

Contraceptive Counseling and Education Checklist

Counselor Name: _____ Date: _____

Observer Name: _____

Purpose: Use this checklist to note and provide feedback to a contraceptive counselor after observing their counseling session. You can also use this checklist to self-assess your own counseling and education skills.

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.

Process

Assessment

Beginning (and throughout)

Establish and maintain rapport with the client

1 Needs Improvement	2 Satisfactory	3 Excellent
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- | | | | | |
|---|---|---|---|-----|
| • Warmly greet the client, introduce yourself. | 1 | 2 | 3 | N/A |
| • Discuss the reason(s) for the visit | 1 | 2 | 3 | N/A |
| • Explain confidential services | 1 | 2 | 3 | N/A |
| • Ask open-ended questions | 1 | 2 | 3 | N/A |
| • Actively listen and share your perceptions | 1 | 2 | 3 | N/A |
| • Affirm client responses | 1 | 2 | 3 | N/A |
| • Summarize key points | 1 | 2 | 3 | N/A |

Other practices observed:

Comments

Middle

Assess the client's needs and personalize discussions accordingly

1 Needs Improvement	2 Satisfactory	3 Excellent
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- | | | | | |
|--|---|---|---|-----|
| • Review and update the client's medical, sexual and social history | 1 | 2 | 3 | N/A |
| • Ask about the client's thoughts and desires regarding future pregnancy..... | 1 | 2 | 3 | N/A |
| • Explore client preferences regarding method characteristics.....
(risk of pregnancy, how method is used, menstrual side effects,
other side effects, and other considerations) | 1 | 2 | 3 | N/A |
| • Ask about client knowledge and experience with birth control | 1 | 2 | 3 | N/A |
| • Respectfully explore factors that may influence method preference | 1 | 2 | 3 | N/A |
| (past experiences, beliefs, cultural and religious considerations,
and feelings about the methods) | | | | |

Other practices observed:

Comments

Middle continued

Work with the client interactively to establish a birth control method plan	1	2	3	
	Needs Improvement	Satisfactory	Excellent	
• Help the client identify the method that matches their preferences	1	2	3	<i>N/A</i>
• Ask open-ended questions about concerns related to method choice.	1	2	3	<i>N/A</i>
• Discuss partners and others who may influence decision making and method use	1	2	3	<i>N/A</i>
• Help the client make a plan for correct use of their selected method	1	2	3	<i>N/A</i>
• Include information about STD/HIV protection and emergency contraception, as appropriate	1	2	3	<i>N/A</i>
Other practices observed:				

1	2	3
Needs Improvement	Satisfactory	Excellent
Comments		

Provide information that can be understood and retained by the client	1	2	3	
	Needs Improvement	Satisfactory	Excellent	
• Actively engage the client in conversation (not a presentation)	1	2	3	<i>N/A</i>
• Provide accurate information (correct use, effectiveness, benefits, side effects, potential risks, STD/HIV prevention)	1	2	3	<i>N/A</i>
• Use clear, understandable words, images, models and/or sample methods.	1	2	3	<i>N/A</i>
• Use numbers and comparisons that are easy to understand	1	2	3	<i>N/A</i>
• Provide balanced, unbiased, tailored information	1	2	3	<i>N/A</i>
• Assess and address myths and misinformation in a respectful and affirming way	1	2	3	<i>N/A</i>
Other practices observed:				

1	2	3
Needs Improvement	Satisfactory	Excellent
Comments		

Closing

Confirm client understanding	1	2	3	
	Needs Improvement	Satisfactory	Excellent	
• Ask the client to tell and show the main things they learned (teach-back) and provide additional information as needed	1	2	3	<i>N/A</i>
• Address possible barriers to method use, specific to the client and their method	1	2	3	<i>N/A</i>
• 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)	1	2	3	<i>N/A</i>
• Provide contact information and future opportunities for follow up, other methods or services	1	2	3	<i>N/A</i>
• Summarize key points and end with a friendly close.	1	2	3	<i>N/A</i>
Other practices observed:				

1	2	3
Needs Improvement	Satisfactory	Excellent
Comments		

Improvement Plan:
