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| Characteristics | Plain Language | Note |
| Effectiveness | “how well it works to prevent pregnancy” | You will already have a sense of this from their reply to, “How important is it to you to prevent pregnancy?” |
| Sexual Acceptability | "effect on your sexual life/sexuality” |  |
| Effect on the menstrual cycle | "how does this affect your period” |  |
| Bleeding profile | "changes to how your period comes” |  |
| Ability to use the method confidentially* This could mean:
	+ Needing to have a bleeding pattern that is unchanged
	+ Avoiding methods that require “supplies”
 | “some methods are easier to hide than others.”"no change in when your period comes” | It is important to determine in what way they need the method concealed; is a parent or partner monitoring their menses?  Is it challenging to store supplies (condoms, pills etc.)? |
| Side effects |  |  |
| Non-contraceptive benefits | "things your birth control can do you for in addition to preventing pregnancy” |  |
| Financial considerations for patient/Insurance Coverage |  |  |
| Return to fecundity | “Once you stop using \_\_\_ , your ability to get pregnancy goes back to whatever is normal for you” | for all methods except DMPA |
| Control over discontinuation/removal | "can you stop the methods without a provider visit?” |  |
| Hormones, whether or not and which ones |  |  |
| A foreign object in the body | "this method is placed in your uterus/arm/vagina” |  |
| Partner preference | “is your partner part of this decision” |  |
| Length of (*potential*) use | "this methods is good **for up** to x amount of time” | Note that length of use does not generally need to be a factor; any method can be used for any length of time; short acting methods can be used for decades; implants and IUDS are good for “up to” 3-12 years but can be used for any length of time “up to” their expiration; if a patient wants to use a device beyond the effective length of use, they can have it replaced. |