This survey is being sent to a selected sample of health centers and providers. Please do not distribute to others for completion.

Form Approved
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2012–2013 SURVEY of HEALTH CARE PROVIDERS

I. PROVIDER, PATIENT and PRACTICE/ HEALTH CENTER CHARACTERISTICS

Please answer each of the following questions as they relate to you, your patients, and the practice/health center at which you received this survey.

1. Which of the following describes the setting of this practice/health center? ***(select all that apply)***

- ☐ Community health center
- ☐ Family planning clinic
- ☐ Health department (state or local)
- ☐ HMO or Hospital
- ☐ Indian Health Service
- ☐ Planned Parenthood affiliate
- ☐ Private practice
- ☐ School based health clinic
- ☐ Sexually transmitted infection clinic
- ☐ University clinic
- ☐ Other (please specify)_____

2. Does this practice/health center receive any non-fee-for-service income to support family planning services? ***(select all that apply)***

- ☐ None
- ☐ Private grant(s)
- ☐ State appropriations
- ☐ Section 308 of Public Health Service Act
- ☐ Title V (MCH Block Grant)
- ☐ Title X (Family Planning)
- ☐ Don't know
- ☐ Other _____

3. In what state is your practice/health center located? _____

4. In this practice/health center, how many health care providers, including you, provide family planning services*? _____

5. What is your role as a health care provider? ***(select one)***

- ☐ Certified nurse midwife
- ☐ Nurse practitioner
- ☐ Nurse
- ☐ Physician
- ☐ Physician assistant
- ☐ Other (please specify) _____

6. What is your primary clinical focus at this practice/health center? ***(select one)***

- ☐ Adolescent health or pediatrics
- ☐ Family medicine
- ☐ Obstetrics/gynecology or family planning/reproductive health
- ☐ Primary (general health) care
- ☐ Other (please specify) _____

7. How many years has it been since you completed your most recent formal clinical training (e.g., medical/nursing school, residency/practicum/ clinical)?

- ☐ Less than 5 years
- ☐ 5-14 years
- ☐ 15-24 years
- ☐ 25 or more years

8. What is your gender?

- ☐ Male
- ☐ Female

9. On average, how many female patients of reproductive age do you see per week? _____

10. To approximately what percent of your female patients of reproductive age do you provide family planning services*?

- ☐ 0%
- ☐ 1-24%
- ☐ 25-49%
- ☐ 50-74%
- ☐ 75% or more

* For the purpose of this survey, a **family planning service** is any service related to postponing or preventing pregnancy. Family planning services may include a medical examination related to provision of a method, contraceptive counseling, method prescription or supply visits. *A patient may receive a family planning service even if the primary purpose of her visit is not for contraception*.

11. Have you ever been formally trained in the insertion of the following contraceptive methods for women during the following time periods?

	Trained to insert during routine care		Trained to insert immediately postpartum		Trained to insert immediately post-abortion	
	Yes	No	Yes	No	Yes	No
Copper intrauterine device (Cu-IUD or ParaGard®)?	☐	☐	☐	☐	☐	☐
Levonorgestrel-releasing intrauterine device (LNG-IUD or Mirena®)?	☐	☐	☐	☐	☐	☐
Contraceptive implant (Implanon®/Nexplanon®)?	☐	☐	N/A	N/A	N/A	N/A

12. Approximately what percentages of your female patients of reproductive age have the following characteristics? If unsure, give your best estimate.

	0-24%	25-49%	≥50%
Pay for their visit using Medicaid or other state or federal assistance?	☐	☐	☐
Are racial or ethnic minorities?	☐	☐	☐
Have limited English proficiency?	☐	☐	☐
Are adolescents?	☐	☐	☐
Are 35 years of age or older?	☐	☐	☐

II. HEALTH CARE PROVIDER ATTITUDES

Please answer each of the following questions as they relate to your attitudes when providing family planning services. Please do not consult any source of guidance when answering the questions.

