



**Our Moment of Truth 2013 Survey
Women's Health Care Experiences & Perceptions:
Spotlight on Family Planning & Contraception**

Thank you for taking part in this survey. We know your time is valuable. Through the following questions, the American College of Nurse-Midwives (ACNM) seeks to gain a better understanding of how women think and feel about the care they receive related to birth control and family planning to ensure the greatest reproductive and overall health.

We hope to use the findings of this survey to increase women's knowledge and awareness of family planning to improve reproductive health outcomes in the U.S.

The survey may take up to 20 minutes to complete.

For the purposes of this survey, family planning is defined as the practice through which individuals and partners discuss, anticipate and plan for having children through various techniques and resources, including sex and reproductive education, professional counseling or guidance, birth control methods and other health procedures.

Please note: This survey is anonymous to encourage responses that are open and candid about your experiences.

My Women's Health Care Experience

1. Of the following healthcare providers, please select those that provide family planning counseling and prescribe birth control as part of their services.
 - a. Family practice physician
 - b. Internal medicine physician
 - c. Nurse practitioner (specializes in family, adult, geriatric, women's health, or neonatal care)
 - d. Certified nurse-midwife (CNM) or certified midwife (CM)
 - e. Obstetrician/Gynecologist (OB/GYN)
 - f. Physician assistant
 - g. Other [insert comment field]

2. Who have you seen MOST for women's health care, such as your yearly women's check-up (including pelvic exam, pap tests, breast exams, birth control prescriptions, or sexually transmitted infection screening), in the past two years?
 - a. Family practice physician
 - b. Internal medicine physician
 - c. Nurse practitioner (specializes in family, adult, geriatric, women's health, or neonatal care)
 - d. Certified nurse-midwife (CNM) or certified midwife (CM)
 - e. Obstetrician/Gynecologist (OB/GYN)
 - f. Physician assistant

- g. I saw a provider for women's health care services, but I am unsure what type of provider they were
 - h. I have not received any type of women's health care services in the past two years
 - i. Other [insert comment field]
3. Why did you choose the person you saw for women's health care? Please select all that apply.
- a. Recommendation from a friend or someone I work with
 - b. Recommendation from a family member
 - c. Recommendation from my partner
 - d. Internet search (Google, Yahoo!, etc.)
 - e. Insurance plan (health plan, Medicaid, or other type of plan)
 - f. Referral from another health care provider
 - g. I was directed to receive some type of specialized service (i.e., fertility specialist, high-risk pregnancy care)
 - h. Recommendation from my religious advisor
 - i. Provider was affiliated with my preferred treatment setting (i.e., hospital, birth center, provider office, or other preferred setting)
 - j. Other [insert comment field]
 - k. Not applicable
4. Please select the statement that best describes you:
- a. I am pregnant
 - b. I have been pregnant but did not give birth
 - c. I gave birth within the past 2 years
 - d. I gave birth within the past 3-10 years
 - e. I gave birth more than 10 years ago
 - f. I have never given birth, but plan to do so in the future
 - g. I am unable to get pregnant
 - h. I have never given birth, nor do I plan to do so in the future
 - i. Other [insert comment field]

Experience with Birth Control for use in Family Planning and Reproductive Health

The below questions are designed to gain an understanding of your experience using birth control and decisions around your reproductive health.

5. Please rank your level of knowledge about the below birth control options on a scale of 1 to 5, with 1 indicating you do not know anything about this method, and 5 indicating you feel very knowledgeable about this method. Knowledge about a method means you understand the basics of how it works, generally know how effective it is at preventing pregnancy, and know about the main risks or side effects of the method.
- a. Abstinence

- b. Fertility awareness-based methods, or tracking ovulation cycles/natural family planning
 - c. Oral contraception/birth control pills
 - d. Birth control implant
 - e. Birth control shot/injection
 - f. Birth control patch
 - g. Birth control sponge
 - h. Vaginal ring
 - i. Cervical cap/diaphragm
 - j. Condoms (male or female)
 - k. Intrauterine device (IUD)
 - l. Withdrawal method (removing the penis from the vagina before the male ejaculates)
 - m. Tubal ligation (getting “tubes tied”)
 - n. Tubal occlusion
 - o. Vasectomy
 - p. Emergency contraception (“morning-after pill”)
 - q. Other [insert comment field]
6. Are you currently using birth control either for family planning or another health reason?
- a. Yes
 - b. No
7. If yes, which type(s) of birth control method(s) are you currently using? [select all that apply]
- a. Abstinence
 - b. Fertility awareness-based methods, or tracking ovulation cycles/natural family planning
 - c. Oral contraception/birth control pills
 - d. Birth control implant
 - e. Birth control shot/injection
 - f. Birth control patch
 - g. Birth control sponge
 - h. Vaginal ring
 - i. Cervical cap/diaphragm
 - j. Condoms (male or female)
 - k. Intrauterine device (IUD)
 - l. Withdrawal method (removing the penis from the vagina before the male ejaculates)
 - m. Tubal ligation (getting “tubes tied”)
 - n. Tubal occlusion
 - o. Vasectomy
 - p. Emergency contraception (“morning-after pill”)

