care of themselves and take prompt action toward goals such as making appointments. Some women said that they would use the Booklet as a way to prepare for medical appointments and the Booklet would help them remember what questions to ask their providers. Participants stated that the Booklet covers topics that ideally a woman should learn at home and from routine health care, but not all do. Women recognized the importance of the preconception health topics and the options, risks, and consequences presented for each in the Booklet. They also appreciated that the Booklet gave directions on “the next step” and linked to additional detailed information on each topic.

Moderator: *How might you or women like you take action after reading and finishing this booklet?*

Participant: *I think that I'll probably start taking more action by applying things to my life. Pay more close attention to my monthly budget, and folic acid intake and goals and exercise. Just start doing it now.*

Suggested Revisions

Overall, focus group participants responded favorably to the content of the Life Plan Booklet. Women agreed that the information presented was straightforward and the language was easy to understand. Women suggested expanding the following sections: vitamins, family health history, immunizations (pros and cons), and emotional health (with a specific interest in stress management). The financial planning section was consistently cited as the most useful section. Women suggested expanding this section to include identity theft, how to prevent debt, how to do a career assessment and set job goals, and how to determine eligibility for services such as Medicaid. The alcohol section was the only section that participants consistently found confusing, specifically the importance of using a consistent method of birth control if a woman drinks alcohol.

Moderator: *How would the booklet be helpful to women you know?*

Participant: *For me, personally, it would be the financial planning. In my case, I didn't start growing up until I had a child. And, I didn't have my first child until I was 29. So, before that I just floated thru. I didn't do anything major like breaking laws or anything, but, I racked up some bad credit and, um, it's really hard for me to save money. If I didn't have a car, if it broke down, it was really hard to get another car because I didn't have the credit and I still don't. Um, so for me it would be the financial [part]. By far.*

Participant: *Me too. You know, I turned 26 so, before hand it was just like, 'oh, whatever, money, I want it, I'm going to get it.' So now it's like when I'm really thinking about, like, seriously credit and good credit and what it can offer you, geez, I wish I would have known about it [financial planning] before hand, back then.*

Participant: *I think I would use it more, like, uh, because it has the information right here. I don't have to go look it up. I don't know how many times in my life if I only had a doctor's number or had the information on a gynecologist, or birth control, you know, but it has it all in here. It has a lot of information on STD's and just how to get checked out and birth control and it has the web sites on there... it's informational.*

Focus group participants responded favorably to the visual layout of the Booklet. They stated that the photographs and images reinforced the Booklet's topics, but did not distract from the narrative. They appreciated that the photographs reflect the ethnic and racial diversity in Colorado. The women suggested adding additional photographs that are positive, engaging, and reflect the topic and healthy choice presented in each section. Specifically, one woman suggested enlarging the family planning and birth control table and another expressed that she liked the "congratulations" on the last page as it suggests the completion and of something meaningful. Participants liked the concept of a "life plan" and liked the "Take control...make a plan: Personal Goal Setting and Life Plan" title on the cover page. However, they suggested a more feminine cover that highlights the word "women / girls" so it is more clear who the target audience is. Each focus group participant was asked to vote for their favorite booklet cover color scheme from ten possible choices.

Format, Distribution, and Target Audiences

Focus group participants suggested adding more questions that prompt a woman to reflect on her own life and additional space for individual comments and journaling. Women expressed advantages to both paper-based and online electronic versions of the Booklet. An online version could be password protected, immediately link to referral websites, and include a reminder system for appointments and identified goals. Participants observed that the Booklet referred readers to websites for additional information on each topic. Although women recognized that phone numbers could vary city to city, they also recognized that not all women have reliable access to a computer and the internet. A paper-based version of the Booklet would be accessible to everyone regardless of internet access and was viewed as more of a private and individual activity than being logged into a computer. Specifically, women suggested integrating a paper-based Booklet into a "day planner" format with a daily calendar that they would access on a routine basis and could use for scheduling appointments, daily reminders and follow-up on goals.

