# Person-Centered Contraceptive Counseling (PCCC) Survey
## English

Today's Date: _____

**This survey is about your recent healthcare visit. Your answers are private. Your healthcare providers will not see your answers, only a summary of all responses.**

Did you talk about options for birth control during your visit?

☐ Yes ☐ No

Please answer the rest of the survey as best as you can. It is okay to leave a question blank if you are unable to answer.

| **Think about your visit and your discussion about birth control. How do you think the provider did?** *Please rate them on each of the following by circling a number.* | Poor | Fair | Good | Very good | Excellent |
|---|---|---|---|---|---|
| Respecting me as a person | 1 | 2 | 3 | 4 | 5 |
| Letting me say what mattered to me about my birth control method | 1 | 2 | 3 | 4 | 5 |
| Taking my preferences about my birth control seriously | 1 | 2 | 3 | 4 | 5 |
| Giving me enough information to make the best decision about my birth control method | 1 | 2 | 3 | 4 | 5 |

### Optional Questions

**The following questions are optional. We ask for this information to help us understand what voices we were able to include in these surveys.**

How old are you? _____

What best describes your race and/or ethnicity? (Check all that apply)
- ☐ Asian
- ☐ Black or African-American
- ☐ Latiné/a/o, Hispanic
- ☐ Middle Eastern or North African
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Multi-Racial
- ☐ Other [FREE TEXT]

Which of the following best represents how you think of yourself?
- ☐ Straight or heterosexual
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Queer

- □ Pansexual
- □ Asexual
- □ I use a different term [FREE TEXT]
- □ I'm not sure yet
- □ I prefer not to answer

What sex were you assigned at birth, on your original birth certificate?[a]

- □ Male
- □ Female
- □ Something else
- □ I don't know
- □ I prefer not to answer

Which of the following best describes your current gender? Please choose the option(s) that you most closely identify with. Mark all that apply.

- □ Man or boy
- □ Woman or girl
- □ Trans man or boy
- □ Trans woman or girl
- □ Non-binary or genderqueer
- □ Agender
- □ Unknown or questioning
- □ Another gender (please state): _____

Are you a person with a disability or chronic illness/condition that impacts your learning, working or living activities?

- □ Yes
- □ No
- □ Decline to state