

# Women's Resource Center Survey Tool

## Reproductive Coercion and Emergency Contraception

**Ask each woman the numbered questions below. Check the boxes below to indicate the woman's responses.**

*Check all that apply.*

- Survey not used for this client \_\_\_\_\_
- Preg test provided
- EC provided on site
- EC offered but client declined
- Referred to provider for EC
- Advocate reviewed this info with client at intake:
  - Futures Without Violence Safety Card
  - Birth control methods
  - EC information
  - HIV/STI testing information

1. Are you currently pregnant or concerned about being pregnant?
  - No *(If no, continue with Questions #3-5.)*
  - Yes, currently pregnant *(If currently pregnant continue with Questions #3-5.)*
  - Yes, concerned
    - ↳ *If concerned that the individual may be pregnant, continue with Questions #2-5.*
  
2. Have you had a situation when you could have gotten pregnant in the last five days? For example, have you had experience with a condom breaking, being pulled off, falling off or staying in you? Have you forgotten to take your birth control?
  - Yes
    - ↳ *If yes, provide EC information and offer Emergency Contraception. Continue with Questions #3-5.*
  - No *(If no continue with Questions #3-5.)*
  
3. Do you think your current partner is messing with your birth control or trying to get you pregnant when you don't want to be?
  - Yes
  - No
  
4. Has your partner ever pressured or forced you to have unprotected sex when you didn't want to?
  - Yes
  - No
  
5. Has your partner ever made you get pregnant when you didn't want to be, or made you terminate a pregnancy when you didn't want to?
  - Yes
  - No