

# Adolescent Acceptability Survey

Please complete the survey below.

## Please mark how you feel about each statement:

- 1) 1. The person I talked with about birth control...Made me feel comfortable
- Strongly Disagree  
 Disagree  
 Neutral  
 Agree  
 Strongly Agree
- 
- 2) 2. The person I talked with about birth control...Listened to what was important to me
- Strongly Disagree  
 Disagree  
 Neutral  
 Agree  
 Strongly Agree
- 
- 3) 3. The person I talked with about birth control...Helped me make the best choice for me
- Strongly Disagree  
 Disagree  
 Neutral  
 Agree  
 Strongly Agree
- 
- 4) 4. Today I learned more about possible side effects from different kinds of birth control
- Strongly Disagree  
 Disagree  
 Neutral  
 Agree  
 Strongly Agree
- 
- 5) 5. The information about the different kinds of birth control was easy to understand
- Strongly Disagree  
 Disagree  
 Neutral  
 Agree  
 Strongly Agree
- 
- 6) 6. How satisfied were you with the counseling session about birth control?
- 1 = Not at all satisfied  
 2 = A little satisfied  
 3 = Somewhat satisfied  
 4 = Fairly satisfied  
 5 = Very satisfied
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- 7) 7. Would you recommend this type of birth control counseling to your friends?
- 1 = Definitely NO  
 2 = Probably NO  
 3 = Not sure  
 4 = Probably YES  
 5 = Definitely YES