HARLEM HOSPITAL CENTER

As part of pre-conception care (the period when you are not pregnant) we now offer “CHOICES,” an educational program. Please answer the following questions accurately so we can learn your needs. All answers will remain private and confidential.

Family Planning

1. In the last 3 months have you had sex with a man? □ YES □ NO

2. Please circle all methods you used during the last 3 months:

   None               Condoms        Birth Control Pills               Vaginal Ring/NuvaRing
   Patch               Implanon              The Shot – Depo               Hysterectomy, Tubes Tied
   IUD               Diaphragm               Other:_____________

3. In the last 3 months did you (Circle all that apply):

   A) Miss your Depo Shot appointment                      D) Have sex without a condom or diaphragm
   B) Forget to take your pill                                         E) Use Plan B (Morning After Pill)
   C) Forget to change your ring or patch                     F) Stop using your birth control method

Drinking preferences

1. Have you ever had a drink with alcohol in the last 3 months? (This includes beer, wine, coolers, malt liquor, and liquors such as vodka, gin, rum and whiskey)

   □ YES □ NO

2. In the last 3 months, have you ever had more than 3 alcohol drinks in one day?

   □ YES □ NO

3. What is the greatest number of drinks you’ve had in one week?

   __________________________
   (Enter number here)

Staff Use Only

Patient Agreed to Referral □ YES □ NO

Phone Number to call (Home)___________________        (Cell)__________________________

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