

**Female Health Company
FC2 Experience Program
Monthly Report Form**

Month Reported: _____

Date: _____

Name of organization: _____

Name of person submitting report: _____

Email: _____

Telephone Number: (_____) _____

1. Organization Number: (FHC Allocated Tracking Number) _____

2. Total number of female condoms received this month from the Female Health Company: _____

3. Total number of female condoms distributed this month: _____

Please indicate the number of female condoms distributed for each activity:

a. Distributed through waiting room display(s): _____

b. Distributed through outreach: _____

c. Distributed through counseling session(s): _____

d. Distributed through other means: _____

4. Number of female condoms left in stock as of the last day of the month: _____

Please estimate the following information:

5. Number of clients/ new users who received the female condom this month: _____

6. Number of clients/ repeat users who received the female condom this month: _____

7. Race/ethnicity of populations receiving female condom. (Indicate the approximate number of clients who received female condoms for each group)

a) Black _____ b) White _____ c) Native Hawaiian/Pacific Islander _____

d) Latino/Hispanic _____ e) Asian _____ f) American Indian/Alaska Native _____

g) Multiracial _____

8. Age range of clients served. (*Indicate the approximate number of clients who received female condoms for each group*)

a) 13-19 ____ b) 20-29 ____ c) 30-39 ____ d) 40-49 ____ e) 50-59 ____ f) 60+ ____

9. Is the staff in your organization comfortable with their level of knowledge of FC2?

10. Is the population you are supplying requesting FC2?

11. Is the population you are supplying requesting more information regarding FC2?

12. Have you changed your distribution process of the FC2 within the last month?

13. Comments/ Success Stories/ Issues/ Reactions to FC2 (please provide as much information as possible regarding FC2 in your facility while respecting patient confidentiality; please do not provide any individually identifiable information)

Please email report to: rebecca@femalehealthcompany.com or fax: (312) 595-9122