

## **Demographics**

### **Age**

- ☐ <20
- ☐ 20-30
- ☐ 31-40
- ☐ 41-50
- ☐ >50

### **Gender**

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Prefer not to say

### **Religion**

- ☐ Catholic
- ☐ Protestant
- ☐ Other Christian
- ☐ Jewish
- ☐ Muslim
- ☐ Hindu
- ☐ Buddhist
- ☐ None
- ☐ Other

### **What specialty are you in?**

- ☐ Family Medicine
- ☐ Internal Medicine
- ☐ Obstetrics and Gynecology
- ☐ Pediatrics
- ☐ Med-Peds

### **What best describes your current education level/status?**

- ☐ PGY1
- ☐ PGY2
- ☐ PGY3
- ☐ PGY4
- ☐ PGY5
- ☐ Post-grad

### **Is/was your residency program located in Kansas City of Wichita?**

- ☐ Kansas City
- ☐ Wichita

### **If you are a current resident, do you plan to subspecialize immediately after graduation?**

- ☐ Yes
- ☐ No

**If post-grad, how many years in practice?**

- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 3-4 years
- ☐ 5 years or more

**If post-grad, what is your primary occupation?**

- ☐ Primarily faculty position
- ☐ Primarily private practice
- ☐ Subspecialist
- ☐ Private Practice with Teaching
- ☐ Other

**Do you work with medical students or residents in a teaching capacity?**

- ☐ Medical students only
- ☐ Residents only
- ☐ Both medical students and residents
- ☐ Neither

**What area of the country did you go to medical school?**

- ☐ West Coast
- ☐ Midwest
- ☐ East Coast
- ☐ South
- ☐ IMG

*Please select the answer that best describes your agreement with the following statement.*

**I had a formal curriculum covering contraception methods and use in medical school.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

**Was your medical school Ryan Residency Program Affiliated?**

- ☐ Yes
- ☐ No

*Please select the answer that best describes your agreement with the following statement.*

**I have/had a formal curriculum covering contraception and use in residency.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

**Does/did your residency institution have policies in place restricting prescription, placement, or use of contraception?**

- ☐ Yes, all of the above.
- ☐ Yes, restriction with prescribing and placing.
- ☐ Restriction with placement of LARC only.
- ☐ Restriction with prescribing only.
- ☐ None.

**If post-grad, does your current place of work have policies in place restricting prescription, placement, or use of contraception?**

- ☐ Yes, all of the above.
- ☐ Yes, restriction with prescribing and placing.
- ☐ Restriction with placement of LARC only.
- ☐ Restriction with prescribing only.
- ☐ None.

### **Comfort/Confidence with Clinical Skills**

**How much do you think the practice styles of your faculty members influenced/influence your own training?**

- ☐ Completely
- ☐ Mostly
- ☐ Neutral
- ☐ Somewhat
- ☐ Not at all

**What is your primary source of knowledge about contraception**

- ☐ Co-workers/physician partners
- ☐ Attending physicians
- ☐ Residents
- ☐ Peers, both medical and non-medical
- ☐ Academic Resources

**Which resources do you primarily use for information about contraception?** *Select all that apply.*

- ☐ Society of Family Planning
- ☐ ACOG guidelines
- ☐ AAP guidelines
- ☐ AAFP guidelines
- ☐ CDC guidelines
- ☐ Other

*Please select the answer that best describes your agreement with the following statement.*

**I currently feel comfortable counseling patients on contraception.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

*Please select the answer that best describes your agreement with the following statement.*

**I currently feel comfortable prescribing patients contraception.**

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly Disagree

**Would you prescribe OCPs?**

- ☐ Yes
- ☐ No
- ☐ Refer

**Would you prescribe Depo-provera?**

- ☐ Yes
- ☐ No
- ☐ Refer

**Would you prescribe a transdermal patch?**

- ☐ Yes
- ☐ No
- ☐ Refer

**Would you prescribe a vaginal ring?**

- ☐ Yes
- ☐ No
- ☐ Refer

**Would you prescribe emergency contraceptive pills?**

- ☐ Yes
- ☐ No
- ☐ Refer

**Do you currently feel comfortable placing an IUD?**

- ☐ Yes, LNG IUD only
- ☐ Yes, Paraguard only
- ☐ Yes, both LNG and Paraguard
- ☐ No

