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| --- |
| Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-xxxx). |
| 1. **Health Center Characteristics** |

|  |  |  |
| --- | --- | --- |
| **1.** | **What type of organization is your health center?** *(Please select one)* | |
| Health department (local, county, state) | |  |
| Hospital | |  |
| Planned Parenthood | |  |
| Federally-Qualified Health Center (e.g. community health center) | |  |
| Private, non-profit organization | |  |
| Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  |

|  |  |  |
| --- | --- | --- |
| **2.** | **What best describes your health center’s clinical focus?** | |
|  | Family planning/reproductive health |  |
|  | Primary (general health) care |  |
|  | Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **3.** | **What state or territory is your agency located in?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
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| **4.** | **Which best describes the area that your health center serves?** | |
|  | Mostly urban/suburban |  |
|  | Mostly rural |  |
|  | Combination or rural & urban |  |

|  |  |  |
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| **5.** | **Approximately how many clients received any clinical services at your health center in the last year? (fiscal or calendar)** | |
|  | < 500 |  |
|  | 500 -999 |  |
|  | 1,000-4,999 |  |
|  | 5,000-9,999 |  |
|  | 10,000 – 49,000 |  |
|  | 50,000 + |  |

|  |  |  |
| --- | --- | --- |
| **6.** | **Approximately how many clients received family planning services at your health center in the last year? (fiscal or calendar)** | |
|  | < 500 |  |
|  | 500 -999 |  |
|  | 1,000-4,999 |  |
|  | 5,000-9,999 |  |
|  | 10,000 + |  |

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| --- | --- | --- | --- |
| **7.** | **What is the approximate age and gender breakdown of your health center’s family planning clients?** | | |
|  | All clients (male and female) | |  |
|  |  | < 20 years old | \_\_\_\_\_\_% |
|  |  | 20-29 years old | \_\_\_\_\_\_% |
|  |  | 30-44 years old | \_\_\_\_\_\_% |
|  |  | 45 years or older | \_\_\_\_\_\_% |
|  | Males (all ages) | | \_\_\_\_\_\_% |

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| **9.** | **Is your health center a part of the following health care networks?** | | | |
|  |  | Yes | No | Don’t know |
|  | Accountable care organization |  |  |  |
|  | Medical home (PCMH or other) |  |  |  |
|  | Medicaid managed care |  |  |  |
|  | Other managed care network/PPO |  |  |  |
|  | Participating provider in one or more private insurance company networks |  |  |  |

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| **II.** | **Questions about survey completion** | |
| **10.** | **Which of the following best describes theprimary role of the person or persons who completed this survey?** *(Select all that apply.)* | |
|  | Administrator |  |
|  | Medical director |  |
|  | Nurse/nurse practitioner manager |  |
|  | Other (please specify)\_\_\_\_\_\_\_\_\_\_ |  |

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| **11.** | **If your health center is a part of a multi-site agency, did you consult your parent agency to complete this survey?** *(Select one.)* | |
|  | Yes, parent completed entire survey |  |
|  | Yes, parent completed or checked parts of the survey |  |
|  | No, parent did not help complete or check the survey |  |
|  | No, we are not part of a multi-site agency |  |
|  | No, we are the parent agency |  |

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| **III.** | **Clinical Services Provided** |  |  |  |  |
| **12.** | **In the past 3 months, about how often did your health center provide the following services?** | | | | |
|  |  | Never | Rarely | Occasionally | Frequently |
|  | Pregnancy diagnosis & counseling |  |  |  |  |
|  | Contraceptive services for women |  |  |  |  |
|  | Contraceptive services for men |  |  |  |  |
|  | Basic infertility services for women |  |  |  |  |
|  | Basic infertility services for men |  |  |  |  |
|  | STD screening for women |  |  |  |  |
|  | STD screening for men |  |  |  |  |
|  | Preconception health care for women |  |  |  |  |
|  | Preconception health care for men |  |  |  |  |

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| **13. In the past 3 months, were the following contraceptive methods\* provided on site to clients who requested them? Also, please note whether your health center ran out of supplies of that method in the last 3 months.** | | | | | |
|  | Provided on site,  last 3 months | | | Supplies ran out,  last 3 months | |
|  | Yes, to all clients who requested it | Yes, to some clients who requested it | No | Yes | No |
| Sterilization (male) |  |  |  |  |  |
| Sterilization (female) |  |  |  |  |  |
| LNG-IUD (Mirena®) |  |  |  |  |  |
| Cu-IUD (ParaGard®) |  |  |  |  |  |
| Implant (Implanon® or Nexplanon®) |  |  |  |  |  |
| DMPA (Depo-Provera®) |  |  |  |  |  |
| Patch (Ortho Evra®) |  |  |  |  |  |
| Vaginal ring (NuvaRing®) |  |  |  |  |  |
| Combined Oral Contraceptives (COCs) |  |  |  |  |  |
| Progestin-only oral contraceptives |  |  |  |  |  |
| Emergency contraceptive pills |  |  |  |  |  |
| Male condom |  |  |  |  |  |
| Female condom |  |  |  |  |  |
| \**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.* | | | | | |