13. How safe do you consider combined oral contraceptives (COCs) to be for the following groups?

	Very safe	Safe	Unsafe	Very unsafe	Don't know
Breastfeeding women ≥ 1 month postpartum without other risk factors for venous thromboembolism (VTE)	☐	☐	☐	☐	☐
Smokers 35 years of age or older	☐	☐	☐	☐	☐
Obese women (BMI ≥30 kg/m^2)	☐	☐	☐	☐	☐
Women with a history of bariatric surgery via restrictive procedures (e.g., vertical banded gastroplasty)	☐	☐	☐	☐	☐
Women with a history of bariatric surgery via malabsorptive procedures (e.g., Roux-en-Y gastric bypass)	☐	☐	☐	☐	☐
Women with rheumatoid arthritis	☐	☐	☐	☐	☐
Women with inflammatory bowel disease (i.e., ulcerative colitis, Crohn disease) without other risk factors for VTE	☐	☐	☐	☐	☐

14. How safe do you consider intrauterine devices (Cu-IUD or LNG-IUD) to be for the following groups?

	Very safe	Safe	Unsafe	Very unsafe	Don't know
Adolescents	☐	☐	☐	☐	☐
Immediately postpartum women (less than 10 minutes after delivery of placenta)	☐	☐	☐	☐	☐
Postpartum women (10 minutes after delivery of placenta to less than 4 weeks postpartum)	☐	☐	☐	☐	☐
Nulliparous women	☐	☐	☐	☐	☐
Obese women (BMI ≥30 kg/m^2)	☐	☐	☐	☐	☐
Women with uterine fibroids	☐	☐	☐	☐	☐
Women with HIV (not AIDS)	☐	☐	☐	☐	☐

**Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services.*

15. How safe do you consider DMPA (Depo-Provera®) to be for the following groups?

	Very safe	Safe	Unsafe	Very unsafe	Don't know
Adolescents	☐	☐	☐	☐	☐
Breastfeeding women <1 month postpartum	☐	☐	☐	☐	☐
Breastfeeding women ≥ 1 month postpartum	☐	☐	☐	☐	☐
Smokers 35 years of age or older	☐	☐	☐	☐	☐
Obese women (BMI ≥30 kg/m^2)	☐	☐	☐	☐	☐
Women with a history of bariatric surgery	☐	☐	☐	☐	☐
Women with rheumatoid arthritis not on immunosuppressive therapy	☐	☐	☐	☐	☐
Women with inflammatory bowel disease	☐	☐	☐	☐	☐
Women with complicated diabetes (i.e., nephropathy, retinopathy, neuropathy, other vascular disease or diabetes of >20 years' duration)	☐	☐	☐	☐	☐

16. For each of the following contraceptive methods, how safe do you think it is to start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you are reasonably certain she is not pregnant? Please answer for both adolescents and adults.

	Adolescents			Adults		
	Safe	Unsafe	Don't know	Safe	Unsafe	Don't know
Combined hormonal contraceptives (COCs, patch, ring)	☐	☐	☐	☐	☐	☐
DMPA	☐	☐	☐	☐	☐	☐
Contraceptive implant	☐	☐	☐	☐	☐	☐
Intrauterine devices (Cu-IUD or LNG-IUD)	☐	☐	☐	☐	☐	☐

III. HEALTH CARE PROVIDER PRACTICES

Please answer each of the following questions as they relate to you (or your clinical team's) practices when providing family planning services.

17. In the past month, when counseling your typical female patient of reproductive age on family planning, how often have you (or your clinical team) done the following?

	Very often	Often	Not often	Never
Assessed the patient's reproductive life plan (i.e., asked about their intentions regarding the number and timing of pregnancies in the context of their personal values and life goals)	☐	☐	☐	☐
Presented information regarding potential contraceptive methods with the most effective methods presented first (tiered approach)	☐	☐	☐	☐
Helped the patient think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers	☐	☐	☐	☐
Used a method-specific informed consent form	☐	☐	☐	☐
Informed adolescents that long-acting reversible contraceptives are safe and effective options	☐	☐	☐	☐

18. In the past year, how often have you (or your clinical team) provided DMPA to adolescents?

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Very often or often ☐ **Go to question #19.**

Not often or never ☐ **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I rarely have adolescents as patients* ☐
b. *DMPA is unavailable in my practice/health center* ☐
c. *I am concerned about the safety of DMPA for adolescents* ☐
d. *I am concerned about side effects that may lead to discontinuation* ☐
e. *My adolescent patients generally prefer a different method* ☐
f. *My practice/health center protocol does not allow it* ☐
g. *Other reasons (please specify)* _____ ☐

19. In the past year, how often have you (or your clinical team) provided or prescribed COCs to breastfeeding women ≥ 1 month postpartum without other risk factors for VTE?

