What method of contraception is right for me?

Sex

* Male
* Female

Age

How old are you?

Fill in box

Do you have a sexual partner at the moment?

* Yes
* No

Have you had a new sexual partner in the last year?

* Yes
* No

How many people have you had sex with in the last year?

* 0-1
* 2-4
* 5 or more

Have you ever had children?

* Yes
* No

Do you have any of the following conditions at the moment?

* Heavy bleeding during your period
* Painful periods
* Pre-menstrual symptoms
* Acne
* None of the above

What’s important to you?

* Best at preventing pregnancy
* Doesn’t reduce sexual pleasure
* Easy to keep private
* Easy to use
* Easy to get
* Reduces periods
* Has health benefits
* Prevents STDs
* No or few side effects

Sex life:

* I have a steady partner
* I have multiple steady partners
* I am single. I have infrequent sex.
* I am single. I frequently have sex with new people.

Are you in a serious romantic relationship?

* Yes
* No
* I’m not sure

Lifestyle

What describes you best?

* I am well organised and rarely forget things
* I live spontaneously and commit myself only when I really have to

Pregnancy:

Finding out I was pregnant right would be…

* I could deal with a baby right now
* Not ideal, I’d prefer to wait a few years
* A disaster! I definitely don’t want that kind of responsibility yet!

Availability

How do you want to get your contraception?

* Easily and spontaneously when I need it
* From my healthcare provider with regular consultations to keep me up to date
* I’d like to be protected for years and not have to think about it

Priorities

Contraception is something…

* I only want to think about when I have sex
* I don’t want to have to think about
* I don’t mind having as a regular part of my routine

Hormones

How do you feel about hormones?

* I would prefer a low dose of hormones
* Id prefer my contraception to be hormone free
* I don’t care

Are you willing to use hormones?

* Yes
* No
* I’m not sure

Are you willing to use a method that you have to put into your vagina?

* Yes
* No
* I’m not sure

Periods

My contraception should make my period…

* Shorter and less painful
* Disappear completely
* Not change at all!

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|  |
| **I would like my female partner to have no periods.** |  |
| **I do not want my female partner to have painful periods.** |  |
| **I do not want my female partner's periods to stop.** |  |
| **I do not want my female partner to have heavier bleeding during her period.** |  |
| **I do not want my female partner to have irregular bleeding or spotting.** |  |
| **I do not want my female partner to have nausea (feeling sick).** |  |
| **I do not want my female partner to have weight gain of more than 2kg (5lb).** |  |
| **I do not want my female partner to feel irritable or depressed.** |  |
| **I do not want my female partner to have breast tenderness.** |  |
| **I do not want my female partner to have headaches.** |  |
| **I do not want my female partner to have skin irritation.** |  |
| **I do not want my female partner to have any loss of sex drive.** |  |
| **I do not want the return of my female partner's fertility to be delayed after stopping a contraceptive method.** |  |
| **I want to avoid going to see a doctor or nurse to get contraception.** |  |
| **I want to avoid going to a shop/pharmacy to get contraception.** |  |
| **I want to avoid my female partner having an injection.** |  |
| **I want to avoid my female partner having an implant under the skin in her arm.** |  |
| **I want to avoid my female partner having a vaginal examination at a clinic.** |  |
| **I want to avoid having to remember when to take or use contraception.** |  |
| **I want to avoid having to rely on my partner to remember when to take or use contraception.** |  |
| **I want to avoid having genital contact (touching the vagina or penis) to use contraception.** |  |
| **I want to avoid having any interruption during sex in order to use a contraceptive method.** |  |
| **I want to avoid any loss of sensation/feeling during sex.** |  |
| **I want to avoid my friends or family knowing that I'm using contraception.** |  |