

SESSION WRAP-UP OPTION 4

Contraceptive Worksheet

Method	How often do I have to do something with it? E = Each encounter D = Daily W = Weekly M = Monthly Q = Quarterly (<i>i.e., every 12 weeks</i>) L = Less than once a year	How do I get it? C = visit a Clinic for a prescription, injection, or insertion O = Over the counter I = I control this	Protects against STI? Y = Yes N = No
Abstinence			
The implant			
The pill			
The shot			
The patch			
The ring			
External condom			
Emergency contraceptives			
IUD/IUS			
Internal condom			