

PROTECT, PLAN, PREPARE

A Questionnaire for Providers to Use with Women of Childbearing Age



Are you pregnant?

Yes > Go to Prepare for Baby (Section 3)

Are you thinking about getting pregnant?

Yes > Go to Plan Ahead (Section 2)

No > Go to Protect Yourself (Section 1)

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

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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

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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: _____