It is important to let your health care provider know what your plans are for having, or not having, children and for protecting yourself from sexually transmitted infections. Your health care provider can then better help you with your family planning or contraceptive needs, and better advise you about ways to protect your own health and the health of any children you desire to have.

Please tell us about your plans for having, or not having, children and for protecting yourself from sexually transmitted infections by checking the box which is closest to your answer.

1. How would you describe your desire to have a child?
   - □ I DO NOT want to have a child ever (or ever again)
   - □ I DO want to have a child:
     - □ Now or in the next year
     - □ In 1 to 2 years
     - □ In 3 to 4 years
     - □ In 5 or more years
     - □ I am unsure about when
   - □ I am unsure about whether I want to have a child now or in the future

2. Do you (or your partner) do anything to prevent pregnancy or sexually transmitted infections?
   - □ I don’t have a partner or I’m not sexually active right now
   - □ I am sexually active with a partner of my same sex
   - □ No, I (and my partner) do not do anything to prevent pregnancy or sexually transmitted infections
   - □ Sometimes when we have sex, I (or my partner) do something to prevent pregnancy or sexually transmitted infections
   - □ Every time we have sex, I (or my partner do) something to prevent pregnancy or sexually transmitted infections

   If you (or your partner) do something to prevent pregnancy or sexually transmitted infections ‘Sometimes’ or ‘Every time’ you have sex, what method do you use:
   - □ Condoms
   - □ Birth control pills
   - □ Patch
   - □ Depo-Provera
   - □ Vaginal ring
   - □ Diaphragm
   - □ Intrauterine device (IUD)
   - □ Patch
   - □ My tubes are tied (tubal ligation)
   - □ My partner had a vasectomy
   - □ Other ___________________

3. Is there a method of birth control that you or your partner have thought about using or about which you would like to learn more? ___________________________________________

4. Are you having (or have you had) problems with a birth control method that you would like to talk about with your provider today? __________________________________________

5. Are you concerned about any sexually transmitted infections?
   - □ No
   - □ Maybe
   - □ Yes