

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 (green smiley) Not quite (yellow smiley) False (red frowny)

2 My provider listened to me.
True (green smiley) Not quite (yellow smiley) False (red frowny)

3 My provider let me make the final choice about family planning.
True (green smiley) Not quite (yellow smiley) False (red frowny)

4 My provider treated me with respect and empathy.
True (green smiley) Not quite (yellow smiley) False (red frowny)

Demographic Information
Age: _____ Sex: _____

**PLACE YOUR
FEEDBACK FORM
HERE**