

HANDOUT PLANNING FOR CHILDREN POST-SURVEY

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

Name: _____

Date: _____

Age: _____

of children you're raising: _____

Currently pregnant: _____

1. What birth control method are you using now? _____

2. How consistently do you use the method?

- Always
 Usually
 Sometimes
 Almost Never

3. If you're not using a method, check any methods you would consider using

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

4. 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

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!