Site Name: _____
Provider Completing Tally Sheet: _____
Channel: (circle one) YOUTH OUTREACH, OUTREACH, CBDA, HSA, YOUTH CLUB

Start Date: _____ (DD/MM/YYYY)
<< date a period of data collection begins, not necessarily the date the first client is logged >>

End Date: _____ (DD/MM/YYYY)
<< date a period of data collection ends, not necessarily the date the last client is logged. If the last client was seen two days prior, but you are still available to offer ECP, then the end date will be the last day you offer ECP before a break in service delivery >>

ECP Client Summary

- For each occasion ECP is dispensed, please document the following information. If you do not have an opportunity or it does not seem appropriate to ask the question, please estimate the response.
- You may consider saying the following to ECP clients, if you think it will be helpful and appropriate: *I am going to ask you a few questions about yourself and your use of ECP. This information will be kept anonymous and will only be used for learning and program improvement.*
- If more than one person such as a couple comes to buy ECP together, please refer to the primary user of ECP.

Is this the **first time ever** this person received ECP (from any source)? **Y** = Yes **N** = No	Is this the **first time** this person is recorded in your **tally sheets** (for outreach providers, this refers to your team's tally sheets)? **Y** = Yes **N** = No	**Sex** of ECP recipient **M** = Male **F** = Female	**Age** of ECP recipient (enter age in **years**)	**Number of ECP packs dispensed** (enter quantity)	**User of ECP** **S**= Self (female only) **P**= Partner **F**= Friend/Family Member **O**= Other (specify) (more than one response is possible if multiple packs are dispensed)	Obtained for **Immediate or Future use** **I** = immediate **F** = future (more than one response is possible if multiple packs are dispensed)	If **Immediate** is selected: Were **other contraceptive methods** used by ECP user? **Y** = Yes **N** = No	If **Future** is selected: Will **other contraceptive methods** be used with ECP? **Y** = Yes **N** = No