Participant: *Before this program I moved once a year. Moving once a year so, keeping up with stuff and books and CD's and stuff, sometimes you can't keep up with it. It's better just to remember a log in and password to be able to go online when you get a chance, like checking your email, check off your goal, check this, or mammogram, or it can send you emails or something like that too.*

Focus group participants suggested distributing (or promoting) the Booklet to all women, including young women like their younger sisters and adolescents. The women emphasized that it is critical for all women and girls to begin thinking about the topics in the Booklet at a young age. A few women shared that they would have personally benefitted from this type of information much earlier in their lives before becoming pregnant during high school. Colleges, high schools, health departments, and agencies that serve women were suggested as places to distribute the Booklet. Participants reported that they knew many women who could benefit from the information in the Booklet and would use it. Participants also suggested creating a Spanish-language version.

Moderator: *How will this booklet be helpful to women at various stages in their lives?*

Participant: *So, like, the whole family...I'm 18. I had a child when I was 15, and she [sister] when I look at her I think she's going to end up like me and I don't want that for her. So, I made her sit down and read the whole thing. So she can know that if she keeps doing what she's doing, she's going to end up getting pregnant, she's going to end up having a kid, be just like me. It took me almost three years to get into my mom place. And, I don't want that for my sister. She said me having my kid was birth control enough. I said, 'That's what I said when my step sister had her kid'. I don't want my sister to end up like I did.*

Participant: *I made my little sister read it. She asked me, 'What are you doing?' I said, 'You got to know this.'*

Evaluation: Phase II

Evaluation Design

Changes to the Life Plan Booklet were made in response to the focus group findings from Phase I. The purpose of Phase II of the evaluation was to determine if the revised Life Plan Booklet a) increases a woman's knowledge on preconception health topics, and b) prompts a woman to make incremental behavior change that facilitates improved preconception health.

Phase II participants were asked to complete a pre-survey of knowledge and behavior questions before receiving the booklet. Phase II participants were asked the same knowledge and behavior questions in a post-survey 6 weeks after receiving the booklet. By comparing the responses of the pre and post surveys, evaluators would determine if the booklet increases knowledge of preconception health, and whether participants made (or intend to make) behavior changes to improve their preconception health.

Data Collection

Two clinic sites were identified for Phase II: a Title X family planning clinic in northwest Colorado and a women's health clinic in rural southwestern Colorado. Each clinic site was trained on the data collection protocol prior to starting the evaluation.

All English-speaking women of reproductive age 18-44 who self-reported that they were not pregnant at the time of enrollment were eligible to participate in the evaluation. Total enrollment was limited to 475 women because of a limited number of printed booklets.

Each woman was given a packet of information when checking-in for her visit at the reception desk. The packet included two copies of a combined introductory letter and consent form (Appendix E), a contact information form (Appendix F), and the pre-survey (Appendix G). The introductory letter explained the evaluation project and what was required of participants. The introductory letter also helped women determine if they were eligible and if they wanted to participate. Participation in the project was completely voluntarily. Each participant signed the consent form to acknowledge her informed consent.

Women who elected to participate received a pre-survey to complete while waiting to meet with their healthcare provider. The pre-survey included 24 multiple choice questions and one open-ended question to solicit qualitative comments on the Booklet. The multiple-choice questions assessed knowledge and attitudes regarding healthy behaviors and gauged where a woman was along the Stages of Change for a particular behavior. After completing the pre-survey the woman was given a paper copy of the Life Plan Booklet to take home with her.

Each clinic gave CDPHE completed consent forms, contact information forms, and pre-surveys on a bi-weekly basis. After six weeks from completion of the pre-survey each woman was contacted to complete the post-survey. The post-survey repeated 17 multiple-choice questions from the pre-survey, four questions on perceived utility of the Booklet, and one open-ended question to solicit additional qualitative comments about the Booklet (Appendix H). A unique identifier linked the pre and post-surveys. If a woman requested phone follow-up, the post-survey was conducted over the phone. If a woman requested email follow-up, she received an email with a Survey Monkey link to complete the post-survey online. Each participant was contacted a minimum of four times to

complete the post-survey. Women who completed both the pre- and post-surveys were entered to win a raffle for a \$50 grocery store gift card.

Ethical Considerations

The CDPHE Institutional Review Board (IRB) classified this process evaluation as public health practice.

Results

A total of 19 women elected to enroll in the Phase II evaluation and complete the pre-survey. Of these, ten women (52%) completed the post-survey. Data collection was terminated after 16 weeks due to low enrollment. Pre- and post-survey data from the ten women completing pre and post surveys was not analyzed.

