

Person-Centered Contraceptive Counseling (PCCC) Survey English

Today's Date: _____

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

Did you and your provider talk about your birth control options 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. 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

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 / African-American
- Latina / Hispanic
- Middle Eastern / Arab
- Native American / Alaska Native
- Native Hawaiian / Pacific Islander
- White
- Multi-Racial
- Other

What best describes your sexual orientation?

- Asexual
 - Bisexual
 - Gay or Lesbian
 - Heterosexual or straight
 - Queer
 - Something else not listed here
-

What is your current gender identity?

- Male
 - Female
 - Trans Female / Trans Woman
 - Trans Male/ Trans Man
 - Gender queer/ Gender Non Conforming
 - Decline to state
 - Something else not listed here
-

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

- Yes
- No
- Decline to state

Thank you for taking our survey!