**Sample MTN-011 Contraceptive Worksheet**

**PTID: Page:**

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| **Visit Date** |  |  |  |
| **Visit Code** |  |  |  |
| ***Review participant’s reproductive history documentation and previous entries on this flow sheet to inform and guide contraceptive counseling provided at each visit.*** | | | |
| **Current contraceptive method** |  |  |  |
| **Contraceptive issues/questions/ concerns discussed at this visit** |  |  |  |
| **Issues to follow up at next visit** |  |  |  |
| **Scheduled date of next contraceptive prescription (or NA)** |  |  |  |
| **Scheduled date of next contraceptive injection (or NA)** |  |  |  |
| **Initials and Date** |  |  |  |