- q. Other [insert comment field]
 - r. Not applicable
8. If you selected multiple types of birth control or family planning methods above, what do you feel are the benefits of using more than one type?
- a. Increased effectiveness of pregnancy prevention
 - b. Protection against sexually transmitted infection (STI)
 - c. Regulation of your period
 - d. Other [insert comment field]
 - e. Not applicable
9. Please **select the top four** birth control options you feel are most effective for preventing pregnancy from the list below.
- a. Abstinence
 - b. Fertility awareness-based methods, or tracking ovulation cycles/natural family planning
 - c. Oral contraceptive/birth control pills
 - d. Birth control implant
 - e. Birth control shot/injection
 - f. Birth control patch
 - g. Birth control sponge
 - h. Vaginal ring
 - i. Cervical cap/diaphragm
 - j. Condoms (male or female)
 - k. Intrauterine device (IUD)
 - l. Withdrawal method (removing the penis from the vagina before the male ejaculates)
 - m. Tubal ligation (getting “tubes tied”)
 - n. Tubal occlusion
 - o. Vasectomy
 - p. Emergency contraception
 - q. Other [insert comment field]
10. Thinking of the last time you stopped using a particular birth control method, what was your primary reason for stopping?
- a. I learned about a new method and wanted to try it
 - b. I wanted to become pregnant
 - c. I was experiencing unwanted side effects from the method (i.e., weight gain, increased cholesterol or blood pressure levels)
 - d. It was not convenient (i.e., taking a daily pill, frequent medical visits for shots, difficulty inserting/removing, etc.)
 - e. I was not having intercourse
 - f. My partner didn't like my method

- g. I no longer felt I was able to become pregnant due to my age, and did not see a need to continue using a birth control method
 - h. Religious reasons
 - i. Other [insert comment field]
 - j. I have not ever discontinued my birth control method
 - k. Not applicable
11. If you've switched or discontinued birth control or family planning methods, who did you consult about this change? [select all that apply]
- a. Health care provider
 - b. Partner (i.e., spouse, domestic partner, boyfriend/girlfriend, etc.)
 - c. Family
 - d. Friends
 - e. Religious advisor
 - f. Other [insert comment field]
 - g. I did not consult anyone
 - h. Not applicable
12. If you selected "health care provider" in response to question 11, which type of health care provider did you consult about switching or discontinuing your birth control?
- a. Family practice physician
 - b. Internal medicine physician
 - c. Nurse practitioner (specializes in family, adult, geriatric, women's health, or neonatal care)
 - d. Certified nurse-midwife (CNM) or certified midwife (CM)Obstetrician/Gynecologist (OB/GYN)
 - e. Physician Assistant
 - f. I have not spoken with a health care provider about family planning options
 - g. Other [insert comment field]
 - h. Not applicable

Your Conversations About Birth Control and Family Planning

The below questions are designed to gain an understanding of how you have communicated about birth control and family planning throughout your life, including your conversations with health care providers and how you felt about these conversations, as well as to determine other sources of information.

13. At what age did your health provider first discuss birth control methods and/or family planning with you? [insert comment field]
14. Which of the following activities or practices have you engaged in as part of your approach to family planning and birth control? [select all that apply]
- a. I use a form of birth control regularly
 - b. I have used emergency contraception ("morning-after pill")
 - c. I've taken a sex education course or sought reproductive health counseling

