

Provider Fidelity Form/ Audio Uploads

Record ID

APP Name

Enrolled Participant Study ID Number

Date of counseling session

Date Fidelity Form Complete

Audio Recording of counseling session

Audio Recording of counseling session

(Use if multiple uploads for the same patient)

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In this Interaction, did the educator:

Establish rapport with the participant

- Yes
 No
 N/A

Express empathy towards the participant

- Yes
 No
 N/A

Ask open ended questions throughout the visit

- Yes
 No
 N/A

Explain confidentiality in the beginning of the visit

- Yes
 No
 N/A

Create a safe environment

- Yes
 No
 N/A

Discuss the participant's personal goals
(career, educational, and/or family planning)

- Yes
 No
 N/A

Consider patient's cultural background/beliefs when
providing care

- Yes
 No
 N/A

Explore the risks, benefits, and side effects profiles of contraception methods

- Yes
 No
 N/A

Discuss dual condom contraceptive use for STI/STD protection

- Yes
 No
 N/A

Use a tiered approach to contraception education, sharing the most effective methods first

- Yes
 No
 N/A

Use shared decision-making to establish a contraceptive plan

- Yes
 No
 N/A

Provide medically accurate information

- Yes
 No
 N/A

Provide counseling in a non-judgmental way

- Yes
 No
 N/A

Respond appropriately to participant affect

- Yes
 No
 N/A

Demonstrate principles of teach-back

- Yes
 No
 N/A

Emphasize need for follow-up care, if desired, at a specialty clinic, primary care site or title X clinic

- Yes
 No
 N/A

Offer the patient referral assistance OR title X clinic information if desired

- Yes
 No
 N/A

Please provide any general comments about the counseling session
