**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
|  | **Shot** | **Implant** | **Condom** | **Pill** | **Abstinence**  |
| **Effectiveness**  |  |  |  |  |  |
| **How it Works** |  |  |  |  |  |
| **Proper Use** |  |  |  |  |  |
| **Prevention**  |  |  |  |  |  |
| **Where to get**  |  |  |  |  |  |