

**Department of Obstetrics and Gynaecology, The University of Hong Kong  
The Family Planning Association of Hong Kong  
Department of Health, HKSAR**

**Study Title:**

**A questionnaire survey regarding acceptability of contraception according to the  
posited mechanism of action in the local population**

The currently existing contraceptive methods may act by the following three principles: (1) inhibiting ovulation; (2) preventing sperm from binding to eggs; and (3) disturbing implantation of embryos.

**The next few questions aim to understand your acceptability of the various contraceptive mechanisms.**

1. If you need contraception now, would you consider using a method which stops or delays an egg being released? (Please tick)  
 Yes                       No                       Uncertain
  
2. If you need contraception now, would you consider using a method which prevents fertilisation (union of the egg with sperm)?  
 Yes                       No                       Uncertain
  
3. If you needed contraception now, would you consider using a method which prevents a very early embryo attaching to the lining of the womb? (Please tick)  
 Yes                       No                       Uncertain
  
4. If we could develop a contraceptive method which dislodges a very early embryo from the lining of your womb, would you consider using it? (Please tick)  
 Yes                       No (*please go to 6*)                       Uncertain (*please go to 6*)
  
- 5a. If you would accept the method described above in (4), would you consider using it if it is an oral pill used once a month before your next period is due? (Please tick)  
 Yes                       No                       Uncertain
  
- 5b. If you would accept the method described above in (4), would you consider it if it is a 'missed period pill', that is an oral contraceptive pill which you only took occasionally (usually no more than 2-4 times a year) if you missed your period by a few days? (Please tick)  
 Yes                       No                       Uncertain

**The next few questions ask about your previous contraceptive use.**

6. Have you ever used an emergency contraceptive pill before? (Please tick)
- Yes  No (*please go to 8*)
7. If yes how many times have you used it in the last 12 months? (Please tick)
- 0  1-2  3-5  
 6-10  More than 10
8. Have you ever used an emergency intrauterine contraceptive device before (a coil fitted for emergency contraception)? (Please tick)
- Yes  No
9. Which methods of contraception have you/your partner used before? (Please tick all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Condoms  | <input type="checkbox"/> Calendar method                  |
| <input type="checkbox"/> Oral contraceptive pill/patch                                    | <input type="checkbox"/> Coitus interrupts (withdrawal)   |
| <input type="checkbox"/> Implant  | <input type="checkbox"/> Spermicides                      |
| <input type="checkbox"/> Injection  | <input type="checkbox"/> None                             |
| <input type="checkbox"/> Intrauterine contraceptive device (copper coil or hormonal coil) | <input type="checkbox"/> Others (please specify)<br>..... |
| <input type="checkbox"/> I was sterilised in the past                                     |   |
| <input type="checkbox"/> My partner was sterilised in the past                            |   |
10. Which method of contraception are you/your partner planning to use next? (Please tick all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Condoms  | <input type="checkbox"/> Calendar method                  |
| <input type="checkbox"/> Oral contraceptive pill/patch                                    | <input type="checkbox"/> Coitus interrupts (withdrawal)   |
| <input type="checkbox"/> Implant  | <input type="checkbox"/> Spermicides                      |
| <input type="checkbox"/> Injection  | <input type="checkbox"/> None                             |
| <input type="checkbox"/> Intrauterine contraceptive device (copper coil or hormonal coil) | <input type="checkbox"/> Others (please specify)<br>..... |
| <input type="checkbox"/> I was sterilised in the past                                     |   |
| <input type="checkbox"/> My partner was sterilised in the past                            |   |

**The next few questions ask for some information about you.**

11. Are you currently having sex with a regular male partner? (Please tick)

- Yes  No

12. Do you have any religious beliefs? (Please tick)

- Buddhism  Muslim  
 Taoism  Hindu  
 Confucianism  Sikh  
 Roman Catholic  Others (Specify: \_\_\_\_\_)  
 Protestantism (Christianity)  Nil

13. Do you hold any strong views against induced abortion? (Please tick)

- Yes  No

14. Have you been pregnant before? (Please tick)

- Yes  No

15. Do you have any children? (Please tick)

- Yes  No

If yes, please state how many: .....

16. Have you had a miscarriage before? (Please tick)

- Yes  No

If yes, please state how many: .....

17. Have you had an induced abortion before? (Please tick)

- Yes  No

If yes, please state how many: .....

18. What age are you? ..... years

19. What is your ethnicity?

- Chinese  Others (specify: \_\_\_\_\_)

20. What is your monthly household income (HK\$)?

- On public assistance
- <\$10,000
- \$10,000 to 19,999
- \$20,000 to 29,999
- \$30,000 to 39,999
- Above 40,000

21. What is your education level?

- Primary or below
- Secondary
- Tertiary (Post-Secondary, University or Post-graduate)

22. What is your occupation?

- Managers and Administrators
- Professionals
- Associate professionals
- Clerical support workers
- Service and Sales workers
- Craft and related workers
- Plant and Machine operators and assemblers
- Elementary occupations
- Skilled agricultural and fishery workers
- Others (Please specify: \_\_\_\_\_)
- Housewife
- Not working

**END OF QUESTIONNAIRE. Thank you for your time and help.**

**For official use**

**Study no.** \_\_\_\_\_

FPA / QMH / MCHC

Service: Birth Control / TOP / Postnatal