Contraception Survey

This project and survey are part of a course for the University of Vermont College of Medicine. The goal of this survey is to identify what information about birth control would be the most helpful to provide for patients at Brookfield Family Medicine. Your kind assistance in helping us gauge your understanding of commonly used contraceptive techniques will help us accomplish this.

Your participation in this survey is completely voluntary and you can feel free to decline answering any questions at any time. Your name, date of birth, and other identifying information will not be collected. All information collected will be confidential and not linked to you in any way.

Check only one option for the questions below unless otherwise specified.

1. What is your age range?
   ○ 18 - 20
   ○ 21 - 30
   ○ 31 - 40
   ○ 41 - 50

2. Are you currently using contraception?
   This can include condoms, birth control pills, implant, patch, Depo-Provera shot, sponge, vaginal ring, cervical cap, diaphragm, female condom, intrauterine device, morning-after pill, spermicide.
   ○ Yes
   ○ No

3. What types of contraception have you used in the past or are currently using?
   Check all that apply.
   - None
   - Condoms
   - Birth Control Pills
   - Birth Control Implant (Implanon and Nexplanon)
   - Birth Control Patch
   - Birth Control Shot (Depo-Provera)
   - Birth Control Sponge (Today Sponge)
   - Vaginal Ring (NuvaRing)
   - Cervical Cap (FemCap)
   - Diaphragm
   - Female Condom
   - Intrauterine Device (IUD)
   - Morning-After Pill (Emergency Contraception)
   - Spermicide
   - Sterilization for Women (Tubal Ligation)
   - Vasectomy (in male partner)
   - Other: ____________________

4. Have you ever engaged in vaginal intercourse?
   ○ Yes
   ○ No

5. How many times have you been pregnant?
   ○ 0
   ○ 1
   ○ 2
   ○ 3 or more
6. Which of the following contraceptive options is the most effective at preventing pregnancy?
   - Birth control pills
   - Condoms
   - Intrauterine devices
   - Birth control patch

7. Do you know what intrauterine devices (IUDs) are?
   *If your answer is no, you do not need to complete the rest of the survey.*
   - Yes
   - No

8. Where did you learn about IUDs?
   *Check all that apply.*
   - Professional (doctor, nurse, teacher)
   - Peer/Friend
   - Family
   - Media (including television and internet)
   - Other: ___________________________

9. Perforation, rupture of the uterine wall, is a potential risk with IUD placement. What is the likelihood of this complication?
   - High (for every 100 IUD placements, 50 will result in perforation)
   - Moderate (for every 100 IUD placements 35 will result in perforation)
   - Low (for every 100 IUD placement, 10 will result in perforation)
   - Rare (for every 100 IUD placements, less than 1 will result in perforation)

10. Does using an IUD make a woman infertile or unable to have children in the future?
    - Yes
    - No

11. Do all types of IUDs contain hormones?
    - Yes
    - No

12. How long can an IUD be used for?
    - 1 month
    - 6 months
    - Multiple years

13. Do you think that IUDs are safe for most people?
    - Yes
    - No