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| **Check the box that is most accurate when thinking about**  **you or your partner having a baby:** | |
| □ I have no plans for a future pregnancy  □ I have no plans for pregnancy for several years  □ I am considering a pregnancy in the next year  □ I am considering a pregnancy in 2 or 3 years  □ I have mixed feelings about a pregnancy  □ I am trying to get pregnant now or am trying to father a child  □ I am pregnant currently, or partner is pregnant. | |
| **GALS:**  Are you happy with your current method of birth control**?** | **Yes/No/NA** |
| **GUYS:**   1. Are you happy with your partner’s method of birth control? | **Yes/No/NA** |
| 1. I use condoms to prevent pregnancy. | **Yes/No/NA** |
| Are you interested in preconception services?(Planning a pregnancy) | **Yes/No** |
| Are you interested in infertility services?(Trying/Can’t get pregnant**)** | **Yes/No** |
| Do you have any further questions or wish for counseling on your reproductive life plan? | **Yes/No** |
| I am requesting testing for:  □ STD  □ Pregnancy  □ Both  □ No Testing Needed | |