



UNITED

Client-Provider Tools

1

Your provider will give you a form so you can anonymously give your opinion on *the consultation*

2

Fill out the form after the consultation

3

Place your feedback form in the feedback box

4

Your opinion will be used to improve family planning services

WE NEED YOUR OPINION !

Instructions
For each sentence, circle the answer that best corresponds to your opinion on the consultation you are leaving.

Provider's name: _____

1 My provider encouraged me to ask questions and share information. True False	2 My provider listened to me. True Not quite False
3 My provider made the final decision. True False	4 My provider treated me with respect and empathy. True Not quite False

Instructions
For each sentence, circle the answer that best corresponds to your opinion on the consultation you are leaving.

Provider's name: _____

1 My provider encouraged me to ask questions and share information. True False	2 My provider listened to me. True Not quite False
3 My provider made the final decision. True False	4 My provider treated me with respect and empathy. True Not quite False

PLACE YOUR
FEEDBACK FORM
HERE

TOGETHER WE CAN
A package to foster client-centered family planning