

**PART I**

Name of Woman \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_City or Village \_\_\_\_\_  
\_\_\_\_\_

Date Coupon Issued \_\_\_\_\_

Coupon Number \_\_\_\_\_  
-----**PART II**

To be returned after follow-up.

Visit Date \_\_\_\_\_

1. Women accepted IUD

IUD Retained \_\_\_\_ Removed \_\_\_\_

Expelled \_\_\_\_ Reinserted \_\_\_\_

Pregnant \_\_\_\_

Now using?

Nothing \_\_\_\_ Other \_\_\_\_

2. Women did not accept IUDWhy IUD was not inserted?  
\_\_\_\_\_  
\_\_\_\_\_3. What improvements should  
be made in the program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_

Name of Coupon Issuer  
\_\_\_\_\_  
\_\_\_\_\_

Coupon Number \_\_\_\_\_

**PART III – IUD COUPON**

## 1. To be filled in by a Referral Agent

Name of Woman \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age \_\_\_\_ Number of Children \_\_\_\_

Boys \_\_\_\_ Girls \_\_\_\_

Education: None \_\_\_\_ Primary \_\_\_\_

Secondary \_\_\_\_ High School \_\_\_\_

Do you want any more children?

Yes \_\_\_\_ No \_\_\_\_

Have you previously used contraception?

Yes \_\_\_\_ No \_\_\_\_

If yes, what type? \_\_\_\_\_

## 2. To be filled in by Doctor

Date Inserted \_\_\_\_\_

Type of IUD \_\_\_\_\_

1<sup>st</sup> insertion \_\_\_\_ Reinsertion \_\_\_\_

Name of Doctor \_\_\_\_\_

Type of inserting personnel:

Ob/Gyn \_\_\_\_ GP \_\_\_\_ Surgeon \_\_\_\_

Nurse \_\_\_\_

Codes

Organization \_\_\_\_\_

Province \_\_\_\_\_

Clinic \_\_\_\_\_

Acceptor \_\_\_\_\_

Coupon Number \_\_\_\_\_

**PART IV**

## 1. To be filled in by Worker

\_\_\_\_\_  
\_\_\_\_\_

This coupon entitles Mrs. \_\_\_\_\_

to a free clinic visit and IUD insertion if

if used before \_\_\_\_\_ (date)

Signatures of Doctor, Acceptor and

Motivator

I, (Dr. or Nurse) \_\_\_\_\_

have performed the IUD insertion and

have received \_\_\_\_\_ (payment).  
\_\_\_\_\_

(Signature)

I, Mrs. \_\_\_\_\_

have obtained the IUD.  
\_\_\_\_\_

(Signature)

I, Mr. or Mrs. \_\_\_\_\_

have provided the information and have

received travel and per diem of \_\_\_\_\_.  
\_\_\_\_\_

(Signature)

Date \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_

have made the above payments.  
\_\_\_\_\_

(Signature of Accountant)

Coupon Number \_\_\_\_\_