

Which Birth Control May Be Right for You?

Below is a list of questions that may help your health care provider understand the level of familiarity you have with different types of birth control options. Your answers to these questions may also help your health care provider focus the conversation on which options may be right for you.

Name: _____ Date: _____

Pregnancy Intentions

1. Are you planning to get pregnant within the next year?

- Yes Not sure
 No

Birth Control Preferences

1. What are the **3 most important** things about birth control to you?

- How effective it is at preventing pregnancy Helps manage periods
 Is discreet and can be kept private How much it costs
 Easy to use Few side effects
 Easy to get Other

2. How important is using birth control to you?

- Very important Not important
 Somewhat important Not sure

3. How interested are you in non-daily birth control options?

- Very interested Not interested
 Somewhat interested Not sure

Current Contraceptive Method(s)

1. How satisfied are you with your current method of birth control?

- Very satisfied Not satisfied
 Somewhat satisfied Not at all satisfied

2. Are you using any non-prescription contraceptive methods?

- Yes
 No

3. How many times have you used emergency contraception in the past year?

- 0 2-3
 1 4 or more

Birth Control Knowledge

1. Please indicate how familiar you are with the following prescription birth control options.

	Very familiar	Somewhat familiar	Not at all familiar
Implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injection/shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sterilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Please indicate how you learned about each option.

	Friend/ Family member	Online/ social media	Health care provider	School	Television	Not relevant
Implant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Injection/shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IUD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sterilization	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Be sure to complete this questionnaire prior to your visit with your health care provider so you can discuss your answers together.

IUD = intrauterine device.