Discussion, Challenges, and Lessons Learned

Based on Colorado's formative research findings, women of reproductive age indicated that a hard copy booklet might be hard to keep track of. The life plan tool is intended to be a goal-setting guide used over time. Women expressed concern that keeping track of the book over several years may be challenging. The target audience suggested converting booklet content into a web-based format accessible via personal computer, public computer or smart phone application.

A life plan tool in any format requires regular content updates. For example, during this project the resource for the healthy eating section changed from the *Food Guide Pyramid* to *Choose My Plate*. In addition, links to online resources must be periodically surveyed to ensure they are active.

Hard copy life plan tools can be costly to print, store and distribute. An order and distribution system is important so that consumers and providers can easily request and receive the product. Ordering and distributing hard copy materials requires staff time and effort, as well as postage costs. These factors need to be considered in the overall cost of the distribution system.

Phase I of the evaluation was successful and gathered informative feedback from the target audience. The feedback was used to make changes to the Life Plan Booklet used in Phase II. Evaluators encountered substantive challenges to data collection during Phase II, primarily low enrollment numbers at each clinic site and loss to follow-up of enrolled participants. Limited time precluded clinic staff from following the data collection protocol as planned and recruiting all eligible women. Multiple attempts, sometimes as many as eight contacts, were required to secure the post-survey from women who did enroll in the evaluation. Ultimately, the challenges with Phase II of the evaluation coupled with the programmatic lessons described above led us to terminate the evaluation as planned.

Programmatic Considerations

The Maternal Wellness team at the CDPHE is considering converting the Life Plan Booklet content into web-based, iPhone and smart phone application platforms. Members of the team are learning how to build, update and manage applications within this platform. Regularly scheduled updates and consistent testing of internet links will be added to the Preconception Health work plan. Once the applications are developed, they will be available free of charge to consumers. Using smart

phone platforms will allow tracking of the number of application downloads and monitor user satisfaction with the five-star rating system.

Conclusion

According to the Behavioral Risk Factor Surveillance System, between 2004 and 2010, the percentage of Colorado women ages 18 – 44 years using an effective method of birth control has stayed relatively the same. Many public health professionals, clinicians, and policy makers have begun to focus on interventions to decrease these rates. The implementation of reproductive life plans is one way to empower individuals to plan their reproductive lives, much like they would plan their educations or careers.

The use of life plan tools among women and men of reproductive age can help advance preconception health in which women and men of childbearing age understand risk factors related to childbearing; women and men know whether or when they want to have children, and how they will maintain their reproductive health; and pregnancies are intended and planned.

Continued development and evaluation of reproductive life plans that can be distributed at a population level is warranted.

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Appendix B: Life Plan Booklet Questionnaire Demographic Information

Please do not sign your name or initials anywhere on this page. The purpose of these questions is to gather demographic information about the focus group participants. Your answers to these questions will be anonymous, and not linked to your name or identity. Please record your answers to the following questions to the best of your ability. You may skip any questions that you wish.

1. How much time did it take to read and complete the Life Plan Booklet?

___Hours ___Minutes

2. Did you read and complete the Life Plan Booklet in one setting?

Yes___ No___

3. What is your current age? _____ (years)

4. Please check the highest level of education you have completed:

Elementary school (grades 1-6) _____

Middle school (grades 7-8) _____

High school (grades 9-12) _____

Vocational school _____

College (4 years) _____

Associates (2 years) _____

Graduate School _____

Other : _____ (please specify)

5. Please check the option below that best describes your current relationship status:

Single _____

Dating _____

In a relationship _____

Married _____

Separated _____

Divorced _____

Widowed _____

Other: _____ (please specify)

6. Have you ever been pregnant?

Yes___ No___

7. If you answered yes to Question #6, how many children do you currently have?

_____ children

Appendix C: Personal Goal Setting and Life Plan Booklet Focus Group Discussion Question Guide

Introduction (3-5 Minutes)

Hello and thank you all for taking the time to be with us today. I am Maria Rojas and I will be guiding the discussion for this focus group today. This is Linda Archer and she will also be able to answer any questions you have now and at the end of the discussion today. The focus group will run for approximately 2 hours. If you need to take a brief break to use the restroom or take an important phone call at any point during the discussion you may do so. To minimize distractions, I'd like to ask each of you to turn off or silence your cell phones at this time.

