Default Question Block

You are invited to participate in a research study. This research, conducted by Beth L. Sundstrom, Assistant Professor, Communication, Grace E. Moxley, and the Women’s Health Research Team of the College of Charleston, is designed to improve understandings of knowledge, attitudes, and behaviors related to contraceptive methods, including the IUD and Implant. Current female undergraduate students of the College of Charleston are invited to participate in this study.

Participation in this study will require about 15-20 minutes of your time. As a participant in this research, you will be asked to complete a web-based survey.

Your responses will be anonymous. We will keep all information strictly confidential and destroy it when the research is complete. At no time will you be able to be identified in any reports or publications resulting from this research.

Although it is not anticipated that you will benefit directly through your involvement in this study, this research is expected to benefit women through better understanding of contraception, which may allow health care providers to better serve individual women.

There is minimal risk associated with this study. Should you experience any psychological or social distress from your participation, please contact College of Charleston Health Services at healthservices@cofc.edu, or your preferred medical provider.

Your participation is completely voluntary, and you may discontinue participation at any time.

Upon completion of the survey, you will be able to choose to be entered into a drawing to win a gift basket from Lush valued at around $30. Your contact information will be collected in a separate survey and will remain unidentified with your responses to this survey.
If you have any questions concerning this research study, please contact Beth Sundstrom at sundstrombl@cofc.edu. You may also contact Research Protections & Compliance on the Office of Research and Grants Administration, at 843-953-7421 or e-mail compliance@cofc.edu if you have questions or concerns about research review at the College of Charleston or your rights as a research participant.

This research has been approved by the College of Charleston Institutional Review Board for the Protection of the Human Research Participants. IRB Approval Code: **GMGM-10-24-2016**

I have read this consent form, and by clicking the arrows below, I agree to participate in this research study and certify that I am at least 18 years old.

Are you currently a female undergraduate student at the College of Charleston?

Yes
No

**If you are currently using a contraceptive method, what would you say is your primary method?**

Birth Control Pill
Cervical Cap
Condom
Diaphragm
Emergency Contraception (Plan B®)
Female Sterilization (Tying tubes, Essure®)
Implant (Implanon®, Nexplanon®)
IUD (Mirena®, ParaGard®, Skyla®)
Male Sterilization (Vasectomy)
Natural Family Planning Method or Rhythm Method
Patch (Ortho Evra)
Shot (Depo-Provera or Lunelle)
Spermicide
Sponge
Vaginal Ring (Nuva Ring®)
Withdrawal Method (Pull out Method)
Other
I am not currently using a contraceptive method

How long has the pill been your primary contraceptive method?

Years
Months

Have you ever heard of the contraceptive method called the IUD (intrauterine device; e.g. Mirena, Paraguard, Liletta, Skyla)?

Yes
No

Have you ever heard of the contraceptive method called the Implant (e.g., Nexplanon, Implanon)?

Yes
No

To me, obtaining an IUD or Implant seems

|                           | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---------------------------|---|---|---|---|---|---|---|
| Extremely Difficult       |   |   |   |   |   |   |   |
| Extremely Frightening     |   |   |   |   |   |   |   |
| Extremely Painful         |   |   |   |   |   |   |   |
| Extremely Easy            |   |   |   |   |   |   |   |
| Extremely Comforting      |   |   |   |   |   |   |   |
| Extremely Painless        |   |   |   |   |   |   |   |
Choosing an IUD or Implant as my primary birth control method would be

1  2  3  4  5  6  7
Extremely Harmful          Extremely Beneficial
Extremely Inconvenient     Extremely Convenient
Extremely Irresponsible    Extremely Responsible
Extremely Unhealthy        Extremely Healthy

Using an IUD or Implant would be more convenient for my lifestyle than other contraceptive methods, such as the pill.

1  2  3  4  5  6  7
Strongly Disagree          Strongly Agree

IUDs and Implants are more effective at preventing pregnancy than other contraceptive methods, such as the pill.

1  2  3  4  5  6  7
Strongly Disagree          Strongly Agree

An IUD or Implant would be able to control my acne as well as other contraceptive methods, such as the pill.

1  2  3  4  5  6  7
Strongly Disagree          Strongly Agree

An IUD or Implant would be as effective at reducing menstrual cramps as other contraceptive methods, such as the pill.

1  2  3  4  5  6  7
Strongly Disagree          Strongly Agree
An IUD or Implant would be as effective at regulating my menstrual cycle as other contraceptive methods, such as the pill.

1 2 3 4 5 6 7
Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

The IUD and Implant are good contraceptive options for women in my peer group.

1 2 3 4 5 6 7
Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

My friends would support my decision to use an IUD or Implant as my primary contraceptive method.

1 2 3 4 5 6 7
Extremely Unlikely ○ ○ ○ ○ ○ ○ ○ Extremely Likely

My mother or female mentor would support my decision to use an IUD or Implant as my primary contraceptive method.

1 2 3 4 5 6 7
Extremely Unlikely ○ ○ ○ ○ ○ ○ ○ Extremely Likely

My sexual partner would support my decision to use an IUD or Implant as my primary contraceptive method.

If you are not currently sexually active, please leave this question blank.

1 2 3 4 5 6 7
If I used an IUD or Implant as my primary contraceptive method, I would be able to relate to my peers.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

I am confident in my ability to obtain an IUD or Implant if I desired to use it as my primary contraceptive method.

