Contraceptive Counseling and Education Checklist

Comments:



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Counselor Name:		Date:				
Observer Name:						
Purpose: Use this checklist to note and provide feedback to a contrace session. You can also use this checklist to self-assess your own counsel			ving their co	unseling		
How to Use: When observing a counseling session, notice how the counselor performs the bulleted skills or practices. Mark the level of competence you perceive (1 for needs improvement, 2 for satisfactory, or 3 for excellent). If an item is not done, but should have been, leave it blank. If an item is not applicable, mark N/A. Some items may not be necessary for a particular session. Write comments in the space available. Then, after the visit, share your observations with the counselor in a private place and discuss.						
BEGINNING (AND THROUGHOUT)						
Process		Assessi	ment			
	Needs					
Establish and maintain rapport with the client	Improvement	Satisfactory	Excellent	N/A		
Discuss the reason(s) for the visit		Satisfactory	Excellent	N/A		
·		Satisfactory	Excellent	N/A		
Discuss the reason(s) for the visit		Satisfactory	Excellent	N/A		
Discuss the reason(s) for the visit Explain confidential services		Satisfactory	Excellent	N/A		
Discuss the reason(s) for the visit Explain confidential services Ask open-ended questions		Satisfactory	Excellent	N/A		
Discuss the reason(s) for the visit Explain confidential services Ask open-ended questions Actively listen and share your perceptions		Satisfactory	Excellent	N/A		

MIDDLE

Process	Assessment			
Assess the client's needs and personalize discussions accordingly		Satisfactory	Excellent	N/A
Review and update the client's medical, sexual and social history				
Ask about the client's thoughts and desires regarding future pregnancy				
Explore client preferences regarding method characteristics (risk of pregnancy, how method is used, menstrual side effects, other side effects, and other considerations)				
Ask about client knowledge and experience with birth control				
Respectfully explore factors that may influence method preference (past experiences, beliefs, cultural and religious considerations, and feelings about the methods)				

Other	practices	observed

Comments:

Process	Assessment			
Work with the client interactively to establish a birth control method plan		Satisfactory	Excellent	N/A
Help the client identify the method that matches their preferences				
Ask open-ended questions about concerns related to method choice				
Discuss partners and others who may influence decision making and method use				
Help the client make a plan for correct use of their selected method				
Include information about STD/HIV protection and emergency contraception, as appropriate				

Other practices observed:

Comments:

MIDDLE

Process	Assessment			
Provide information that can be understood and retained by the client		Satisfactory	Excellent	N/A
Actively engage the client in conversation (not a presentation)				
Provide accurate information (correct use, effectiveness, benefits, side effects, potential risks, STD/HIV prevention)				
Use clear, understandable words, images, models and/or sample methods				
Use numbers and comparisons that are easy to understand				
Provide balanced, unbiased, tailored information				
Assess and address myths and misinformation in a respectful and affirming way				

Other	practices	observed:
Cuici	practices	ODSCI VCU.

Comments:

CLOSING

Process	Assessment			
Confirm client understanding	Needs Improvement	Satisfactory	Excellent	N/A
Ask the client to tell and show the main things they learned (teach-back) and provide additional information as needed				
Address possible barriers to method use, specific to the client and their method				
Confirm the client's plan for correct method use and follow up (including what to do if dissatisfied with the method, back-up method, STD/HIV protection, and emergency contraception, as needed)				
Provide contact information and future opportunities for follow up, other methods or services				
Summarize key points and end with a friendly close				

Other	pract	tices	ob	ser	ved:

Comments:

IMPROVEMENT PLAN: