

Person-Centered Contraceptive Counseling (PCCC) Survey English (New Version A)

Today's Date: _____

This survey is about your recent visit at [clinic name]. Your answers are private. Your healthcare providers will not see your individual answers.

Did you and a member of the healthcare team talk about your birth control options during your visit?

Yes No

Whether you answered 'Yes' or 'No' to the question above, we want to hear from you! 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. How do you think the provider did? <i>Please rate them on each of the following by circling a number.</i>	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

Person-Centered Contraceptive Counseling (PCCC) Survey English (New Version B)

Today's Date: _____

This survey is about your recent visit at [clinic name]. Your answers are private. Your healthcare providers will not see your individual answers.

Did you talk to someone at our clinic about your birth control options during your visit?

Yes No

Whether you answered 'Yes' or 'No' to the question above, we want to hear from you! 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. How do you think the provider did? <i>Please rate them on each of the following by circling a number.</i>	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