## **Birth Control Questionnaire**



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:	Date:						
1. Are you planning	g to get pregnant v	within the next yea	r?						
O Yes	O No	O Not sure							
2. Are you using any non-prescription contraceptive methods?									
O Yes	O No								
3. How comfortable do you feel initiating the conversation with your health care provider about birth control?									
O Very comfortable	O Somewhat comfortable	Neutral	O Not at all comfortable						
4. How important is using birth control to you?									
O Very important	O Somewhat important	O Not important	Not sure						
5. How interested a	are you in daily birt	h control options?							
O Very interested	O Somewhat interested	O Not interested	Not sure						
6. How interested are you in non-daily birth control options?									
O Very interested	O Somewhat interested	O Not interested	O Not sure						
7. How many times have you used emergency contraception in the past year?									
0 0	<b>O</b> 1	<b>O</b> 2–3	O 4 or more						

8.	How satisfied ar	low satisfied are you with your current method of birth control?						
	O Very satisfied	O Somewhat satisfied		Neutral	O Not at all satisfied			
9.	Please indicate how familiar you are with the following prescription birth control options:							
		Very familiar	Som	ewhat familiar	Not at all familiar			
	Implant	0		0	0			
	Injection/shot	0		0	0			
	IUD	0		0	0			
	Patch	0		0	0			
	Pill	0		0	0			
	Ring	0		0	0			
10.	What are the 3	most important th	ings a	about birth co	ontrol to you?			
	O How effective it is at preventing pregnancy			O Helps manage bleeding				
	O Is discreet and can be kept private			O Side effects				
	Ease of use			O How much it costs				
	O Ease of access			Other				

IUD = intrauterine device.

