

Group Counseling – Method User Registry

Date: _____ Location: _____ Duration: _____ Started: _____ Ended: _____

Names of Facilitators: _____ and _____

Counseling in: SDM with CycleBeads TwoDay Method

Instructions: Complete this form asking participants individually for the information on each the points below. Ask the female’s information as they start to arrive. If a male comes without his partner, record the male’s information.

A	B	B	C	D
Name	Age	Came with spouse? (Write Y if yes or N if no)	Number of children born to the woman	Is woman pregnant? (Write Y if yes or N if no)

E
SDM
Woman has child under one year? (Write Y if yes or N if no)

F	G
TwoDay	
Woman has regular periods? (Write Y if yes or N if no)	Woman has healthy secretions? (Write Y if yes or N if no)

H
Took method home (Write Y if yes or N if no)

