Please think about the following questions...

<table>
<thead>
<tr>
<th>[3 months] Pre- COVID diagnosis (skip if you have not been diagnosed)</th>
<th>Post-COVID diagnosis (skip if you have not been diagnosed)</th>
<th>[3 months] Pre-Vaccine (skip if you have not been vaccinated)</th>
<th>Post-Vaccine (skip if you have not been vaccinated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had vaginal sex, even once?</td>
<td>No/Yes</td>
<td>No/Yes</td>
<td>No/Yes</td>
</tr>
</tbody>
</table>

17 Adapted from the NORC Teen Sexual Health Survey
| How many times have you had vaginal sex? Your best guess is okay | _______ # times | _______ # times | _______ # times | _______ # times |
|---|---|---|---|
| Not sure | Not sure | Not sure | Not sure |

<table>
<thead>
<tr>
<th>In the past 3 months, have you had vaginal sex without you or your partner using any methods of birth control? Types of birth control listed in drop-down below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No/Yes</td>
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<table>
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<tr>
<th>How many times have you had vaginal sex without you or your partner using any of these methods of birth control?</th>
</tr>
</thead>
<tbody>
<tr>
<td>_______ # times</td>
</tr>
<tr>
<td>Not sure</td>
</tr>
</tbody>
</table>

Types of birth control [Drop-down]
- Birth control pills
- Condom
- Partner’s vasectomy
- Female sterilizing operation, such as tubal sterilization and hysterectomy
- Withdrawal, pulling out
- Depo-Provera™, injectables
- Hormonal implant (Norplant™, Implanon™, or Nexplanon™)
- Calendar rhythm, Standard Days, or Cycle Beads method
- Safe period by temperature or cervical mucus test (Two Day, Billings Ovulation, or Sympto-thermal Method)
- Diaphragm
- Female condom, vaginal pouch
- Foam
- Jelly or cream
- Cervical cap
- Suppository, insert
- Today™ sponge
- Intrauterine device (IUD), coil, loop (Mirena, Paraguard)
- Emergency Contraception
- Respondent was sterile
- Respondent’s partner was sterile
- Lunelle™ injectable (monthly shot)
- Contraceptive patch
- Vaginal contraceptive ring
- Other method (please specify) : _________

START Time to Pregnancy Assessment

Think about the 12 months before you were diagnosed with COVID-19:

1. Were you pregnant during that time?
   a. No: ➔ go to question 2
   b. Yes: ➔ go to question 3

2. Were you trying to become pregnant during that time?
   a. No: ➔ go to question 5
   b. Yes: ➔ go to question 4

3. How many months of trying did it take you to get pregnant?
a. ________________ months; \( \rightarrow \) go to question 5

4. How many months did you try but not get pregnant?
   a. ________________ months; \( \rightarrow \) go to question 5

Now think about the 12 months \textit{after} you were diagnosed with COVID-19:

5. Were you pregnant during that time?
   a. No: \( \rightarrow \) go to question 6
   b. Yes: \( \rightarrow \) go to question 7

6. Were you trying to become pregnant?
   a. No: \( \rightarrow \) go to question 9
   b. Yes: \( \rightarrow \) go to question 8

7. How many months of trying did it take you to get pregnant?
   a. ________________ months; \( \rightarrow \) go to question 9

8. How many months did you try but not get pregnant?
   a. ________________ months; \( \rightarrow \) go to question 9

Think about the 12 months \textit{before} you received the COVID-19 vaccine:

9. Were you pregnant during that time?
   a. No: \( \rightarrow \) go to question 10
   b. Yes: \( \rightarrow \) go to question 11

10. Were you \textit{trying} to become pregnant during that time?
    a. No: \( \rightarrow \) go to question 13
    b. Yes: \( \rightarrow \) go to question 12

11. How many months of trying did it take you to get pregnant?
    a. ________________ months; \( \rightarrow \) go to question 13

12. How many months did you try but not get pregnant?
    a. ________________ months; \( \rightarrow \) go to question 13

Now think about the 12 months \textit{after} you received the COVID-19 vaccine:

13. Were you pregnant during that time?
    a. No: \( \rightarrow \) go to question 14
    b. Yes: \( \rightarrow \) go to question 15

14. Were you \textit{trying} to become pregnant during that time?
    a. No: \textit{end of questionnaire}
    b. Yes: \( \rightarrow \) go to question 16

15. How many months of trying did it take you to get pregnant?
    a. ________________ months; \textit{end of questionnaire}

16. How many months did you try but not get pregnant?
    a. ________________ months; \textit{end of questionnaire}

\textit{END Time to Pregnancy Assessment}