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 oversee or manage clinic operations (e.g. medical director, clinic manager, etc.). This survey may be completed once for each clinic site, and we ask that you complete it for each site you oversee. 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) Region/City:

3) Name of Survey Respondent:

4) Position:

    a. CEO/COO/Administrator
    b. Medical Director
    c. Clinic Manager
    d. Other (please specify)

5) Type of Clinic:
    a. Community Health Center/Federally Qualified Health Center
    b. Hospital-Based Clinic
    c. Health Department
    d. Stand-along Family Planning Clinic
    e. Private Physician Office
    f. Planned Parenthood Clinic
    g. Other (please specify)

6) Which of the following services are offered at your clinic? Check all that apply.
    a. Birth control (any method)
    b. Emergency Contraception
    c. Pregnancy Testing
    d. HIV Testing
    e. STI Testing
    f. STI Treatment
    g. HPV Testing
    h. Hepatitis Testing
    i. Wellness (e.g., pap smear, breast cancer exams)
    j. Patient-centered education on contraceptive methods
    k. Infertility Services
    l. Prenatal Care

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7) Generally speaking, what percentage of the overall services provided at your clinic are related to those checked above in Question #6?
    a. 100%
    b. 51-99%
    c. 50%
    d. 1-49%
    e. 0%

8) Which methods of contraception are available at your clinic? Check all that apply.
    a. Mirena IUD
    b. Skyla IUD
    c. Liletta IUD
    d. Kyleena IUD
    e. ParaGard IUD
    f. Nexplanon Implant
    g. Xulane Patch
    h. NuvaRing
    i. Anovera
    j. Birth Control Pills
    k. External Condoms
    l. Internal Condoms
    m. Depo-Provera Shot
    n. Diaphragm
    o. Sponge
    p. Cervical Cap
    q. Spermicide
    r. Ella
    s. Plan B/Next Choice
    t. Other (please specify)

9) What is the availability of the IUD and implant at your clinic? Check all that apply.
    a. Providers available for same day IUD insertion
    b. Providers available for same day Implant insertion
    c. Providers available for IUD insertion by appointment
    d. Providers available for implant insertion by appointment
    e. IUD removals on site
    f. Implant removals on site
    g. IUDs for nulliparous females
    h. Implants for nulliparous females
    i. My clinic does not offer the IUD or Implant

10) If your clinic does not offer IUDs or Implants, why not? Check all that apply.
    a. IUDS and Implants are offered
    b. Not enough clinicians trained for insertion

c. Cannot afford to offer methods on a sliding scale
d. Cannot afford up-front costs required to stock these methods
e. Scheduling constraints
f. Not enough demand for IUDs or Implants
g. Other (please specify)

11) Does your clinic face any of the following barriers to providing IUDs and Implants? Check all that apply.
    a. My clinic does not face any barriers
    b. Not many clinicians trained for insertion/removal
    c. Difficult to offer methods on a sliding scale
    d. Not a high demand in my area
    e. Other (please specify)

12) do you have medical protocols that require additional screening, certain eligibility criteria, or interventions prior to inserting IUDs or Implants? Check all that apply.
    a. Pap smear before initiation of IUD
    b. Pap smear before initiation of Implant
    c. Negative STI test prior to IUD insertion
    d. Patient must be on their menses for IUD insertion
    e. Patient must be on a hormonal method currently or in the past before initiation of hormonal IUD or Implant
    f. Providing IUDs only for parous females
    g. Mammogram screening for women over 40 before initiation of hormonal IUD or Implant
    h. None of the above

13) Does your clinic receive funding or reimbursement from any of the following sources for family planning services? Check all that apply.
    a. Medicaid
    b. Title X
    c. Private health insurance
    d. Patient payments
    e. Private funding
    f. Other (please specify)

14) if you are interested in learning more about how to maximize reimbursement for family planning and contraceptive services at your clinic, please provide your contact information.
    a. Name:
    b. Email:
    c. Phone:

15) 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: