

## Training Site Assessment – Postabortion Care (PAC)

Facility Name: \_\_\_\_\_ District: \_\_\_\_\_  
 Facility Administration (G=Government; P=Private; M=Mission): \_\_\_\_\_  
 Date: \_\_\_\_\_

### 1. FACILITY CHECKLIST

**Instructions:**   √ **YES** if the item is **Available, Functioning** and **Adequate**  
                           √ **NO** if the item is **Not Available, Not Functioning** or **Not Adequate**

**Note any comments about an individual item in the appropriate column.**

Facilities	Emergency Room	Treatment Area	Recovery Area	Comments
Patient changing area	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Visual privacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Auditory privacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exam table (with stirrups)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Beds			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stretchers or gurneys	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Chairs or benches	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Toilet for patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Sink	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Running water	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate room lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Adequate heat	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Locked storage area (for medical supplies/equipment)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Television & VCR	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Service Delivery and Staffing</b>				
Where are PAC services currently provided in this facility?				
Where do PAC clients recover after treatment?				
Where is postabortion family planning counselling and services offered?				

**Training Site Assessment – Postabortion Care (PAC)**

How many nurses, clinical officers, and physicians are on staff during each shift in the treatment ward? <i>Write N/A if not applicable.</i>			
	Nurses	Clinical Officers	Physicians
Day shift			
Evening shift			
Night shift			
Please note if any staff in any of the wards have been trained in Postabortion Care. List trained staff individually.			
<p><b>Facilities for training &amp; accommodation</b></p> <p><b>Near this Hospital, is there....</b></p> <p style="text-align: right;"><i>Record YES/NO and describe arrangements</i></p>			
Accommodation for students near the hospital?	If yes: Distance from the training site:  How many can be accommodated:  Cost per person:  If no: What other options available?		
Meals/catering for training participants available near the hospital?	If yes: Cost per person:  If no: What other options available?		
Classroom space for 10-12 persons?	If yes, Cost per day:  If no, What other options available?		
A vehicle available to transport training participants to/from hospital?	If yes, Cost per day:  If no, What other options available?		



**Training Site Assessment – Postabortion Care (PAC)**

<b>PAC caseloads</b>													
<i>Record the number of clients. Write N/A if not applicable</i>													
<b>YEAR 2007</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>TOTAL</b>
Number of admissions for abortion complications													
<b>YEAR 2006</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>TOTAL</b>
Number of admissions for abortion complications													
<b>YEAR 2005</b>	<b>JAN</b>	<b>FEB</b>	<b>MAR</b>	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>SEPT</b>	<b>OCT</b>	<b>NOV</b>	<b>DEC</b>	<b>TOTAL</b>
Number of admissions for abortion complications													

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### 2. REUSABLE EQUIPMENT & SUPPLIES

Instructions: <input checked="" type="checkbox"/> YES if the item is Available, Functioning and Adequate <input checked="" type="checkbox"/> NO if the item is Not Available, Not Functioning or Not Adequate				
Note any comments about an individual item in the appropriate column.				
Reusable equipment & supplies	Emergency Room	Treatment Area	Recovery Area	Comments
Clean linens (gowns, sheets, towels, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Exam gloves (note number of pairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		# of pairs _____
Cleaning gloves (note number of pairs)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		# of pairs _____
Reusable masks	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eye protection (glasses, goggles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Surgical gowns or aprons	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Adjustable lighting	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stool	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Instrument table, tray or shelf	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Steriliser (autoclave)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stethoscope	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood pressure gauge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Thermometer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vaginal speculum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sponge or ovum forceps	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Tenaculum	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Cup(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Blood collection tubes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
10 cc syringes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Training Site Assessment – Postabortion Care (PAC)**