We are interested in your opinions, and the opinions of other women like you. The purpose of this focus group is to gather opinions about the Life Plan booklet. Specifically, we are looking for input and feedback about the content, layout, clarity and usefulness. We will also ask for your feedback regarding the physical appearance of the life plan booklet.

Everyone is free to speak openly and honestly. There are no right or wrong answers. Everything that is said in this room will be confidential. This session will be audio recorded. However, our comments will NOT be linked to your name or identity.

*Before we begin the discussion, we will have a brief introduction of everyone that has volunteered to participate in the focus group today. You may tell us your name, initials, or a nickname if you feel more comfortable.

Does anyone have any questions before we begin the discussion? (Pause, answer any questions.)

(Start audio recorder)

Usefulness and Relevance

Q.1. What do you think the purpose of this Life Plan booklet is?

- Probe: Why is it important for women to read the information in the Life Plan Booklet?

Q.2. How would this booklet be helpful to you or women you know?

- Probe: Why would you or women like you want to have this booklet?

Q.3. How would this booklet be helpful to women at various stages in their lives?

- (Before, during and after pregnancy, breastfeeding, in school, at a full time job, in a relationship, during financial hardships)
- Probe: What is MOST helpful about the booklet? Why?

Q.4. We hope that the booklet will provide women with important information, and also be a place to write personal goals, notes, and questions. In what ways do you think women will use the booklet?

Q.5 How might you, or women like you, take action after reading and completing this booklet?

- Probe: Examples: Schedule a pelvic or breast exam, talk to your doctor about birth control options, find a support group, keep a record of monthly expenses, take a daily multi vitamin, maintain a healthier diet, find a dentist, research your family health history, call a quit line for smoking?

Q.6 What would be the best way for us to distribute the booklet to women?

- Probe: Examples: Would it be most convenient to get the booklet from your doctor, OBGYN, support group, WIC, local community center, women's clinic, child care centers, daycares?

Content

Q.7 What topics in the booklet were confusing or hard to understand? Why?

- Probe: The topics in the booklet include: Family planning, birth control, emotional health, family health history, domestic abuse, financial security, personal development, oral health, breast/pelvis exams, STDS, alcohol, smoking, diabetes, vitamins, immunizations, healthy eating, becoming a parent, men as partners in reproductive health
- Give example: The section on breast and pelvic exams was difficult for me to understand because I was not familiar with some of the language/words such as "cervix".

Q.8 What topics in the booklet made you feel uncomfortable?

- Probe: There are some topics in the booklet that may be sensitive to people such as domestic abuse, alcohol abuse and substance abuse.

Q.9 What topics in the booklet did you find to be the most helpful? Why?

- Probe: Example: The section about personal development helped me to understand my personal goals and what I would like to accomplish in the next five years.

Q.10 What are some topics that you would like to see more information on that the booklet did not include?

- Probe: Did the booklet leave out any topics that you feel are important? What are they?

Visual Appearance

Q.11 Overall, how visually appealing is the booklet?

- Probe: Thoughts about the pictures and graphics.

Q.12 What are your thoughts about the cover of the booklet?

- Probe: How appealing is the color?

Overall (Allow sufficient time for this question)

Q.13 We are going to make revisions to this booklet based on your input and feedback. What changes do you suggest we make in the next version?

Wrap Up (5 minutes)

Are there any other questions or comments anyone would like to make?

(Linda can answer questions/hand out resources)

I want to thank you all again for taking the time to be with us today.

Appendix D: Life Plan Booklet Focus Group Discussion Consent Form

The Women’s Health Unit of the Colorado Department of Public Health and Environment is creating a Life Plan booklet for personal goal setting and life planning. The purpose of this focus group discussion is to gather opinions and feedback about the Life Plan booklet.

The focus group discussion will take no more than two hours. You will be in a group setting with 6-10 other women. The group will be asked a series of questions about the content, layout, clarity, usefulness and physical appearance of the booklet. You will be asked to review the Life Plan booklet in advance of the focus group discussion.

There is no financial cost to you for being part of the focus group discussion. There are no major risks to participating in the focus group discussion. There are some topics that may be sensitive to some individuals. At the end of the discussion we will provide you with a list of resources if you need support or assistance regarding any of the topics we discuss. Your participation will not affect your ability to receive services at *[list name of organization that woman is affiliated with]*.

Your feedback will help us revise and create an improved version of the Life Plan Booklet. As a thank you for your time you will receive a \$25 gift card to Safeway.

