

Name:

Date of Birth:

Intrauterine contraception self-assessment checklist

It is important that you are suitably prepared prior to the fitting of your intrauterine device (IUD) or intrauterine system (IUS). **Please bring this form with you when you attend the clinic.**

Please confirm the following:

	Yes	No
I have watched the video on Intrauterine contraception <i>or</i> I already have an IUD/IUS and am familiar with the method	<input type="checkbox"/>	<input type="checkbox"/>
I understand that no method is 100% effective and that there is a small risk of failure (less than 1 in 100 chance of pregnancy; 1 in 1000 chance of this being an ectopic pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>
I understand that there is a small risk of pelvic infection (less than 1 in 100) in the 20 days after insertion of the device	<input type="checkbox"/>	<input type="checkbox"/>
I understand there is a 1 in 20 chance of the device being pushed out (expelled) by my uterus	<input type="checkbox"/>	<input type="checkbox"/>
I understand that there is a small risk of 1 to 2 per 1000 procedures that the IUD/IUS might go through (perforate) my uterus or cervix when it's put in and if this happens I may need an operation in hospital to remove the device.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that if I have just given birth or am breastfeeding the risk of perforation increases up to 6 times.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that a copper IUD may make my periods heavier, longer and/or more painful	<input type="checkbox"/>	<input type="checkbox"/>
I know that the hormonal IUS may make my periods much lighter but is likely to cause erratic bleeding and spotting in the first few months of use. It may also cause some hormonal side effects, particularly in the first few months of use	<input type="checkbox"/>	<input type="checkbox"/>
I am not at risk of sexually transmitted infection (e.g. I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>
I understand that it is not safe to insert an IUD/IUS if there is a risk of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
I am using an effective method of contraception and haven't had any problems (e.g. burst condom, missed pills, IUD overdue for change). I have not had unprotected sex (or used withdrawal) since my last period.	<input type="checkbox"/>	<input type="checkbox"/>
I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.	<input type="checkbox"/>	<input type="checkbox"/>
Signature: Name:	Date:	