***PATIENT CONTRACEPTIVE CHOICE QUESTIONNAIRE DR***

***MEDICAL CENTRE SEPTEMBER 2010***

*The practice would like to assess the potential demand for additional contraceptive services within the practice following the move of the local Family Planning Clinic to a Health Centre further away from our locality. We would appreciate your answers to a few short questions. Please circle your response and return the form to reception or a nurse/Health visitor/GP.*

Are you aware of long acting contraceptive (LARC) options- YES/NO/SOME

1. If not would you like more information? YES/NO
2. Are you aware that the practice at present offers the

3 monthly injection/depo provera YES/NO

1. If the practice offered more options would this make you more likely to consider
2. the 3 year implant currently known as IMPLANON YES/NO
3. The coil YES/NO
4. I am able to travel to Family planning services without difficulties YES/NO

*Thank you for taking the time to answer the above questions, if you are willing please circle the appropriate response to the additional questions below*

1. I am in age group 15-19

20-30

30-40

40-50

>50

 b) to travel to a family planning clinic I would use - my own transport

 - a friend or relative’s transport

 - public transport

c) I have the following number of children 0

 1

 2

3 or more