

Contraception Survey for [Programme name]

Please be as specific as possible and list Studbook IDs and local IDs when referring to individuals.

Please respond before **[Date]**

1. Please list contraceptive products, doses, and contraception start dates for any individuals placed on contraception in the last 12 months.

Please list either the local ID or ZIMS number.

2. Please indicate whether there were any side effects or product failures.

Please list either the local ID or ZIMS number.

3. Please indicate whether you stopped using contraception in any individuals, listing reasons why.

Please list either the local ID or ZIMS number.

4. Please list whether any individuals previously on contraception have conceived within the last 12 months. This includes all miscarriages, abortions, live- and stillbirths.

Please list either the local ID or ZIMS number of the contracepted individual, and the fate of the offspring.

5. Any other comments:

Thank you!