

# Adolescent Post Counseling Survey

Please complete the survey below.

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1. Are you interested in starting a type of birth control?  Yes  
 No

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a) If yes, what type?

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b) If yes, would you prefer to start that now or go to a clinic soon to get started?

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2. How likely are you to start birth control with the next 2 months?  Unsure  
 Very Unlikely  
 Unlikely  
 Likely  
 Very Likely

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3. Why do you think you are [likely / unlikely] to start birth control soon?

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