

CONVERSATION GUIDE



Fill in this form and get ready for an informed discussion about birth control with your doctor or nurse. You can screenshot this form, print, save or share it via email. None of this will be shared with anyone, unless you decide to do so.

MY GOAL FOR THIS DOCTOR APPOINTMENT:

WHAT'S IMPORTANT TO ME IN BIRTH CONTROL

Remembering to take my birth control daily is...

- no problem for me sometimes difficult not my thing

If I got pregnant right now...

- I could have a baby it would be challenging

Using hormonal birth control...

- works for me I would like to avoid I am unsure about

My birth control should make my periods...

- shorter and lighter regular and predictable disappear completely not change at all

I would like to get pregnant...

- Within the next year Not at all In a couple of years

GOOD FOR YOUR DOCTOR OR NURSE TO KNOW

What is your current method and what is bothering you about it?

Do you need to take any medications or have any medical conditions?

Does your period feel long, heavy and painful?

OTHER QUESTIONS ABOUT BIRTH CONTROL

Side effects, Sexually transmitted infections (STI) protection, Easy access to method...