Very often or often ☐ **Go to question #20.**

Not often or never ☐ **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I rarely have postpartum women as patients* ☐
b. *I am concerned about the safety of COCs for breastfeeding women ≥ 1 month postpartum without other risk factors for VTE* ☐
c. *I am concerned about a decrease in breast milk production* ☐
d. *My postpartum patients generally prefer a different method* ☐
e. *My practice/health center protocol does not allow it* ☐
f. *Other reasons (please specify)* _____ ☐

20. In the past year, how often have you (or your clinical team) provided intrauterine devices (Cu-IUDs or LNG-IUD) to nulliparous women?

Very often or often ☐ **Go to question #21.**

Not often or never ☐ **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I rarely have nulliparous women as patients* ☐
b. *IUDs are generally unavailable in my practice/health center* ☐
c. *I am concerned about the safety of IUDs for nulliparous women* ☐
d. *I am concerned about the effects on future fertility* ☐
e. *I am concerned about difficult insertion* ☐
f. *My nulliparous patients generally prefer a different method* ☐
g. *My practice/health center protocol does not allow it* ☐
h. *Cost barriers prevent me from providing IUDs to nulliparous women* ☐
i. *Other reasons (please specify)* _____ ☐

21. When initiating the following contraceptive methods, please indicate if you or your practice/health center require the following exams and tests for a healthy client. Please check all exams and tests that apply.

	Blood pressure	Clinical breast exam	Bimanual exam and cervical inspection	Cervical cytology (Pap smear)	Chlamydia/ gonorrhea screening
COCs/patch/ring	☐	☐	☐	☐	☐
Progestin-only pills (POPs)	☐	☐	☐	☐	☐
DMPA	☐	☐	☐	☐	☐
Contraceptive implant	☐	☐	☐	☐	☐
Cu-IUD	☐	☐	☐	☐	☐
LNG-IUD	☐	☐	☐	☐	☐

22. In the past year, when providing or prescribing combined hormonal contraceptives (COCs, patch, ring), how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(22a) Adolescents

- ☐ Very often or often → **Go to question #22b**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I do not think it is safe* ☐
b. *I have liability concerns* ☐
c. *I do not have enough training* ☐
d. *I do not think it is appropriate for adolescents* ☐
e. *My practice/health center protocol does not allow it* ☐
f. *Other (please specify)* _____ ☐

(22b) Adults

- ☐ Very often or often → **Go to question #23**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I do not think it is safe* ☐
b. *I have liability concerns* ☐
c. *I do not have enough training* ☐
d. *I do not think it is appropriate for adults* ☐
e. *My practice/health center protocol does not allow it* ☐
f. *Other (please specify)* _____ ☐

23. In the past year, when providing DMPA, how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(23a) Adolescents

- ☐ Very often or often → **Go to question #23b**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I do not think it is safe* ☐
b. *I have liability concerns* ☐
c. *I do not have enough training* ☐
d. *I do not think it is appropriate for adolescents* ☐
e. *My practice/health center protocol does not allow it* ☐
f. *Other (please specify)* _____ ☐

(23b) Adults

- ☐ Very often or often → **Go to question #24**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a. *I do not think it is safe* ☐
b. *I have liability concerns* ☐
c. *I do not have enough training* ☐
d. *I do not think it is appropriate for adults* ☐
e. *My practice/health center protocol does not allow it* ☐
f. *Other (please specify)* _____ ☐

24. After initiating the following methods, please indicate when you advise healthy adult patients to come back for a follow-up visit.

	4-6 weeks	3 months	6 months	12 months	Only if she has problems or questions
COCs, patch, ring	☐	☐	☐	☐	☐
POPs	☐	☐	☐	☐	☐
DMPA (routine follow-up other than for re-injection)	☐	☐	☐	☐	☐
Implant	☐	☐	☐	☐	☐
Intrauterine device (Cu-IUD or LNG-IUD)	☐	☐	☐	☐	☐

25. In the past year, how often have you or your clinical team done the following?

	Very often	Often	Not often	Never
Provided an advance prescription for emergency contraception (EC) to a woman not specifically seeking EC	☐	☐	☐	☐
Provided an advance supply of EC to a woman not specifically seeking EC	☐	☐	☐	☐
Provided or prescribed a contraceptive at the same time you provided EC	☐	☐	☐	☐
Provided a Cu-IUD as EC	☐	☐	☐	☐

26. In the past year, how often did you or your clinical team dispense a year's supply of pills (COCs or POPs) at one visit? Please answer for both new and continuing users.

