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:** _____

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

   ○ Yes   ○ No   ○ Not sure

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

   ○ Yes   ○ No

3. **How comfortable do you feel initiating the conversation with your health care provider about birth control?**

   ○ Very comfortable   ○ Somewhat comfortable   ○ Neutral   ○ Not at all comfortable

4. **How important is using birth control to you?**

   ○ Very important   ○ Somewhat important   ○ Not important   ○ Not sure

5. **How interested are you in daily birth control options?**

   ○ Very interested   ○ Somewhat interested   ○ Not interested   ○ Not sure

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

   ○ Very interested   ○ Somewhat interested   ○ Not interested   ○ Not sure

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

   ○ 0   ○ 1   ○ 2–3   ○ 4 or more

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

○ Very satisfied   ○ Somewhat satisfied   ○ Neutral   ○ Not at all satisfied

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

	Very familiar	Somewhat familiar	Not at all familiar
Implant	○	○	○
Injection/shot	○	○	○
IUD	○	○	○
Patch	○	○	○
Pill	○	○	○
Ring	○	○	○

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

○ How effective it is at preventing pregnancy   ○ Helps manage bleeding

○ Is discreet and can be kept private   ○ Side effects

○ Ease of use   ○ How much it costs

○ Ease of access   ○ Other

IUD = intrauterine device.

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