**How many IUDs have you placed?**

- ☐ 0
- ☐ 1-20
- ☐ 21-40
- ☐ 41-80
- ☐ >80

**Do you feel comfortable placing a Nexplanon?**

- ☐ Yes
- ☐ No

**How many Nexplanons have you placed?**

- ☐ 0
- ☐ 1-20
- ☐ 21-40
- ☐ 41-80
- ☐ >80

**What would you do if your patient requested a contraceptive medication?**

- ☐ Prescribe
- ☐ Not prescribe
- ☐ Refer

**What would you do if your patient requested an IUD?**

- ☐ Place device
- ☐ Not place device
- ☐ Refer

**What would you do if your patient requested a Nexplanon?**

- ☐ Place device
- ☐ Not place device
- ☐ Refer

**What would you do if your patient requested emergency contraception?**

- ☐ Prescribe
- ☐ Not prescribe
- ☐ Refer

**Knowledge – correct answers highlighted**

**Order these hormonal contraceptive options from least to most effective:**

OCPs, Nuvaring, LNG IUD, Nexplanon, Depo-provera

Answer: OCPs, Nuvaring, Depo, LNG IUD, Nexplanon

**What is the most effective form of emergency contraception?**

- ☐ Levonorelrel
- ☐ Ulipristal
- ☐ Yuzpe regiment with OCPs
- ☐ Copper IUD
- ☐ Don't know

**What is the time from for depo-provera injections?**

- ☐ 1 month
- ☐ 2 months
- ☐ 3 months
- ☐ 4 months
- ☐ Don't know

**What should a patient do if they miss one pill in an OCP pack?**

- ☐ Skip that dose and continue the pack
- ☐ Take the missed dose as soon as they remember
- ☐ Skip that week and restart the following week
- ☐ Restart the pack
- ☐ Don't know

**How many days of backup contraception is needed when starting a new hormonal contraceptive?**

- ☐ 1 day
- ☐ 7 days
- ☐ 14 days
- ☐ 30 days
- ☐ Don't know

**Do you require a pelvic exam in order to prescribe contraceptives?**

- ☐ Yes
- ☐ No
- ☐ Depends on the patient
- ☐ Don't know

**Which contraceptive method is considered first line for adolescents?**

- ☐ OCPs
- ☐ Depo-provera
- ☐ Nuvaring
- ☐ IUD
- ☐ Patch

*Would you prescribe OCPs containing estrogen and progestin to a woman who:*

**Has a BMI of 32?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you prescribe OCPs containing estrogen and progestin to a woman who:*

**Never had a pap smear?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you prescribe OCPs containing estrogen and progestin to a woman who:*

**Never had a breast exam?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you prescribe OCPs containing estrogen and progestin to a woman who:*

**Is a 25-year-old cigarette smoker?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you prescribe OCPs containing estrogen and progestin to a woman who:*

**Is a 49-year-old healthy non-smoker?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend and IUD to a woman who:*

**Is taking medications for hypertension?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend and IUD to a woman who:*

**Has never been pregnant?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend an IUD to a woman who:*

**Is < 20 years old?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend an IUD to a woman who:*

**Had an STI one year ago?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend an IUD to a woman who:*

**Has HIV infection?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend an IUD to a woman who:*

**Has a history of ectopic pregnancy?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

*Would you recommend an IUD to a woman who:*

**Had PID one year ago?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe



*Would you recommend and IUD to a woman who:*

**Currently has an abnormal pap smear?**

- ☐ Yes
- ☐ No
- ☐ Refer
- ☐ Don't know
- ☐ I don't prescribe

**For any question which you do not know the answer, do you feel confident that you can easily find the answer from a reliable source?**

- ☐ Yes
- ☐ No
- ☐ I don't know