

# PATIENT CENTERED ASSESSMENT of REPRODUCTIVE WELL BEING

 Preconception, pregnancy planning, infertility	 Contraception for pregnancy prevention or spacing	 Contraception for STI/HIV prevention and/or other medical reasons
<b>UTILIZE REFLECTIVE STRATEGIES : A S K and L I S T E N and L I S T E N</b>		

REGARDLESS OF WHICH **PATH**, FACILITATE SHARED DECISION MAKING WITH OPEN/PROBING QUESTIONS, VALIDATION, CONFIRMING WORDS: *It sounds like... What I'm hearing you say is that... I can see why this is concerning and... Many clients think that and ... Yes, you are right and... I would like to be sure I understand what you are saying is...*

First Name/Name to be Called: \_\_\_\_\_ / \_\_\_\_\_ Last Name: \_\_\_\_\_

Pronoun: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Pregnancy History: G\_\_P\_\_\_\_\_

Due Date or Date of Delivery: \_\_\_\_\_ Delivering Group/Provider/Hospital: \_\_\_\_\_

**Q1. Do you think you might like to have (more) children at some point?**

YES     DON'T KNOW/ UNSURE     NO

**Q2. When do you think that might be?** *On the scale below, circle when you think you might want to have (more) children, if any.*

NOW/SOMETIME SOON -----NOT NOW/NOT ANYTIME SOON----- NOT EVER

If applicable, list any events, milestones, or dates that are important to you when you think about the next pregnancy:

**Q3. How important is it to you to prevent pregnancy (until then)?**

VERY IMPORTANT     SOMEWHAT IMPORTANT     NOT IMPORTANT

**Q4. Can you share what else is important to you about your birth control method?**

<input type="checkbox"/> Confidential/Private	<input type="checkbox"/> Hassle-free (nothing to do daily/weekly/monthly)
<input type="checkbox"/> Helps with heavy periods	<input type="checkbox"/> Start/stop on my own
<input type="checkbox"/> Helps with bad cramps	<input type="checkbox"/> Has no hormones (especially estrogen)
<input type="checkbox"/> Stops/decreases monthly bleeding	<input type="checkbox"/> Protection from STI/HIV (PrEP?)
<input type="checkbox"/> Helps with medical condition	<input type="checkbox"/> Other:

**Since you said Q1 response about having more children Q2 response- timing AND it is Q3 response to prevent pregnancy AND Q4 response are important, let's talk about your options.**

**Past/Current Method(s):** \_\_\_\_\_

**Preferred Method(s):** \_\_\_\_\_

**Resources:**

- Reminder that barrier methods/condoms are the only way to decrease risk of STI.
- Share ICAN! [Birth Control 1-pager](#) (digital/paper copy given or shared with client)
- If applicable, share the ICAN! [Birth Control After Baby 1-pager](#)
- If unsure about methods, review [Birth Control Options Quiz](#) with client
- [Refer](#) to an ICAN! Quality Hub who offers all methods of Birth Control
- If applicable, check if [eligible](#) for the Medicaid Family Planning Program Coverage and find an [FPPE provider](#) that can enroll on the spot if no longer insured.

