

Administering the Contraceptive Agency Scale (CAS)

Instructions to Research Team

CAS is a patient-reported measure and is administered to people who have seen a provider, either in-person or via telemedicine. The researcher may select the optimal time period to administer CAS, whether immediately following the visit, or within 3 months of a visit, 6 months, or 12 months. For longitudinal data collection, at each wave it could be since the prior survey.

Stem questions in longitudinal studies for skip sequencing: If a participant answers YES to at least one of these questions, they will see the CAS:

1. Since your last survey in __[date]__, have you received **counseling or information** about birth control from a health provider?
2. Since you last completed a survey in __[date]__, have you seen a health provider **for birth control**?

Instructions to include in Survey

*These next questions will ask about your thoughts and feelings about your **most recent** clinic visit where you talked about birth control. We know that people have different experiences with different providers (nurses or doctors) who provide birth control.*

For each question, choose the one answer that seems right for you, even if you are not using birth control. There are no right or wrong answers. The answers range from “Strongly Agree” to “Strongly Disagree”, and “Does not apply” if there is no answer for you.

Contraceptive Agency Scale (CAS) Survey Items

Response categories: *Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree, Does not apply*

1. My provider would be open to me trying different birth control methods.^a (+)
2. I feel that my provider would support me if I wanted to stop using birth control.^b (+)
3. My provider helped me choose a birth control method that could work for me.^c (+)
4. I felt that my provider made me use a specific birth control method.^b (-)
5. My provider made me feel like I had to use birth control.^b (-)
6. My provider wanted to make my birth control decisions for me.^c (-)
7. I felt that my provider judged me for my birth control decisions.^a (-)

Scale Domains: a = Non-judgmental care; b = Freedom from coercion; c = Active decision- making.

Coding of Data:

(+) item coded “Strongly disagree, Disagree, or Neither” = 0, “Agree”= 1, “Strongly agree” = 2.

(-): item coded “Strongly agree, Agree, or Neither” = 0, “Disagree” = 1, “Strongly disagree” = 2.

Does not apply coded as missing

Example for Survey

*These next questions will ask about your thoughts and feelings about your **most recent** clinic visit where you talked about birth control. We know that people have different experiences with different providers (nurses or doctors) who provide birth control.*

For each question, choose the one answer that seems right for you, even if you are not using birth control. There are no right or wrong answers. The answers range from “Strongly Agree” to “Strongly Disagree”, and “Does not apply” if there is no answer for you.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Does not apply
a. My provider would be open to me trying different birth control methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel that my provider would support me if I wanted to stop using birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My provider helped me choose a birth control method that could work for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt that my provider made me use a specific birth control method.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My provider made me feel like I had to use birth control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My provider wanted to make my birth control decisions for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt that my provider judged me for my birth control decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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