Method Support Session – Method User Registry

Date:	Location:	
Name of Facilitators:		
Method Session for:	☐ SDM with CycleBeads	☐ TwoDay Method

Instructions: To complete this form:

- Ask information as participants start to arrive, but if more participants join later, ask for their information at the end of the session.
- Ask participants individually for the information on each of the points below.
- Record the name of only the woman in each couple. If a man comes without his partner then record the information from the man.

Α	В	С		D
Name	Came with spouse?	Participated in a group counseling session?	How many method support sessions have you attended	
			First time in a method support session	Attended more than once
	(Mark X if yes)	(Mark X if yes)	(Mark X if yes)	(Mark X if yes)