Clinic Services Administrative Assessment
Sample – The Right Time

This survey seeks to assess the clinical family planning landscape of [state] and is for those who provide direct patient services (e.g., physician, nurse practitioner, nurse, medical assistant, social worker). Each individual may take this survey once. For completing the survey, you will be entered into a drawing to win one of five $100 gift cards, and you will be given the option to receive a coupon code for a free t-shirt.

1) Name of Clinic:

2) Name of Survey Respondent:

3) What is your position?
    a. Physician
    b. Nurse Practitioner
    c. Nurse
    d. Medical Assistant
    e. Social Worker
    f. Other (please specify)

4) What is your specialty?
    a. Women's Health/OBGYN
    b. Pediatrics/Adolescent Health
    c. Primary Care
    d. None
    e. Other (please specify)

5) Generally speaking, what percentage of the overall services YOU provide are related to family planning?
    a. 100%
    b. 51-99%
    c. 50%
    d. 1-49%
    e. 0%

6) How often do you discuss pregnancy intention (e.g., "Do you plan to become pregnant in the next year?") with female patients?
    a. During every clinic visit
    b. During some, but not all, clinic visits
    c. Never

7) How often do you discuss pregnancy intention (e.g., "Do you plan to become pregnant in the next year?") with male patients?
    a. During every clinic visit
    b. During some, but not all, clinic visits
    c. Never

8) Patient-centered counseling is education that integrates evidence-based recommendations with patient preferences, recognizing the patients' values and preferences. How often do you practice patient-centered counseling?
    a. Always
    b. Sometimes
    c. Never

9) When discussing pregnancy prevention with patients, how often do you discuss all methods of contraception, including IUDs and Implants?
    a. Always
    b. Sometimes
    c. Never

10) If not always, why don't you discuss all available methods of contraception?
    a. I always discuss all methods.
    b. Not all methods are available at my clinic.
    c. Not enough clinicians are trained to administer all methods at my clinic
    d. I prefer to discuss some methods over others
    e. Other (please specify)

11) How confident do you feel about your knowledge, including the latest CDC guidance, on IUDs and Implants?
    a. Very confident
    b. Somewhat confident
    c. Not confident

12) Among your female patients who are not sexually active, what are the top reasons given for not starting a contraceptive method? Check up to three.
    a. Cost/Expense
    b. Don't want partner to find out
    c. Don't want parent(s) to find out
    d. Transportation issue for future visits
    e. Indifferent/ambivalent to becoming pregnant
    f. Potential side effects
    g. Cultural or religious beliefs
    h. Other (please specify)

13) What are the top three reasons female patients give for not choosing an IUD or Implant? Check up to three.
    a. Cost/Expense
    b. Family/friend had a bad experience with these methods

c. Misconceptions about methods (e.g., safety concerns due to history of dalkon shield, abortifacient, loss of fertility, history of misuse of Norplant)
d. Other potential side effects (e.g., pain with insertion, cramps, irregular bleeing or amenorrhea, pelvic inflammatory disease, pregnancy, perforation, expulsion)
e. Not familiar with the method
f. Don't want an in-office procedure
g. Limited or no access to childcare for in-office procedure
h. Cultural or religious beliefs
i. Other (please specify)

14) Are you trained to do any of the following? Check all that apply.
a. Insert IUDs
b. Insert Implants
c. Remove IUDs
d. Remove Implants
e. None of the above

15) In your clinic, do you do any of the following? Check all that apply.
a. Insert IUDs
b. Insert Implants
c. Remove IUDs
d. Remove Implants
e. None of the above

16) If you insert IUDs, which types do you insert? Check all that apply.
a. I do not insert IUDs
b. Mirena IUD
c. Skyla IUD
d. Liletta IUD
e. Kyleena IUD
f. ParaGard IUD

17) Have you attended any of the following trainings? Check all that apply.
a. Simulation/hands-on training for IUD insertion and removal
b. Simulation/hands-on training for Implant insertion and removal
c. Best practices in patient-centered contraceptive counseling
d. Review of latest CDC guidelines for all contraceptive methods
e. Maximizing reimbursement for contraceptive methods
f. None of the above

18) Are you interested in a training on any of the following? Check all that apply.
a. Simulation/hands-on training for IUD insertion and removal
b. Simulation/hands-on training for Implant insertion and removal

c. Best practices in patient-centered contraceptive counseling
d. Review of latest CDC guidelines for all contraceptive methods
e. Maximizing reimbursement for contraceptive methods
f. None of the above

19) If you would like to learn more about the project and future training opportunities, please share your contact information.
    a. Name:
    b. Email:
    c. Phone:

20) if you would like to receive a free T-shirt for completing this survey, please provide your e-mail address. You will be emailed a coupon code and website to order your free T-shirt.
    a. Email: