

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