

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
Rev. 10/4/12

Patient Agreed to Referral

YES

NO

Phone Number to call (Home) _____ (Cell) _____