CAI-CHOICE Contraceptive ACTION PLAN

CAP ROOM STUDY TOOL

Health Center Name:_________________________ **Provider Initials:___________**
Date:_________________________ **Practice Setting (i.e. Ob/Gyn)________________**

Client Information		
CLIENT NUMBER		
AGE (**STOP** here if client is not between ages 15-29)		
GENDER	FEMALE	MALE [**STOP** here if MALE]
SEXUALLY ACTIVE WITH MALES IN THE PAST 3 MONTHS (OR *EVER* IF CLIENT IS 15-18 YEARS OLD)	YES	NO [**STOP** here if NO]

SCHEDULED VISIT TYPE: (circle one) **Preventive/well exam** **Birth Control** **Emergency Contraception** **Pre-natal** **Post-Partum** **Pregnancy testing** **STD/HIV Testing** **Urgent/Sick** **Other ____________**

Visit Information	Circle One Response Below	
1. CURRENTLY PREGNANT	**YES** [**STOP** here if YES]	**NO**
2. CURRENTLY SEEKING PREGNANCY	**YES** [**STOP** here if YES]	**NO**
3. CURRENTLY USING IMPLANT OR IUD	**YES** [**STOP** here if YES]	**NO**
4. CURRENTLY USING HORMONAL CONTRACEPTION (non-LARC) **(Depo-Provera, pill, patch, ring)**	**YES**	**NO**
5. OFFERED COUNSELING ON ALL AVAILABLE CONTRACEPTIVE METHODS	**YES**	**NO** **[Go** To 9**]**
6. PROVIDED COUNSELING ON CONTRACEPTIVE METHODS	**YES**	**NO**
7. DISPENSED or PRESCRIBED CONTRACEPTIVE METHOD TODAY	**YES**	**NO** **[Go** to 9**]**
8. QUICK START METHOD USED TO INITIATE HORMONAL CONTRACEPTION TODAY	**YES**	**NO**

9. CLIENT'S CONTRACEPTIVE METHOD AT THE START OF THE VISIT:	**CLIENT'S CONTRACEPTIVE METHOD AT THE END OF THE VISIT:**
□IUD □Implant □Depo-Provera □Pill □Patch □Ring □None □Other____________	**□IUD □Implant □Depo-Provera □Pill □Patch □Ring □None □Other ____________**

COMMENTS: