



CONFIDENTIAL PREGNANCY SCREENING FORM FOR WOMEN & GIRLS

Candidate Code:.....

Age:

Date:

CHECKLIST TO FOLLOW BEFORE PREGNANCY TESTING/ ANSWER 'YES OR NO'

<u>QUESTIONS</u>	<u>YES</u>	<u>NO</u>
1. <u>Have you got a baby for the last 6 months?</u> <u>-If Yes Do you breastfeed regularly? Have you got menses after delivery?</u>		
2. <u>Did you gave birth during the last 4 weeks?</u>		
3. <u>Did your menses started before the last 7 days?</u>		
4. <u>Have you got abortion for the last 7 days?</u>		
5. <u>Have you been using contraceptive methods correctly?</u>		
6. <u>Have you abstained from unprotected sex since your last menstrual period or since your last birth.</u>		

Notes: Age matters

- a) **If Someone answers Yes to any of the above question, being pregnant is less likely.**
- b) **If she responds No, pregnancy is likely though there is a need of referral at "Women Friendly Space" for pregnancy testing and Case Management.**
- c) **In case of Positive pregnancy test result on Minor Subject or raped victim, we proceed to counseling approach and referral to the nearest accredited Health Institution for Safe and legal abortion.**
- d) **In case of Negative pregnancy test result, the person of concern is educated on the family planning and is given options for Choice.**