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| --- | --- |
| **PTID:** | **Visit Date:** |
| **Visit Code:** | **Staff Initials:** |

**Instructions**: Review participant’s reproductive history documentation and previous entries in this worksheet to inform and guide contraceptive counseling. Contraceptive counseling is required at Screening and Enrollment; and then if indicated throughout study follow-up.

Current contraceptive method:

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Contraceptive information/issues/questions/ concerns discussed at this visit:

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Issues to follow up at next visit:

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Scheduled date of next contraceptive prescription/injection (or NA):

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Initials and Date