SKILLS & EXPERIENCE INVENTORY

Name: ___________________________ Residency ___________________________

I. TRAINING - Have you ever had training in:
   a. Family Planning/Contraception □ Yes □ No Hours: ______
   b. Unintended Pregnancy & Options Counseling □ Yes □ No Hours: ______
   c. Miscarriage Management □ Yes □ No Hours: ______
   d. Public Health Aspects of Abortion Access □ Yes □ No Hours: ______

II. EXPERIENCE – check all which apply:

   NUMBER OF PROCEDURES/SESSIONS:

   Electric Vacuum Aspiration □ 1-10 □ 11-20 □ 21-30 □ >30
   Manual Vacuum Aspiration (MVA) □ 1-10 □ 11-20 □ 21-30 □ >30
   Dilation & curettage □ 1-10 □ 11-20 □ 21-30 □ >30
   Ultrasound dating □ 1-10 □ 11-20 □ 21-30 □ >30
   Medical management of miscarriage □ 1-10 □ 11-20 □ 21-30 □ >30
   IUD insertion □ 1-10 □ 11-20 □ 21-30 □ >30
   Contraceptive implant insertion □ 1-10 □ 11-20 □ 21-30 □ >30
   Prenatal care □ 1-10 □ 11-20 □ 21-30 □ >30
   Early pregnancy Dating Exams □ 1-10 □ 11-20 □ 21-30 □ >30
   Endometrial biopsy □ 1-10 □ 11-20 □ 21-30 □ >30

III. ADDITIONAL INFORMATION

I. Could you give me three reasons why you decided to participate in this Training Program?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

II. Do you have any hesitations (fears) about participating in this Training Program or providing abortion? □ Yes □ No

III. Aside from technical skills, do you anticipate any other benefits from completing this training?
   ________________________________________________________________
   ________________________________________________________________

IV. Do you anticipate offering abortions in future practice? □ Yes □ No