

Patients Experiences with Hormonal Contraception and Contraception Counseling

Demographics

What is your gender identity?

- Cisgender female
- Cisgender male
- Transgender female
- Transgender male
- Non-binary
- Other
- Prefer not to say

Other

How old are you?

Which category best describes you? (select all that apply)

- White
- Black or African American
- Asian
- Native-American
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Hispanic/Latino/Spanish
- Other
- Prefer not to say

Other

What is your current occupation?

- Undergraduate student
- Graduate Student
- Service industry (Food service, retail, etc.)
- Healthcare worker (Nurse, Doctor, etc.)
- Businessperson (Law, Sales, Finance, etc.)
- Entertainment/Arts
- Homemaker
- Unemployed
- Other (please specify)

Other

What is the highest level of education you have completed?

- High School
- Undergraduate Degree (Bachelor's or Associates)
- Masters degree
- Doctorate Degree
- Other

Other

What is your sexual orientation?

- Heterosexual
 Homosexual
 Bisexual or Pansexual
 Asexual
 Queer
 Other

Other

Have you ever been pregnant?

- Yes
 No

How many times have you been pregnant?

Have you ever had an elective abortion?

- Yes
 No

How many times have you given birth?

What is your current relationship status?

- Married
 Single, sexually active
 Single, not sexually active
 Divorced
 Other

Other

Have you ever used hormonal contraception (eg. oral contraceptive pills, implant, the patch, injections, IUD)?

- Yes
 No

Have you ever received contraception counseling from a healthcare provider?

- Yes
 No
(Contraception counseling occurs when a healthcare provider educates patients and answers questions about various methods of birth control and the risks/benefits associated with different methods.)

Thank you for taking this survey! You may skip to the end of the survey and click "submit".

At what age did you start using contraception?

What was the first kind of hormonal contraception you used?

- Oral Contraceptive Pills
 IUD (Intrauterine device)
 Depo-provera (The Shot)
 Nexplanon (Implant)
 The Patch
 NuvaRing
 Other
(For this question, contraception does not include the use of barrier methods such as condoms.)

Other

Who prescribed you your first hormonal contraception?

- Gynecologist
 - Primary Care Doctor
 - Pediatrician
 - Other
-

Other

For what reason(s) did you start using hormonal contraception? (Select all that apply)

- Pregnancy prevention
 - Acne
 - Heavy periods
 - Irregular periods
 - Painful periods
 - Premenstrual symptoms
 - Other
-

Other

How much did each of the following factors influence your choice of contraceptive method?

	Not at all	Very little	Somewhat	To a great extent	Not applicable
Prescriber Preference/Recommendation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiences of Friends/Peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Experiences of Family Members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerns about side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Efficacy/Failure Rate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Things you've read online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Level of invasiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What other factors influenced your contraception decisions?

What types of contraception have you used in your lifetime? (select all that apply)

- Intrauterine device (IUD)
- Oral Contraceptive Pills
- Male Condoms
- Female Condoms
- Nuvaring
- Nexplanon (Implant)
- Depo-Provera (injection)
- The Patch
- Withdrawal
- Fertility awareness method (aka The Rhythm)
- Other

Other

What type of contraception are you currently using?

- Intrauterine device (IUD)
- Oral Contraceptive Pills
- Male Condoms
- Female Condoms
- Nuvaring
- Nexplanon (Implant)
- Depo-Provera (Injection)
- Withdrawal
- The Patch
- Fertility awareness method (aka The Rhythm)
- Other
- Not currently using contraception

Other

If you have switched contraception methods or stopped using hormonal contraception, what was your reason?

- Desire to become pregnant
- No longer sexually active
- Loss of access
- Difficulty remembering a daily pill
- Side Effects
- Other

Other

In your lifetime, have you ever experienced side effects associated with your contraception? (select all that apply)

- Acne
- Cramps/Pain
- Irregular menstrual bleeding
- Loss of libido/sexual satisfaction
- Mood changes
- Weight gain
- Other (please specify)
- No side effects

Other

What side effect(s) bothered you the most?

The following questions will assess your experience(s) with contraception counseling prior to initiating contraception and throughout your lifetime. Please rate how much you agree with the following statements.

	Strongly disagree	Somewhat disagree	Somewhat agree	Strongly agree	Not applicable/no opinion
"Prior to initiating hormonal contraception, my provider adequately counseled me about risks, benefits, side effects and alternatives of available contraceptives."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"If/when I experienced side effects associated with my hormonal contraception, my provider adequately addressed my concerns."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"I trust my provider to be open with me about the side effects and risks of hormonal contraception"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"My provider(s) have always been on my side and worked with me to come up with the best method of contraception for me."	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"My provider is unbiased in their counseling"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During contraception counseling, did your provider ever discuss the possibility of psychological or sexual side effects? Yes No

What did they tell you?

	Very negative	Somewhat negative	Neutral, no opinion	Somewhat positive	Very positive	Not applicable, unsure
Overall, when you think about your experience(s) with hormonal contraception, how do you feel?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following questions are about your mental health history. Please answer only if you feel comfortable.

Have you suffered from or been treated for a psychiatric condition? Yes No

Please specify _____

At what age were you first diagnosed with and/or treated for a psychiatric condition? _____

Did you notice any changes in your psychiatric symptoms with hormonal contraception? Yes, mood symptoms worsened with hormonal contraception Yes, mood symptoms improved with hormonal contraception No change in mood symptoms with hormonal contraception Unsure or not applicable

Is there anything else you would like to share about your experience with contraception and/or contraception counseling? _____