(26a) NEW USERS

Very often or often	☐	**Go to question #26b**
Not often or never	☐	**If "not often or never" please indicate why.** ***(select all that apply)***

a.	*I do not think it is safe*	☐
b.	*My practice/health center does not dispense pills*	☐
c.	*My practice/health center protocol does not allow it*	☐
d.	*I have liability concerns*	☐
e.	*There is not enough supply in my practice/health center*	☐
f.	*It is too expensive for my practice/health center*	☐
g.	*I am concerned about wasting pill packs if the woman discontinues*	☐
h.	*Other (please specify)* _____	☐

(26b) CONTINUING USERS

Very often or often	☐	**Go to question #27**
Not often or never	☐	**If "not often or never" please indicate why.** ***(select all that apply)***

a.	*I do not think it is safe*	☐
b.	*My practice/health center does not dispense pills*	☐
c.	*My practice/health center protocol does not allow it*	☐
d.	*I have liability concerns*	☐
e.	*There is not enough supply in my practice/health center*	☐
f.	*It is too expensive for my practice/health center*	☐
g.	*I am concerned about wasting pill packs if the woman discontinues*	☐
h.	*Other (please specify)* _____	☐

27. For routine health care, at what age do you or your practice/health center recommend that a woman begin routine cervical cancer screening?
(select *all that apply)*

Whenever she becomes sexually active	☐
Starting at age 18	☐
Starting at age 21	☐
Don't know	☐
Other (please specify) _____	☐

28. For routine health care, how often do you provide cervical cancer screening for a sexually active, 25-year old patient with previously normal results?

Every visit	☐
Annually	☐
Every 2 years	☐
Every 3 years	☐
Don't know	☐
Other (please specify) _____	☐

29. In general, how important to you are the following sources for <u>staying informed about recommended clinical practices related to contraception</u>? Please answer for each source.

	Important Source	**Minor Source**	**Not Used**
Conferences	☐	☐	☐
Continuing education programs	☐	☐	☐
Discussions with colleagues	☐	☐	☐
Internet searches/online resources	☐	☐	☐
Institutional practice protocols	☐	☐	☐
Journals	☐	☐	☐
Medication package inserts	☐	☐	☐
Professional organization publications or notifications	☐	☐	☐
Textbooks (e.g., *Contraceptive Technology*)	☐	☐	☐
U.S. Medical Eligibility Criteria for Contraceptive Use (MEC)	☐	☐	☐
WHO MEC	☐	☐	☐
WHO Selected Practice Recommendations for Contraceptive Use	☐	☐	☐
Other (*please specify*): _____	☐	☐	☐

V. AWARENESS OF GUIDELINES

We want to know about your awareness of CDC's 2010 U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC).

30. How did you learn about CDC's 2010 U.S. MEC? ***(select all that apply)***

- ☐ I did not know about CDC's 2010 U.S. MEC before participation in this survey
- ☐ Conference attendance
- ☐ Continuing medical education programs
- ☐ Discussions with colleagues
- ☐ Internet searches/online resources
- ☐ Institutional practice protocol
- ☐ Journals
- ☐ Professional organization publications or notifications
- ☐ Textbooks (e.g., *Contraceptive Technology*)
- ☐ Other (please specify)_____

31. Have you <u>used</u> any of the following U.S. MEC materials?

- ☐ U.S. MEC website
- ☐ U.S. MEC color-coded summary chart in English
- ☐ U.S. MEC color-coded summary chart in Spanish
- ☐ U.S. MEC wheel
- ☐ U.S. MEC PDA application
- ☐ U.S. MEC 2011 update with revised recommendations for postpartum contraceptive use
- ☐ U.S. MEC 2012 update with revised recommendations for the use of hormonal contraception among women at high risk for HIV infection or infection with HIV

32. What <u>additional medical conditions or patient characteristics</u> would you like to see recommendations for in the U.S. MEC?

(please specify) _____

(please specify) _____

(please specify) _____

Please share any additional comments that you may have in the space below.

Thank you for completing this survey!
Please return using the enclosed postage paid envelope.