How Will You Avoid Pregnancy?

Directions: This worksheet is for your own use and information. It is not for group discussion and will not be turned in.

1. Which contraceptive method(s) would you like to know more about? ____________________________________________________________

2. How will you find out about these methods? (e.g., pamphlet, internet, video, counselor) ____________________________________________________________

3. Which method seems most convenient? ____________________________________________________________

4. How much does it cost? ____________________________________________________________

5. Which method has the fewest side effects that worry you? ____________________________________________________________

6. Which methods are effective enough for you? ____________________________________________________________

7. Which methods will also provide protection against sexually transmitted infections (STIs)? ____________________________________________________________

8. Which method do you think your boyfriend or girlfriend will be most interested in using? ____________________________________________________________

9. Which method would your parent(s) be most likely to approve? ____________________________________________________________

10. To help you reach a conclusion, show which methods seem best for you by circling the numbers below:

<table>
<thead>
<tr>
<th>Method</th>
<th>Best Choice</th>
<th>Okay Choice</th>
<th>Worst Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Condoms &amp; Foam</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Diaphragm</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Pill</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Depo Provera</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Lunelle</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Other:</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

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