Reusable equipment & supplies	Emergency Room	Treatment Area	Recovery Area	Comments
Needle extractors	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sharps disposal container	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Container for contaminated trash/disposable items	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Decontamination bucket	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Basins	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oxygen tank, tubing, mask, flowmeter (full tank)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambu bag	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Oral airways	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Suction apparatus	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV sets (needles?)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV stand	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
MVA single valve syringe (with 3cc silicone)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Valve set replacement (for single valve syringe)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA double-valave syringe (with adaptors & 3cc silicone)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Valve set replacement (for double-valve syringe)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Spare syringe seals (o-rings)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (4mm standard)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (5mm standard)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (6mm standard)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (7mm standard)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (8mm standard)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (9mm single scoop aperture)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Training Site Assessment – Postabortion Care (PAC)**

Reusable equipment & supplies	Emergency Room	Treatment Area	Recovery Area	Comments
MVA cannulae (10mm single scoop aperture)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
MVA cannulae (12mm single scoop aperture)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Curette (uterine 7mm)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Curette (uterine 12 mm)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dilator(s) (specify type)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dilator(s) (specify type)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dilator(s) (specify type)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
IEC materials (charts, posters, etc.) Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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#### 3. DISPOSABLE SUPPLIES

Instructions:  **USUALLY** if the item is always or nearly always **Available, Functioning and Adequate**  
 **SOMETIMES** if the item is sometimes or occasionally **Available, Functioning and Adequate**  
 **NEVER** if the item is **Not Available, Not Functioning and/or Not Adequate**

**Note any comments about an individual item in the appropriate column.**

Disposable supplies	Emergency Room	Treatment Area	Recovery Area	Comments
Disposable sterile gloves	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Disposable masks	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Disposable 10cc syringes with needles	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Disposable blood collection tubes	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Cotton swabs	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Gauze	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Cotton	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Alcohol	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Disinfectant (Jik, etc.)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Gluteraldehyde (for cold sterilisation)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		
Antiseptic (for cleaning vagina & cervix)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Soap	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Sanitary pads	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
IEC materials (for patients to keep)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never		<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

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#### 4. LABORATORY SERVICES & TESTS

Instructions:     √ **USUALLY** if the item is always or nearly always **Available, Functioning** and **Adequate**  
                       √ **SOMETIMES** if the item is sometimes or occasionally **Available, Functioning** and **Adequate**  
                       √ **NEVER** if the item is **Not Available, Not Functioning** and/or **Not Adequate**

**Note any comments about an individual item in the appropriate column.**

Laboratory services & tests	Emergency Room	Treatment Area	Comments
Hematocrit	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Haemoglobin	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Ultrasound	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Radiology (x-ray)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Blood cross-match	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Blood typing	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Transfusion	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Rh factor	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Blood bank	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Microscope	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Gram-staining materials	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Culture media & supplies	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Other laboratory services (please specify)	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

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#### 5. MEDICATIONS CHECKLIST

Instructions:     √ **USUALLY** if the item is always or nearly always **Available, Functioning** and **Adequate**  
                       √ **SOMETIMES** if the item is sometimes or occasionally **Available, Functioning** and **Adequate**  
                       √ **NEVER** if the item is **Not Available, Not Functioning** and/or **Not Adequate**

**Note any comments about an individual item in the appropriate column.**

Medications	Emergency Room	Treatment Area	Recovery Area	Comments
General anesthesia (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Regional anesthesia (specify): _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Local anesthesia (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Analgesia (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Anxiolytics (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

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Medications	Emergency Room	Treatment Area	Recovery Area	Comments
Antibiotics (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Oxytoxics (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
IV fluids (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
Blood products (specify) _____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	
_____	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Never	

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 Date: \_\_\_\_\_

#### 6. CONTRACEPTIVE CHECKLIST

Instructions:     √ <b>USUALLY</b> if the item is always or nearly always <b>Available, Functioning and Adequate</b> √ <b>SOMETIMES</b> if the item is sometimes or occasionally <b>Available, Functioning and Adequate</b> √ <b>NEVER</b> if the item is <b>Not Available, Not Functioning</b> and/or <b>Not Adequate</b>				
Note any comments about an individual item in the appropriate column.				
Contraceptives	Usually	Sometimes	Never	Comments
Male condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Female condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spermicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Combined oral contraceptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Progestin only pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Injectable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IUCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Female sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Male sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other method (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	