The discussion will be recorded with an audio recorder. Your answers and feedback from the discussion will be held confidential and will not be linked to your name or identity.

Your participation in the focus group discussion is completely voluntary. You may stop participating in the discussion at any time.

We will not be contacting or following up with you after the focus group discussion today.

You will be given a copy of this consent form for your own records.

By signing this consent form below you have agreed to participate in the focus group discussion.

Printed Name

Signature

Date

Contact Information:
Linda Archer, RN, MSN, CNS
Colorado Department of Public Health & Environment
linda.archer@state.co.us
Office: 303-692-2487

Appendix E: Personal Goal Setting & Life Plan Evaluation Consent Form

Hello,

This document explains the evaluation you are being asked to participate in. Please read both the front and back of the document.

What is this evaluation?

The Women's Health Unit of the Colorado Department of Public Health and Environment has created a "Personal Goal Setting & Life Plan" booklet for personal goal setting and life planning. You are being asked to participate in an evaluation of this booklet. This evaluation will tell us if the booklet is helpful in increasing knowledge and changing behaviors on a variety of prevention health topics.

Who can participate?

Women who are:

- Fluent in English language (reading, writing, speaking)
- Between the ages of 18 and 44 years old
- Are **not** pregnant as of today

What would I do?

Today:

If you agree to be a part of the evaluation, you will be asked to complete a paper Survey #1 today while you are here at the clinic. The survey includes questions about you and your knowledge and behaviors a variety of health topics. Survey #1 will take about 10 minutes to complete. You should have time to complete the survey before you see your health care provider.

You will need to provide us with a phone number or email address so we can follow-up with you to take Survey #2.

You will be given a copy of the "Personal Goal Setting & Life Plan" booklet. You can take this booklet with you to read and fill out when you have time.

In Six Weeks:

Staff from the Women's Health Unit will contact you in 6 weeks and ask you to complete Survey #2. You will be first contacted by phone or email, depending on what you tell us is most convenient and comfortable for you. You will complete Survey #2 over the phone or online.

What are the risks of being a part of this evaluation?

There is a small chance you might feel uncomfortable answering some of the questions. You can skip questions, or choose not to answer the survey if it makes you feel uncomfortable.

What are the benefits of being part of this evaluation?

If you are part of this evaluation you will assist us in creating helpful health resources for women. All women who complete Survey #1 and Survey #2 will be entered into a drawing for a chance to win one of fifteen \$25 cards to a grocery store.

Please turn over for Page 2

Do I have to participate?

No. You can choose whether you want to be part of the evaluation, and complete Survey #1 and Survey #2. Your decision to participate or not participate will not affect your ability to receive services at this health clinic.

If you choose to be part of the evaluation, you have the right to stop participating at anytime.

What do I do if I have questions?

If you have questions about the evaluation you can ask the clinic staff who gave you this packet or who shows you to your exam room. The coordinator for this evaluation is Linda Archer. You can contact Linda at the Colorado Department of Public Health and Environment, 303-692-2487 or linda.archer@state.co.us

What happens to my surveys?

Neither Survey #1 nor Survey #2 will not have your name on it. Your answers will be added to the answers from the other women who participate, and a report will be written with all the answers. No one will know which answers belong to you.

**If you are not able or interested in being part of this evaluation,
please return this packet to the front desk of the clinic.**

Agreement

We need your “okay” to participate in the evaluation. This means that:

- You have read this consent form, or it was read to you.
- You are fluent in English language (reading, writing, speaking), between 18 – 44 years of age, and are **not** pregnant as of today.
- You understand the explanation of risks and benefits.
- You know that being in this evaluation is your choice.
- You know you can stop being in this evaluation at any time.
- You agree to be contacted in 6 weeks to complete Survey #2
- A copy of this consent form is yours to keep.

By signing this consent form you have agreed to participate in the evaluation

Printed Name

Signature

Date

Appendix F: Personal Goal Setting & Life Plan Evaluation Contact Information Form

We will use the information you provide below to contact you in 6 weeks to take a follow-up survey. Your contact information will be kept confidential.

Please print clearly.

First Name: _____

Last Name: _____

Preferred phone number: (____) _____ - _____

- This number is a landline telephone
- This number is a cell phone / mobile phone

Does this phone number accept text messages?

- Yes
- No

Email address: _____

How should we contact you to complete the follow-up survey in 6 weeks?