- d. I have been tested for sexually transmitted infections (STIs)
 - e. I have undergone a procedure so I can no longer get pregnant (i.e., tubal ligation, hysterectomy)
 - f. My partner has undergone a procedure so they can no longer get me pregnant (e.g., vasectomy)
 - g. I have talked about how many children I want to have with my partner
 - h. I discussed timing for having a child and/or children with my partner, friends or family
 - i. I've talked with a health professional about terminating a pregnancy
 - j. Other [insert comment field]
15. What are the 3 most important factors that have influenced your decisions about your most recent planned pregnancy? [select up to three]
- a. My age
 - b. My financial stability (i.e., income, employment status)
 - c. My educational or career goals
 - d. Whether I have a stable and healthy relationship with a spouse or partner
 - e. The amount of support I will have from other family and friends
 - f. My physical health
 - g. Social considerations or pressures (whether friends, family members, other peers have children)
 - h. Whether my home/neighborhood is safe and appropriate for a baby
 - i. Number of other children
 - j. Getting insurance coverage or medical care for myself
 - k. Getting insurance coverage or medical care for my children
 - l. Access to health services in my city/region
 - m. Ability to take paid maternity/paternity leave from my job
 - n. Other [insert comment field]
 - o. Not applicable
16. What would you like to have available to you as part of the family planning services offered by your health care provider? [select all that apply]
- a. Counseling before becoming pregnant
 - b. Sexually transmitted infections (STIs) screening and treatment
 - c. Sexual health counseling
 - d. Cervical cancer screening
 - e. HIV testing and counseling
 - f. Mammograms
 - g. Pregnancy testing
 - h. Immunization vaccines for children from birth to age 18
 - i. Emergency contraception ("morning-after pill") and follow-up care
 - j. Reproductive health information, education
 - k. Screening, diagnostic, lab testing and referrals to primary care providers for health conditions such as high blood pressure or diabetes that affect contraceptive choice
 - l. Fertility treatments (i.e., artificial insemination)
 - m. Other [insert comment field]

17. What was/were your initial reason(s) for deciding to use a form of birth control [select all that apply]
- I wanted to control the frequency or flow of my period
 - I wanted to control a current medical condition (e.g. cysts, heavy periods.)
 - I wanted to have clearer skin and less acne
 - I wanted to lower my risk for developing cancer
 - I wanted to prevent pregnancy
 - I wanted to prevent a sexually transmitted infection (e.g. HIV, chlamydia)
 - Other [insert comment field]
 - Not applicable
18. What type of provider (or providers) have you consulted to make your decision on the type of birth control you are currently using, or have used in the past? [select all that apply]
- Family practice physician
 - Internal medicine physician
 - Nurse practitioner (specializes in family, adult, geriatric, women's health, or neonatal care)
 - Certified nurse-midwife (CNM) or certified midwife (CM)
 - Obstetrician/Gynecologist (OB/GYN)
 - Physician Assistant
 - I have not spoken with a health care provider about birth control or family planning options
 - Other [insert comment field]
19. When you engaged in initial conversations with your health care provider, do you feel you were presented with information about multiple birth control options so that you were able to make a well-informed decision on which type of birth control method use?
- Yes
 - No
 - Not applicable
20. During the conversation with your health care provider, were there questions or concerns you wanted to address about birth control that you felt unable to ask? Please provide an explanation for your response.
- Yes [insert comment field]
 - No [insert comment field]
 - Not applicable
21. When discussing birth control options with your health care provider, did you feel pressured to choose one type of birth control over another?
- Yes
 - No
 - Not applicable
22. When you discussed birth control options with your health care provider, did you feel that the person made assumptions about you that led them to recommend a certain type of

- birth control or family planning method? Please provide an explanation for your response.
- a. Yes [insert comment field]
 - b. No [insert comment field]
 - c. Not applicable
23. Were the following topics addressed by your health care provider when you were discussing birth control and family planning options? [select all that apply]
- a. Safe sex
 - b. Number of sexual partners
 - c. Frequency of sexual activity
 - d. Prevention of sexually transmitted infections (STIs)
 - e. Screening/testing for STIs
 - f. Whether or not you would like to have children in the future
 - g. Religious or cultural preferences
 - h. Other [insert comment field]
 - i. Not applicable
24. Did your health care provider offer you in-depth counsel or educational materials on how to use your birth control method?
- a. Yes
 - b. No
 - c. Not applicable
25. Besides a health care provider, where else have you received information about birth control methods and family planning? [select all that apply]
- a. Government websites
 - b. Women's interest web sites
 - c. Online discussion forums (blogs, chat rooms, etc.)
 - d. News coverage
 - e. Women's magazines
 - f. Family members or friends
 - g. Religious advisors
 - h. Product advertisements (whether broadcast, print, or online)
 - i. Product websites
 - j. I have not sought additional information outside of my health care provider
 - k. Other [insert comment field]
26. Have you ever included your spouse/partner in discussions with your health care provider about family planning and birth control? Please provide a brief explanation as to why or why not.
- a. Yes [insert field for explanation]
 - b. No [insert field for explanation]
 - c. Not applicable
27. If you answered "Yes" to question 26, do you feel that your health provider appropriately involved your spouse/partner in your discussions regarding family planning and birth control? Please provide a brief explanation as to why or why not.
- a. Yes [insert field for explanation]



- b. No [insert field for explanation]
- c. Not applicable

28. Please briefly describe a recent experience you've had with a health provider related to birth control and family planning, and share whether it was a positive or negative experience. Why was it positive or negative?

About Me

29. Age
[DROP DOWN 18-45]

30. What state do you currently reside in?
[DROP DOWN 50 STATES AND THE DISTRICT OF COLUMBIA]

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