Protect Yourself

1. What type of birth control do you currently use?
   - None
   - Hormonal IUD (Mirena®, Skyla®, or Liletta®)
   - Copper IUD (ParaGard®)
   - Implant (Implanon® or Nexplanon®)
   - Oral Contraceptives
   - Injection (Depo-Provera®)
   - Patch (Ortho Evra®)
   - Contraceptive Ring (NUva Ring®)
   - Barrier methods, such as condoms or diaphragms
   - Female sterilization, tubes tied or blocked
   - Male sterilization, vasectomy
   - Other Method: _______________________

2. Are you satisfied with this form of birth control?
   - Yes
   - No

3. Where do you obtain your birth control?
   __________________________________________________________

4. Have you been diagnosed with an STD?
   - Yes ____________________________
   - No

5. Have you been diagnosed with any problems specific to women?
   - Yes ____________________________
   - No

6. Do you intend to become pregnant in the next 12 months?
   - Yes
   - No
PROTECT, PLAN, PREPARE

A Questionnaire for Providers to Use with Women of Childbearing Age

Plan Ahead

1. Do you currently use any illicit substances?
   ○ Yes
   ○ No

2. Do you smoke or use tobacco?
   ○ Yes
   ○ No

3. Do you eat fruits and/or vegetables every day?
   ○ Yes
   ○ No
   ○ Not every day, but most days

4. Do you drink at least 8 glasses of water a day?
   ○ Yes
   ○ No
   ○ Usually
   ○ I don’t know
PROTECT, PLAN, PREPARE
A Questionnaire for Providers to Use with Women of Childbearing Age

Prepare for Baby

1. Are you currently pregnant?
   ○ Yes   Due Date: __________________________
   ○ No

2. Do you currently use any illicit substances?
   ○ Yes   __________________________
   ○ No

3. Do you smoke or use tobacco?
   ○ Yes
   ○ No

4. Do you eat fruits and/or vegetables every day?
   ○ Yes
   ○ No
   ○ Not every day, but most days

5. Do you drink at least 8 glasses of water a day?
   ○ Yes
   ○ No
   ○ Usually
   ○ I don’t know

6. Are you seeing a health care provider (for example, nurse midwife or physician) for your pregnancy/prenatal care?
   ○ Yes
   ○ No   Referred to: __________________________