

# DIALOGUES

## I N C O N T R A C E P T I O N<sup>®</sup>



### Post-Test

The following Post-Test contains 10 multiple-choice questions based on information contained in the *Dialogues in Contraception*<sup>®</sup>, Volume 10, Number 4, newsletter. It is designed to enable practitioners to assess the knowledge they have gained from the newsletter and to identify areas for further study.

On the Answer Sheet, fill in all identifying information requested. Complete the Answer Sheet by circling, in each case, the one response that most accurately answers the question.

- Effective contraception is important for women with certain medical conditions because:
  - unplanned pregnancy may exacerbate the underlying condition
  - the preexisting condition is likely to increase risks inherent in any pregnancy
  - risks of pregnancy in such women are generally greater than risks associated with contraceptive use
  - all of the above
- In women with either type 1 or type 2 diabetes without vascular disease, which of the following is NOT true regarding use of combination hormonal contraception?
  - use does not adversely affect metabolic control
  - use does not promote vascular disease
  - use does not increase risk of cardiovascular disease
  - use is appropriate for diabetic women who smoke
- Routine testing for thrombophilic factors is recommended before contraceptive selection.
  - True
  - False
- No studies have reported higher rates of pregnancy with combined oral contraceptive use in women also taking agents to prevent seizures.
  - True
  - False
- After removal of the etonogestrel (ENG)-containing implant, ovulation occurs in almost all users within how many weeks?
  - 1 to 2
  - 3 to 6
  - 7 to 12
  - 14 to 26
- In large clinical trials, how many in-treatment pregnancies occurred among 1482 women who used the ENG implant for a total of 2928.6 woman-years?
  - none
  - 4
  - 7
  - 10
- Premenstrual disorders are characterized by various cyclic affective and somatic symptoms that occur *only* in ovulatory women and *only* in the luteal phase of the menstrual cycle.
  - True
  - False
- The American College of Obstetricians and Gynecologists guidelines state that among the diagnostic criteria for premenstrual syndrome (PMS) are *at least 1* of 6 affective symptoms or *at least 1* of 4 somatic symptoms that:
  - have occurred during the 5 days before menses in each of the 3 prior menstrual cycles
  - are relieved within 4 days of the onset of menses
  - interfere with some part of the woman's normal functioning
  - all of the above
- In the clinical setting, the timing of premenstrual symptoms can be confirmed with a prospective daily symptom/menstrual period calendar kept by the woman for at least 2 to 3 cycles.
  - True
  - False
- Pharmacological strategies found to be effective as treatment for symptoms of PMS and/or premenstrual dysphoric disorder include all of the following *except*:
  - selective serotonin reuptake inhibitors
  - gonadotropin-releasing hormone antagonists
  - combined oral contraceptives
  - natural progesterone

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## IN CONTRACEPTION®



### Post-Test Answer Sheet

- |    |   |   |   |   |     |   |   |   |   |
|----|---|---|---|---|-----|---|---|---|---|
| 1. | a | b | c | d | 6.  | a | b | c | d |
| 2. | a | b | c | d | 7.  | a | b |   |   |
| 3. | a | b |   |   | 8.  | a | b | c | d |
| 4. | a | b |   |   | 9.  | a | b |   |   |
| 5. | a | b | c | d | 10. | a | b | c | d |

### CME or Nursing Contact Hour Enrollment

(PRINT) NAME \_\_\_\_\_ DEGREE \_\_\_\_\_  
FIRST LAST

MEDICAL LICENSE # \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SPECIALTY \_\_\_\_\_ E-MAIL \_\_\_\_\_

**METHOD OF PAYMENT**

- Check (payable to USC or NPWH)
- Credit Card

Visa/MasterCard # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_

To receive CME credit, please mail a check for \$15.00 (payable to USC) or credit card information and this Answer Sheet to:  
**Office of Continuing Education, Keck School of Medicine of the University of Southern California**  
 1975 Zonal Avenue, KAM 317, Los Angeles, CA 90033-1039  
 (323) 442-2555 or (800) USC-1119 – FAX (323) 442-2152 (for credit card payment only)  
 Certificates will be sent approximately one month after submission.

To receive nursing contact hours, please mail a check for \$15.00 (payable to NPWH) or credit card information and this Answer Sheet to:  
**National Association of Nurse Practitioners in Women's Health**  
 505 C Street NE, Washington, DC 20002  
 (202) 543-9693 – FAX (202) 543-9858 (for credit card payment only)

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## Evaluation Questionnaire

We would appreciate your comments.  
Please return completed questionnaire to our toll-free fax number: (888) 665-8650.

1. How long did it take you to complete this activity? \_\_\_\_\_

2. I found the content (check appropriate boxes):

Not practical

Poorly written

Too difficult

Moderately practical

Well written

Moderately difficult

Very practical

Expertly written

Too easy

3. The stated objectives were achieved.

Yes  No

4. The examination questions were:

Too difficult

Too short

Poorly written

Too easy

Too long

Well written

5. Did you find the program:

Biased for or against any particular drug?

Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Fairly balanced in terms of treatment options?

Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

6. Did this material enhance your professional effectiveness or change your clinical practice?

Yes  No

If yes, what changes do you plan to implement? \_\_\_\_\_

\_\_\_\_\_

Suggestions for future topics: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Name (optional): \_\_\_\_\_