

HANDOUT PLANNING FOR CHILDREN QUESTIONNAIRE

Directions: Please answer each question to the best of your ability.

Name: _____

Date: _____

Age: _____

of children you're raising: _____

Currently pregnant: _____

1. How informed are you about birth control methods?

Not Well Informed			Very Well Informed	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2. Check all the methods of birth control (contraception) that you've ever used.

- Condom
- Withdrawal
- Depo-Provera (the shot)
- IUD
- Implant
- Pills
- EC/Plan B
- Diaphragm
- Vaginal Ring
- Patch
- Rhythm

3. What method are you using now? _____

4. Do you use the method every single time you have sex? Yes No

5. Do you plan to have another child in the next year? Yes No

6. How would you feel if you or your partner got pregnant in the next year?

- Very happy A little happy A little unhappy Very unhappy

7. How much do you and your partner agree on whether and when to have more children?

Disagree/Never talk about it			Agree/On the same page	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

8. Do you and your partner have a clear plan for spacing and timing any future pregnancies?

Yes No

Thank you for completing this questionnaire!