

Appendix 1. Questionnaire Portion Pertinent to Side Effects and Demographics

Have you experienced any of the following
while using the contraceptive implant?

- ☐ Abnormal bleeding
- ☐ Weight gain
- ☐ Mood changes
- ☐ Breast tenderness

Do you still have a monthly period
currently?

- ☐ Yes
- ☐ No

*If response to question above is “No”, then
participant prompted with the next question:*

Over a 3 month period (roughly the last 90
days), how days do you have
bleeding/spotting?

_____ (Free text response)

Race (Choose the one with which you
MOST CLOSELY identify)

- ☐ White
- ☐ Black or African-American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Other Pacific
Islander
- ☐ More than one race
- ☐ Unknown or not reported

Ethnicity (Choose the one with which you
MOST CLOSELY identify)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Unknown or not reported