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MONTHLY DATA REPORT FOR WOMEN'S WELLNESS CENTERS				
CENTER:				
DEMOGRAPHIC PROFILE OF THE CLIENTS				
		Monthly		Quarterly total
Age				
<i>Teenagers (13-19)</i>				
<i>Adults (20-30)</i>				
<i>Adults (30-40)</i>				
<i>Older Women (50+)</i>				
Marital status				
<i>Single</i>				
<i>Married</i>				
<i>Divorced</i>				
Employment status				
<i>Employed</i>				
<i>Unemployed</i>				
Payment				
Number of people paying				
Number of people co-paying				
VISIT BREAKDOWN				
Total number of visits				
First-time patients				
<i>Preventive health care visit</i>				
<i>Problem-oriented visit</i>				
<i>Family planning visits</i>				
Repeat Patient visits				
<i>Preventive health care visit</i>				
<i>Problem-oriented visit</i>				
<i>Follow-up on problem visit</i>				
<i>Family planning visits</i>				
<i>Prenatal care</i>				
Other (please specify)				
Number of visits to:				
<i>OB-GYN</i>				
<i>Psychologist</i>				
<i>Nurse Educators</i>				
<i>Midwife</i>				
<i>GP</i>				
				Pap smears
				STI screening
				Ultrasound
				Colposcopy
				Other (please specify)
				Lab.+HSG
<i>Andrologists (if applicable)</i>				
DIAGNOSTIC TESTING				

CONTRACEPTIVE USE				
Contraceptives selected				
<i>Oral Contraceptives</i>				
<i>IUD</i>				
<i>Condom</i>				
<i>Injectable contraceptives</i>				
<i>Other:</i>				
HEALTH EDUCATION				
				Quarterly total
Childbirth education course				
<i>Number of first time mothers</i>				
<i>Number of males</i>				
<i>Number of repeat mothers</i>				
<i>Number of males</i>				
Prenatal education				
Family planning education				
Breast self exam training				
Menopause education				
Breastfeeding education				
Adolescent programs				
<i>Number of males</i>				
<i>Number of females</i>				
-Other outreach activities				
BREAST HEALTH SERVICES (IF APPLICABLE)				
Number examined				
Clinical breast exams				
Mammography				
Ultrasound				
Biopsies performed				
Cyst aspiration				
Breast cancer diagnosis				
<i>Stage 0</i>				
<i>Stage 1</i>				
<i>Stage 2</i>				
<i>Stage 3</i>				
Other (please specify)				
ADDITIONAL COMMENTS				
(i.e. other outreach activities, seminars, replication, etc; attach additional pages if needed)				