Form III

Investigation form for contraceptive failures.

To be filled by the MOH and staff for any suspected failure of modern contraceptive methods, and sent to MO.MCH before the 5th of following month.

1.Details of the client	
Name	Address
Age (in years)	
Parity	
Educational level	Contact number

2. Details regarding the current pregnancy	
How the pregnancy was confirmed	USS ☐ HCG ☐ Both ☐
LRMP	Expected Delivery Date(EDD)
When the dating scan was performed *(if performed)* (dd/mm/yy)	
Site of the current pregnancy	

3. Details regarding contraceptive use	
Method	
Whether a new acceptor to the method	Yes ☐ No ☐
Date of the acceptance of the method (dd/mm/yy)	
Date of last dose/administration of the method	

4. Details regarding service provider			
Government ☐	Private ☐	NGO ☐	Name of the institution
Who provided the service VOG ☐ MOH/AMOH ☐ MO ☐ RMO/AMO ☐ PHNS/NS/NO ☐ PHM ☐ PHI ☐			

5. Information regarding the product *(if relevant)*			
Brand		Batch number	
Physical appearance of package Good ☐ Damaged ☐ Discoloured ☐ Other (Specify)			
Date of manufacture		Date of expiry	
Date of receipt of the batch by the service provider			

6. Describe any issues related to the client that may have contributed to the failure (e.g. Compliance to the method, other medications, medical illnesses etc.)

6.1. Reasons for poor compliance as perceived by the client *(if relevant)*
7. Describe any issues related to the product /method that may have contributed to the failure (e.g. Substandard product, poor storage condition ie. whether exposed to extreme cold or warmth, extreme humidity, direct sunlight etc.)
8.Describe issues related to service provision that may have contributed to the failure (e.g. Wrong timing of initiation of the method, service provider issues, clinic over crowding, staff training etc.)
9. Field visits by PHM
Number of field visits done for this client during first 3 months of administration/insertion .....
Number of field visits done for this client after first 3 months of administration/insertion .....

10. Recommendations

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Signature and Designation of the Officer **Date** **Contact number**