

# Instructions

Think about your visit and circle an answer to each question.



Provider's name : \_\_\_\_\_ Date: \_\_\_\_\_

1



*I could ask questions and share information*



True



Not quite



False

2



*My provider listened to me.*



True



Not quite



False

3



*My provider let me make my own choices about family planning.*



True



Not quite



False

4



*My provider treated me with respect and empathy.*



True



Not quite



False