- Email
- Phone

Thank You!

Appendix G - Pre-survey

***Personal Goal Setting & Life Plan Evaluation
Survey***

Before you begin this survey, please be sure you have read and signed the orange Consent Form.

Thank you for taking the time to participate in the evaluation of the Personal Goal Setting and Life Plan Booklet. Your participation is completely optional. Some of the questions in this survey are of a personal nature. If you prefer not to answer certain questions, please just skip those questions.

1. Please pick the answer that BEST reflects your understanding of preconception health (pick only one)

- I have never heard the term “preconception health.”
- Preconception health is something all women of reproductive age should know about, even if they don’t plan to get pregnant.
- Preconception health is only important to women who are trying to get pregnant.
- A woman’s preconception health doesn’t affect the health of her baby.

2. Which of the following statements BEST describes your current feelings about being a mom? (pick only one)

- I don’t want to become a mom.
- I might want to be a mom someday, but I’m not sure.
- I want to become a mom someday, but not anytime soon.
- I am trying to get pregnant.
- I’m currently pregnant.
- I’m a mom, and I want to have more children.
- I’m a mom, and I don’t want to have any more children.

3. It’s important to make a plan about having a baby before getting pregnant.

- Strongly agree
- Agree
- No opinion
- Disagree
- Strongly Disagree

4. How long should a woman wait between pregnancies to be healthy?

- She should wait until the first baby stops breastfeeding.
- She should wait about a year.
- She should wait at least two years.
- Spacing between pregnancy doesn’t matter.
- I’m not sure.

5. Which of the following statements BEST describes what you know about folic acid? (pick only one)

- I don’t know what folic acid is.
- Folic acid is a vitamin that pregnant women need to take.
- Folic acid is a vitamin that all women ages 15-44 should take.
- It’s not important to take folic acid.

6. Do you take a multivitamin each day?

- No, and I don’t intend to take vitamins anytime soon
- No, but I think I should start taking them.
- I have vitamins, but I don’t take them every day.
- Yes, I recently began taking a multivitamin every day.
- Yes, I’ve been taking a multivitamin every day for six months or longer.

Please go to the next page →

7. Which of the following statements **BEST** describes your tobacco use (tobacco use includes smoking cigarettes or cigars or chewing tobacco, snuff or smokeless tobacco)? (pick only one)

- I currently use tobacco and have no plans to quit.
- I currently use tobacco, but I'm thinking about trying to quit within the next year.
- I currently use tobacco, but I have a goal for quitting within the next month.
- I am currently trying to quit smoking or quit using tobacco.
- I used to smoke or use tobacco, but I don't anymore.
- I have never used tobacco.

8. Which of the following **BEST** describes you? (pick only one)

- I have not had sex within the last month.
- I have had sex within the last month, but I am **not** trying to get pregnant.
- I have had sex within the last month, and I **am** trying to get pregnant.

9. Which of the following statements **BEST** describes you? (pick only one)

- I am not using condoms or any other birth control.
- I am planning on starting a regular method of birth control within the next month.
- I have an appointment to talk about birth control methods with my health care provider.
- I have birth control (condoms, pills, etc) but I don't always use it.
- I currently use condoms or another method of birth control **every** time I have sex.

10. If you are using a form of birth control now, please tell us what kind. (check all that apply)

- Not having sex (abstinence)
- Sterilization (tubes tied or vasectomy)
- Pill
- Condoms
- Depo-Provera® (once every 3 months (Injection))
- Implanon® (Contraceptive implant)
- OrthoEvra® (Contraceptive patch)
- Diaphragm or cervical cap
- Sponge or spermicide
- NuvaRing® (Vaginal ring)
- IUD (including Mirena® or ParaGard)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Emergency contraception (The "morning-after" pill or Plan B)
- Other (please specify): _____

11. Which of the following statements **BEST** describes your activity level? Exercise means an activity that causes you to breathe hard and sweat for longer than 20 minutes. (pick only one)

- I don't exercise.
- I don't exercise right now, but I want to try to begin exercising.
- I exercise some weeks, but not others.
- I recently began to exercise on a regular basis.
- I have been exercising regularly for over 6 months.

Please go to the next page →

12. Which of the following statements BEST describes your eating habits? (pick only one)

- I don't pay attention to what kinds of food I eat.
- I should pay more attention to what kinds of foods I eat.
- When I eat food, I think about whether or not it's healthy.
- I've started eating more fruits and vegetables recently.
- Eating healthy has always been something I do.

13. Which of the following best describes your thoughts about having a plan for managing your money, like a personal budget? (pick only one)

- Making a budget is not important.
- Making a budget is only important if you have a regular income.
- It's important, but I don't know how to make a budget.
- I've made a budget before, but couldn't follow it.
- I regularly make a budget for myself and/or my family's expenses.

14. How much alcohol is safe for a woman to drink while she is pregnant? (pick only one)

- As much as she wants.
- A little bit, as long as she's careful.
- No amount of alcohol is safe to drink while pregnant.
- I'm not sure

15. If 100 women have sex regularly for one year, and none of those women are using birth control, how many will become pregnant by the end of the year?

- 25 out of 100 women
- 50 out of 100 women
- 65 out of 100 women
- 85 of every 100 women
- I'm not sure

16. Which of the following is NOT true about a well-woman exam? (pick only one)

- Every woman should get a well-woman exam each year.
- A well-woman exam is used to check the health of an unborn baby.
- It includes a test to look for unhealthy cells on a woman's cervix.
- It includes a breast exam.
- I'm not sure.

17. Which of the following statements BEST describes your experience with well-woman exams? (pick only one)

- I don't know what a well-woman exam is.
- I've never had a well-woman exam.
- I'm thinking about making an appointment for a well-woman exam soon.
- I have an appointment scheduled for a well-woman exam.
- I have a well-woman exam every year.

Please go to the next page →

18. What is your date of birth (day-month-year)?

___/___/____ (write-in)

19. Please check the highest level of education you have completed (pick only one):

- Elementary school (grades 1-6)
- Middle school (grades 7-8)
- High school (grades 9-12) or GED
- Vocational school
- Associates (2 years)
- College (4 years)
- Graduate School
- Other (please specify)_____

20. Which of the following best describes your sexual orientation?

- Heterosexual (Straight)
- Homosexual (Lesbian)
- Bi-sexual
- Other (please specify)_____

21. Which of the following best describes your current relationship status?

- Single
- Dating
- In a committed relationship
- Married
- Separated / Divorced
- Widowed
- Other (please specify)_____

22. Are you Hispanic or Latina?

- Yes
- No
- Not sure

23. Which of the following groups best represents your race (select all that apply)?

- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Other (please specify): _____

24. How many children have you given birth to?

- _____ children (write-in)
- I have not given birth to any children

25. Do you have any comments for us?

Thank you for choosing to participate in the evaluation of the Goal Setting and Life Plan Booklet. Once you turn this survey in to the front desk, you will receive a copy of the Booklet to keep. In approximately 6 weeks, you will be contacted by email or phone to complete a follow-up survey.

Appendix H - Post-survey

Personal Goal Setting & Life Plan Booklet Follow-Up

1. Please pick the answer that BEST reflects your understanding of preconception health (pick only one)

- I have never heard the term "preconception health."
- Preconception health is something all women of reproductive age should know about, even if they don't plan to get pregnant.
- Preconception health is only important to women who are trying to get pregnant.
- A woman's preconception health doesn't affect the health of her baby.

2. Which of the following statements BEST describes your current feelings about being a mom? (pick only one)

- I don't want to become a mom.
- I might want to be a mom someday, but I'm not sure.
- I want to become a mom someday, but not anytime soon.
- I am trying to get pregnant.
- I'm currently pregnant.
- I'm a mom, and I want to have more children.
- I'm a mom, and I don't want to have any more children.

3. It's important to make a plan about having a baby before getting pregnant.

- Strongly agree
- Agree
- No opinion
- Disagree
- Strongly Disagree

4. How long should a woman wait between pregnancies to be healthy?

- She should wait until the first baby stops breastfeeding.
- She should wait about a year.
- She should wait at least two years.
- Spacing between pregnancy doesn't matter.
- I'm not sure.

Personal Goal Setting & Life Plan Booklet Follow-Up

5. Which of the following statements BEST describes what you know about folic acid?
(pick only one)

- I don't know what folic acid is.
- Folic acid is a vitamin that pregnant women need to take.
- Folic acid is a vitamin that all women ages 15-44 should take.
- It's not important to take folic acid.

