

1. Do you currently have children?

- ☐ Yes **How many?** _____
☐ No

2. Do you wish to have children (or have more children) in the future?

- ☐ Yes
☐ Possibly
☐ Not sure
☐ No

3. How long have you been using your current form of birth control?

- ☐ Two years or less
☐ 3 to 5 years
☐ 6 to 10 years
☐ Over 10 years

4. What is your current form of birth control?

- ☐ Hormonal contraceptives (pill, patch, injectable, implantable, etc.)
☐ Barrier method (condom, diaphragm, cervical cap, spermicide, etc.)
☐ IUD/IUS (Intrauterine Device or Intrauterine System)
☐ Vasectomy (Male sterilization)
☐ Rhythm, withdrawal, calendar method
☐ Other _____

Have you thought about permanent birth control?

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Permanent Birth Control

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