Strongly Disagree 1 2 3 4 5 6 7 Strongly Agree

Obtaining an IUD or Implant as my primary contraceptive method would be:

Not at all up to me 1 2 3 4 5 6 7 Completely up to me
Not at all under my control 1 2 3 4 5 6 7 Completely under my control

My health care provider would support my decision to obtain an IUD or Implant.

If you do not have a health care provider, please leave this question blank.
My health insurance would pay for an IUD or Implant.

If you do not have health insurance, please leave this question blank.

I know where to go if I wished to obtain an IUD or Implant as my primary contraceptive method.

Taking the pill every day is an important part of who I am.

I am the type of woman who would use an IUD or Implant as my primary birth control method.
I see myself as responsible enough to take the pill every day; the IUD and Implant are not for women like me.

Having a monthly period is an important part of my identity as a woman.

Taking the pill every day protects my future fertility better than other contraceptive methods, like the IUD or Implant.

I intend to research more about the IUD or Implant in the future.

I intend to research if my insurance plan covers the IUD or Implant.

I intend to research facilities in my area that offer IUD or Implant insertions.
I intend to discuss the IUD or Implant as an option for my primary form of contraception with my health care provider at my next appointment.

I intend to discuss the IUD or Implant as an option for my primary form of contraception with my health care provider in the future.

I intend to learn more about the process of getting an IUD or Implant and how I may go about obtaining one in the future.

I intend to talk to my friends about the IUD or Implant in the future.

I intend to talk to my mom or female mentor about the IUD or Implant in the future.
I intend to talk to my partner about the IUD or Implant in the future.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |

Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

I intend to ask IUD and Implant users about their experiences with the methods to determine if an IUD or Implant might be right for me.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |

Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

I can see myself using an IUD or Implant as my primary contraceptive method in the next 12 months.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |

Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

I can see myself using an IUD or Implant as my primary contraceptive method in the future.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |

Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

I intend to take the steps to obtain an IUD or Implant as my primary contraceptive method in the future.

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |   |

Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

I intend to change my contraceptive method from the pill to the IUD or Implant.
I am happy with the pill, and I do not intend to change my method in the future.

I have chosen the pill as my primary contraceptive method, and I do not intend to change.

I generally consider changes to be a negative thing.

I'll take a routine day over a day full of unexpected events any time.

I like to do the same old things rather than try new and different ones.

I'd rather be bored than surprised.
Whenever my life forms a stable routine, I look for ways to change it.

If I were to be informed that there's going to be a significant change regarding the way things are done at work or school, I would probably feel stressed.

When I am informed of a change of plans, I tense up a bit.

When things don't go according to plans, it stresses me out.

If my boss/professor changed the criteria for evaluating employees/students, it would probably make me feel uncomfortable even if I thought I'd do just as well without having to do any extra work.
Changing plans seems like a real hassle to me.

Often, I feel a bit uncomfortable even about changes that may potentially improve my life.

When someone pressures me to change something, I tend to resist it even if I think the change may ultimately benefit me.

I sometimes find myself avoiding changes that I know will be good for me.

I often change my mind.

Once I've come to a conclusion, I'm not likely to change my mind.
I don't change my mind easily.

1 2 3 4 5 6 7
Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

My views are very consistent over time.

1 2 3 4 5 6 7
Strongly Disagree ○ ○ ○ ○ ○ ○ ○ Strongly Agree

How old are you? Please type your age in years (e.g., 18)



What is your classification?
Freshman
Sophomore
Junior
Senior

Which of the following best describes your race/ethnicity? Please mark all that apply.
American Indian or Alaskan Native
Asian or Asian American
Black or African American
Native Hawaiian or Other Pacific Islander
Hispanic or Latino
White or Caucasian
Other
Which of the following commonly used terms best describes your sexual orientation?

- Heterosexual/Straight
- Homosexual/Gay or Lesbian
- Bisexual
- Asexual (I have never been sexually attracted to others)
- Intersex
- Queer

Other

Are you currently covered by any form of health insurance or health plan? If you are not currently covered by any form of insurance, please leave the question blank.

- Private insurance
- Medicaid, the government program that helps pay medical bills for people with low incomes
- Some other government medical program, such as Medicare, CHAMPUS, or the VA

Other

Do you have an OB/GYN who you see regularly for gynecological care?

- Yes
- No

Have you ever had surgery (e.g. tonsillectomy, appendectomy, wisdom teeth removal, etc.)?

- Yes
- No
Have you ever been admitted to the hospital and had to stay for a few hours or more?
Yes
No

Have you ever had vaginal intercourse (penis inserted into your vagina)?
Yes
No

During the past year, how many vaginal intercourse partners did you have?

Have you ever been pregnant? If yes, please indicate the number of times you have been pregnant.
Yes
No

How many of your pregnancies were unplanned?
Number of unplanned pregnancies
I did not have any unplanned pregnancies
How many times, if ever, have you experienced the following? Please indicate the number below each response option.

- [ ] Ectopic Pregnancy
- [ ] Miscarriage
- [ ] Abortion

I have not experienced an ectopic pregnancy, miscarriage, or abortion

Thank you for completing the Women's Health Research Team survey!

You can find out more about our research team by visiting hss.cofc.edu/whrt.

Would you like to provide your name, phone number, and email for the chance to win a gift basket from Lush valued at around $30? If you select yes, you will be taken to a second survey so that you can enter your contact information. Your contact information will remain unidentified with your responses to this survey.

Yes
No

We thank you for your time spent taking the Women's Health Research Team Survey.

Should you have further questions about the study, please contact Beth Sundstrom (sundstrombl@cofc.edu).
Please click the arrows below so that your response can be recorded.

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