

**DIALOGUES IN CONTRACEPTION®** strives to bring you practical, clinically useful articles on contemporary topics and timely issues in the field of contraception. Won't you help us continue this tradition by taking several minutes to complete this questionnaire? Thank you for your interest and opinions. I look forward to hearing from you.

Daniel R. Mishell, Jr, MD, Executive Editor

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

E-Mail Address \_\_\_\_\_

*Directions:*

After completing the questionnaire, fold it into thirds, tape it closed, and drop it in the mail. No postage is necessary.

**The *Dialogues* Experience** (please circle the appropriate letter)

1. Do you currently and regularly read the newsletter, *Dialogues in Contraception*?
  - A. Yes (please go to question #2)
  - B. No (please go to question #5)
  
2. Which statement best describes how much of *Dialogues in Contraception* you read shortly after receiving it?
  - A. Greater than 75% of the articles
  - B. 51%-75% of the articles
  - C. 25%-50% of the articles
  - D. Less than 25% of the articles
  
3. Do you generally?
  - A. Keep *Dialogues in Contraception* for future reference
  - B. Pass *Dialogues in Contraception* to a colleague
  - C. Discard *Dialogues in Contraception* after reading
  
4. Would you like to receive *Dialogues in Contraception* in the future?
  - A. Yes (please go to question #5)
  - B. No (please go to question #7)
  
5. How would you prefer that *Dialogues in Contraception* be distributed?
  - A. Through the mail
  - B. Electronically via e-mail
  
6. Would it be valuable to have a searchable index by topic and author of all the past *Dialogues in Contraception* articles?
  - A. Yes
  - B. No
  
7. Please indicate why you do not want to receive *Dialogues in Contraception* in the future.  
\_\_\_\_\_
  
8. *Dialogues in Contraception* is a good source of information for (circle all that apply):
  - A. Residents
  - B. New office staff
  - C. Nurses
  - D. Patients
  - E. Other \_\_\_\_\_
  
9. I would like to see a change to the newsletter:
  - A. Layout
  - B. Format
  - C. No changes needed
  - D. Other (suggestions) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Contraceptive Needs

Please indicate your level of need for more information on the following topics by checking the appropriate boxes.

	<i>Level of Need for More Information</i>	
	Needed	Not Needed
<b>10. Contraceptive methods:</b>		
A. Barriers	<input type="checkbox"/>	<input type="checkbox"/>
B. OCs/Hormonal	<input type="checkbox"/>	<input type="checkbox"/>
C. Injectables	<input type="checkbox"/>	<input type="checkbox"/>
D. Transdermal patch	<input type="checkbox"/>	<input type="checkbox"/>
E. Vaginal ring	<input type="checkbox"/>	<input type="checkbox"/>
F. IUCs	<input type="checkbox"/>	<input type="checkbox"/>
G. Periodic abstinence	<input type="checkbox"/>	<input type="checkbox"/>
H. Sterilization techniques	<input type="checkbox"/>	<input type="checkbox"/>
<b>11. Contraception and the patient with the following medical problems:</b>		
A. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
B. Obesity	<input type="checkbox"/>	<input type="checkbox"/>
C. Smoking	<input type="checkbox"/>	<input type="checkbox"/>
D. Acne	<input type="checkbox"/>	<input type="checkbox"/>
E. Autoimmune disorders	<input type="checkbox"/>	<input type="checkbox"/>
F. Bleeding disorders	<input type="checkbox"/>	<input type="checkbox"/>
G. Polycystic ovarian syndrome	<input type="checkbox"/>	<input type="checkbox"/>
H. Cancer or a history of cancer	<input type="checkbox"/>	<input type="checkbox"/>
I. Cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
J. Headaches	<input type="checkbox"/>	<input type="checkbox"/>
K. Lupus (SLE)	<input type="checkbox"/>	<input type="checkbox"/>
L. Hypercoagulable state (inherited thrombophilias)	<input type="checkbox"/>	<input type="checkbox"/>
M. Neurological disorders	<input type="checkbox"/>	<input type="checkbox"/>
N. Premenstrual disorders	<input type="checkbox"/>	<input type="checkbox"/>
O. Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
P. HIV	<input type="checkbox"/>	<input type="checkbox"/>
Q. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>12. Contraception and effects on disease risk:</b>		
A. DMPA and cancer	<input type="checkbox"/>	<input type="checkbox"/>
B. DMPA and bone density	<input type="checkbox"/>	<input type="checkbox"/>
C. OCs and cancer	<input type="checkbox"/>	<input type="checkbox"/>
D. OCs and cardiovascular disease	<input type="checkbox"/>	<input type="checkbox"/>
E. Sterilization and cancer	<input type="checkbox"/>	<input type="checkbox"/>
F. IUCs and cancer	<input type="checkbox"/>	<input type="checkbox"/>
<b>13. Contraception and side effects:</b>		
A. Ectopic pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
B. Menstrual cycle differences among methods	<input type="checkbox"/>	<input type="checkbox"/>
C. Irregular bleeding/pain	<input type="checkbox"/>	<input type="checkbox"/>
D. Androgenic effects	<input type="checkbox"/>	<input type="checkbox"/>
E. Headache	<input type="checkbox"/>	<input type="checkbox"/>
F. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
G. Weight gain	<input type="checkbox"/>	<input type="checkbox"/>
H. Libido change	<input type="checkbox"/>	<input type="checkbox"/>
<b>14. Contraceptive issues/topics:</b>		
A. Contraception for adolescents	<input type="checkbox"/>	<input type="checkbox"/>
B. Contraception for perimenopausal women	<input type="checkbox"/>	<input type="checkbox"/>
C. Contraceptive cost-effectiveness	<input type="checkbox"/>	<input type="checkbox"/>
D. OCs and dysfunctional uterine bleeding	<input type="checkbox"/>	<input type="checkbox"/>
E. Patient management/successful contraceptive use	<input type="checkbox"/>	<input type="checkbox"/>
F. Weight and efficacy	<input type="checkbox"/>	<input type="checkbox"/>
G. Patient education regarding media coverage of contraceptive issues	<input type="checkbox"/>	<input type="checkbox"/>
<b>15. My most difficult contraceptive challenge is:</b> _____		



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