

**Appendix IV.1**  
**Form 3—Clinic**  
**Observation of Consultations and Counseling Sessions**

**GENERAL INFORMATION (FILL IN THIS SECTION BEFORE DOING THE OBSERVATION)**

1. Observer \_\_\_\_\_
2. Evaluation coordinator \_\_\_\_\_ 3. Position in the institution \_\_\_\_\_
4. Institution \_\_\_\_\_
5. Clinic \_\_\_\_\_ 6. Level of Care  Primary  
 Secondary  
 Tertiary  
 Specialty
7. Municipality \_\_\_\_\_ 8. Department \_\_\_\_\_
9. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

**CLIENT INFORMED CONSENT (READ WORD FOR WORD):**

We are studying the quality of care provided by this establishment to their clients. Part of this study is the observation of medical consultations and sexual and reproductive health counseling sessions. I do not need to know your name; I only need to observe the interaction between you and the provider. If you decide not to participate, this in no way will affect the service you will receive. The person who will attend you already knows he or she will be observed. Would you allow me to observe your consultation?

(IF THE CLIENT DOES NOT ACCEPT, THANK HIM OR HER AND FINISH THE OBSERVATION.)

**IF THE CLIENT ACCEPTS, ASK:**

10. What is the main reason for your visit?
- a. Counseling on contraception
  - b. STI consultation
  - c. Ob-gyn consultation
    - 1. Contraceptive consultation
    - 2. Breast examination
    - 3. Pap smear
    - 4. STI diagnosis or treatment
    - 5. Gynecology (general)
    - 6. Pregnancy (prenatal visit)
    - 7. Postpartum
  - d. Other (Please specify, writing clearly) \_\_\_\_\_

THANK THE CLIENT FOR HIS OR HER ANSWERS AND SIT IN A CORNER OF THE CONSULTING ROOM FOR THE OBSERVATION.

### GENERAL CARE

N°	Question	Answer		Pass	Std
		Yes	No		
11	Does the provider greet the client?	Yes	No		II.1
12	Is the provider wearing a visible ID badge?	Yes	No		II.2
13	Does the provider address the client respectfully?	Yes	No		II.3
14	Does the provider use simple language (that the client understands) when providing information?	Yes	No		II.8
15	Does the provider use educational materials (brochures, flipcharts, others) to reinforce information given to clients?	Yes	No		II.7
16	Does the provider ask the client if he or she has any questions?	Yes	No		II.12
17	Does the provider answer the client's questions?	Yes	No		II.13
18	Does the provider use discriminatory language?	Yes	No		VI.1
19	Does the provider make eye contact while speaking to the client?	Yes	No		II.11
20	Does the consultation/counseling session take place in a private space?	Yes	No		V.4
21	Does the provider allow interruptions during the consultation (such as personal phone calls or conversations with other colleagues)?	Yes	No		II.19
22	Does the provider give educational materials to the client to reinforce information (brochures, leaflets, or other materials)?	Yes	No		II.15

### DIAGNOSTIC AND TREATMENT

N°	Question	Answer		Pass	Std
		Yes	No		
23	Does the client have a condition that requires receiving a Pap smear or taking a cytology sample?	Yes	No	NO↓ 27	
24	Does the provider explain diagnostic details?	Yes	No		II.9
25	Does the provider explain treatment details?	Yes	No		II.10
26	Does the provider give a step-by-step explanation of what he or she is doing or going to do during the physical examination or pelvic examination?	Yes	No		II.14

## INFORMATION PROVIDED TO THE CLIENT ON SEXUAL AND REPRODUCTIVE HEALTH

Nº	Question	Answer		Pass	Std
27	Is the reason for the client's visit a sexual and reproductive health issue?	Yes	No	NO↓ END	
During the consultation, does the provider talk about:					
28	STI/HIV prevention?	Yes	No		
29	Prevention of cervical cancer?	Yes	No		
30	Prevention of breast cancer?	Yes	No		
31	Prevention of unwanted pregnancies (including characteristics of contraceptive methods)?	Yes	No	33	
32	<b>FILL OUT LATER:</b> Did the provider give the client information on two of these sexual and reproductive health topics? (BASED ON QUESTIONS 28 – 31)	Yes	No		II.4
33	Satisfaction or dissatisfaction in the client's sexual life?	Yes	No		
34	Abuse or violence in sexual relations?	Yes	No		
35	Does the partner collaborate in avoiding unwanted pregnancies?	Yes	No		
36	Can the client negotiate the use of condom with her partner?	Yes	No	38	
37	<b>FILL OUT LATER:</b> Did the provider speak about two of these subjects related to the client's sexual health? (BASED ON QUESTIONS 33 - 36)	Yes	No		II.5
38	Did the provider talk about the dual protection method (male condom provides simultaneous protection against unwanted pregnancies and STI/HIV)?	Yes	No	END	II.20

WAIT UNTIL THE CONSULTATION OR COUNSELING SESSION IS OVER TO SAY GOOD-BYE AND THANK THE CLIENT AND THE PROVIDER.