

# 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 1, 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.

- Age and parity affect fertility in women, whether or not they have used contraception.
  - True
  - False
- Which of the following *does not* decrease fertility, regardless of age?
  - endometriosis
  - diabetes
  - elective abortion
  - sexually transmitted infections
- Studies of fertility after discontinuation of COC use have found:
  - a statistically significant trend of increasing risk of infertility with increased duration of COC use
  - slight delays in return to fertility compared with nonusers but no absolute impairment
  - faster mean time to pregnancy following discontinuation of COCs compared with nonusers
  - higher frequencies of primary infertility following use of low-estrogen-dose COCs compared with nonusers
- Preservation of future fertility may be enhanced with use of combination hormonal contraceptive methods through the protection they afford against pelvic inflammatory disease and ectopic pregnancy.
  - True
  - False
- Although fertility is not permanently impaired after discontinuation of use of depot medroxyprogesterone acetate, there is a substantial delay in return to fertility of about 6 to 10 months and time to conception for some women may be delayed up to:
  - 2 years
  - 3 years
  - 4 years
  - 5 years
- Although the pharmacokinetic profiles of orally ingested and transdermally administered ethinyl estradiol differ, whether the risk of venous thrombosis and embolism differs significantly between these methods has not yet been conclusively determined.
  - True
  - False
- Among US women having abortions in 2000 and 2001, what proportion reported having used contraception in the month of conception?
  - nearly one quarter
  - about one third
  - about half
  - nearly two thirds
- Studies of Quick Start (ie, immediate contraceptive initiation during the clinician visit in which the method is prescribed, regardless of the woman's menstrual cycle) have found that, compared with conventional initiation regimens of the same methods, this approach:
  - eliminates much counseling and confusion about start times
  - achieves similar short-term continuation rates
  - produces no differences in the effect of bleeding patterns on method continuation
  - all of the above
- During use of combination oral contraceptives (COCs), risk of pregnancy is greatest when:
  - more than 1 active tablet is missed anytime during the cycle
  - the required 2 tablets are not taken the day after a missed tablet
  - the hormone-free interval is extended because active pills are missed before or after it
  - inactive tablet-taking is not begun on schedule
- Studies comparing use of the weekly transdermal contraceptive patch with daily COC tablet ingestion have found that:
  - Perfect regimen implementation occurred in more cycles with the COC than with the patch.
  - Perfect use of the patch was similarly high in all age categories of users.
  - Women aged  $\geq 25$  using COCs had fewer perfect-use cycles than women aged  $< 20$ .
  - All of the above

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## IN CONTRACEPTION®



### Post-Test Answer Sheet

- |    |   |   |   |   |     |   |   |   |   |
|----|---|---|---|---|-----|---|---|---|---|
| 1. | a | b |   |   | 6.  | a | b |   |   |
| 2. | a | b | c | d | 7.  | a | b | c | d |
| 3. | a | b | c | d | 8.  | a | b | c | d |
| 4. | a | b |   |   | 9.  | a | b | c | d |
| 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): \_\_\_\_\_