

Client Survey for COPPI Grant

Pregnancy timing:

1. How long has it been since your last delivery?
 - 12 months or less
 - 13-18 months
 - 19-24 months
 - Greater than 24 month

2. What made you decide to get pregnant this time?

3. Who was involved in the decision to get pregnant at this time?
 - Partner
 - Family
 - Friends
 - Medical Provider (doctor or nurse)
 - Other

4. Did you feel any pressure to become pregnant at this time?
Yes No If yes, where did the pressure come from?

5. Has anyone ever talked with you about the benefits of birth spacing and health?
Who?
What did they tell you?
What is a good spacing between pregnancies for **your** health?
What is a good spacing between pregnancies for the **baby's** health?

Pregnancy prevention:

6. Did anyone talk to you about birth control during your pregnancy or immediately after delivery?
 - When?
 - Who?
 - What did they tell you?

7. How long did you (or will you) wait after giving birth to use birth control? Why?

8. Which birth control supplies were available to you when you came home from the hospital after delivering your last child?

Condoms	Plan B
Birth Control Pills	IUD
Depo Provera	Nuva Ring
Other	

9. Did you have a plan in place for long term birth control after the delivery of your last child?

10. What birth control methods do you prefer? (What about your partner?)

Condoms	Plan B
Birth Control Pills	IUD
Depo Provera	Nuva Ring
Natural Family Planning	Other

Environment

11. What type of insurance do you have? MA/Private

12. Does your insurance cover birth control?