6. Do you take a multivitamin each day?

- No, and I don't intend to take vitamins anytime soon
- No, but I think I should start taking them.
- I have vitamins, but I don't take them every day.
- Yes, I recently began taking a multivitamin every day.
- Yes, I've been taking a multivitamin every day for six months or longer.

7. Which of the following statements BEST describes your tobacco use (tobacco use includes smoking cigarettes or cigars or chewing tobacco, snuff or smokeless tobacco)?
(pick only one)

- I currently use tobacco and have no plans to quit.
- I currently use tobacco, but I'm thinking about trying to quit within the next year.
- I currently use tobacco, but I have a goal for quitting within the next month.
- I am currently trying to quit smoking or quit using tobacco.
- I used to smoke or use tobacco, but I don't anymore.
- I have never used tobacco.

8. Which of the following BEST describes you? (pick only one)

- I have not had sex within the last month.
- I have had sex within the last month, but I am not trying to get pregnant.
- I have had sex within the last month, and I am trying to get pregnant.

Personal Goal Setting & Life Plan Booklet Follow-Up

9. Which of the following statements BEST describes you? (pick only one)

- I am not using condoms or any other birth control.
- I am planning on starting a regular method of birth control within the next month.
- I have an appointment to talk about birth control methods with my health care provider.
- I have birth control (condoms, pills, etc) but I don't always use it.
- I currently use condoms or another method of birth control every time I have sex.

10. If you are using a form of birth control now, please tell us what kind. (check all that apply)

- Not having sex (abstinence)
- Sterilization (tubes tied or vasectomy)
- Pill
- Condoms
- Depo-Provera® once every 3 months (Injection)
- Implanon® (Contraceptive implant)
- OrthoEvra® (Contraceptive patch)
- Diaphragm or cervical cap
- Sponge or spermicide
- NuvaRing® (Vaginal ring)
- IUD (including Mirena® or ParaGard)
- Rhythm method or natural family planning
- Withdrawal (pulling out)
- Emergency contraception (The "morning-after" pill or Plan B)
- Other (please specify)

Personal Goal Setting & Life Plan Booklet Follow-Up

11. Which of the following statements BEST describes your activity level? Exercise means an activity that causes you to breathe hard and sweat for longer than 20 minutes. (pick only one)

- I don't exercise.
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- Making a budget is not important.
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- As much as she wants.
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Personal Goal Setting & Life Plan Booklet Follow-Up

15. If 100 women have sex regularly for one year, and none of those women are using birth control, how many will become pregnant by the end of the year?

- 25 out of 100 women
- 50 out of 100 women
- 65 out of 100 women
- 85 of every 100 women
- I'm not sure

16. Which of the following is NOT true about a well-woman exam? (pick only one)

- Every woman should get a well-woman exam each year.
- A well-woman exam is used to check the health of an unborn baby.
- It includes a test to look for unhealthy cells on a woman's cervix.
- It includes a breast exam.
- I'm not sure.

17. Which of the following statements BEST describes your experience with well-woman exams? (pick only one)

- I don't know what a well-woman exam is.
- I've never had a well-woman exam.
- I'm thinking about making an appointment for a well-woman exam soon.
- I have an appointment scheduled for a well-woman exam.
- I have a well-woman exam every year.

18. What is your date of birth (DD/MM/YYYY)?

19. How likely are you to make changes to improve your health after reading the Personal Goal Setting & Life Plan booklet?

- Very likely
- Somewhat Likely
- Not likely

Personal Goal Setting & Life Plan Booklet Follow-Up

20. If you had **not** been part of this evaluation, how likely is it that you would have read and completed the Personal Goal Setting & Life Plan booklet?

- Very likely
- Somewhat Likely
- Not likely

21. Which of the following best describes your feelings about the information included in the Personal Goal Setting & Life Plan booklet?

- I learned a lot of new information from the booklet
- I already knew most of the information in the booklet
- The information in this booklet doesn't really apply to me

22. How long after leaving the clinic where you received the Personal Goal Setting & Life Plan booklet did you finish reading the booklet?

- Within 1 week of visiting the clinic
- Within 2-3 weeks of visiting the clinic
- Within 4-5 weeks of visiting the clinic
- I did not read the booklet until reminded by receiving this survey
- I was not able to read the booklet at all

23. Do you have any comments for us?

Thank you for your feedback! You will only be contacted again if your name is drawn to receive one of the \$25 giftcards.