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| **14.** | **In the past 3 months, how often did your health center use the following referral practices?** | | | | |
|  |  | Never | Rarely | Occasionally | Frequently |
|  | Provided a resource listing or directory to the client |  |  |  |  |
|  | Provided a documented referral to the client |  |  |  |  |
|  | Made an appointment for the client |  |  |  |  |
|  | Contacted the client directly about the referral outcome |  |  |  |  |
|  | Contacted the referral source to find out if the client was seen |  |  |  |  |
|  | Asked the client about the referral at his or her next visit |  |  |  |  |

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| **15.** | **The following questions refer to your health center’s clinical recommendations for on site, routine screening during initial or follow-up family planning visits.** *By screening, we mean the process of routinely asking questions about a client’s history or performing a physical exam or laboratory test in average-risk asymptomatic persons to help assess risk factors for, or the presence of, a specific disease or condition*. | | | | | | | | |
|  |  | Is this standard of care for female clients? | | Is this specified in a written protocol? | | Is this standard of care for  male clients? | | Is this specified in a written protocol? | |
|  |  | Yes | No | Yes | No | Yes | No | Yes | No |
|  | Intimate partner and sexual violence |  |  |  |  |  |  |  |  |
|  | Substance abuse |  |  |  |  |  |  |  |  |
|  | Tobacco use |  |  |  |  |  |  |  |  |
|  | Depression |  |  |  |  |  |  |  |  |
|  | Immunizations |  |  |  |  |  |  |  |  |
|  | Unhealthy diet |  |  |  |  |  |  |  |  |
|  | Body-mass index (BMI) |  |  |  |  |  |  |  |  |
|  | High blood pressure |  |  |  |  |  |  |  |  |
|  | Diabetes |  |  |  |  |  |  |  |  |
|  | High cholesterol |  |  |  |  |  |  |  |  |
|  | Chlamydia |  |  |  |  |  |  |  |  |
|  | Gonorrhea |  |  |  |  |  |  |  |  |
|  | Syphilis |  |  |  |  |  |  |  |  |
|  | HIV |  |  |  |  |  |  |  |  |
|  | Breast cancer |  |  |  |  |  |  |  |  |
|  | Cervical cancer |  |  |  |  |  |  |  |  |
|  | Testicular cancer |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **16.** | **The following questions relate to your health center’s clinical recommendations for contraceptive counseling.** | | | | | Is this standard of care? | | Is this specified in a written protocol? | |
|  |  |  |  |  |  | Yes | No | Yes | No |
|  | Use open-ended questions | | | | |  |  |  |  |
|  | Assess the client’s reproductive life plan (i.e., ask 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) | | | | |  |  |  |  |
|  | Help the client think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers | | | | |  |  |  |  |
|  | Use method-specific consent forms | | | | |  |  |  |  |
|  | Inform adolescents that long-acting reversible contraceptives are safe and effective options | | | | |  |  |  |  |

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| **IV.** | **Health Center Infrastructure, Systems, and Community Education** | | | | |
| **17.** | **In the past 3 months, about how often did your health center make available the following services or materials to clients?** | | | | |
|  |  | Never | Rarely | Occasionally | Frequently |
|  | Same-day appointments for clinical services |  |  |  |  |
|  | Weekend or evening hours for clinical services |  |  |  |  |
|  | Adolescent-only hours or days for clinical services |  |  |  |  |
|  | Educational materials (written or video) specifically designed for adolescents |  |  |  |  |
|  | Educational materials (written or video) in languages that match the needs of your client base |  |  |  |  |
|  | Language translation services that match the needs of your client base |  |  |  |  |
|  |  |  |  |  |  |
| **18.** | **In the past 3 months, about how often did your health center do the following, related to adolescent clients?** | | | | |
|  |  | Never | Rarely | Occasionally | Frequently |
|  | Offered time alone with a provider for adolescents who come with a parent or guardian |  |  |  |  |
|  | Required parental consent, for adolescents seeking contraceptive services |  |  |  |  |
|  | Actively encouraged communication between adolescents and parents/guardians about sex and reproductive health |  |  |  |  |
|  | Actively promoted the availability of confidential services to adolescents |  |  |  |  |
|  |  | | | | |
| **19.** | **Does your health center use the following technologies?** | | No | Yes:  Limited use | Yes: Routinely |
|  | Electronic health records |  |  |  |  |
|  | Electronic system for billing |  |  |  |  |
|  | Email, phone, or text messages to clients for appointment reminders | |  |  |  |
|  | Email, phone, or text messages to clients for test results (e.g., STD) | |  |  |  |
|  | Website that allows clients to make appointments online |  |  |  |  |

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| **20. In the past 12 months, did your health center use any of the following methods for community education?** *(Not exclusively related to fund-raising)* | | |  | **21. In the past 12 months, did your health center conduct community education in the following places or groups?** | | |
|  | Yes | No |  |  | Yes | No |
| TV |  |  |  | Schools |  |  |
| Radio |  |  |  | Colleges or universities |  |  |
| Websites or social media (e.g. Facebook) |  |  |  | Other youth-serving groups |  |  |
| Billboards |  |  |  | Parent groups |  |  |
| Newspapers or magazines |  |  |  | Faith-based organizations |  |  |
| Community events |  |  |  | Other health care services |  |  |
| Small group education (1 session) |  |  |  | Community health fairs |  |  |
| Small group education (2+ sessions with same group) |  |  |  | Other social service organizations |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **V.** | **Quality improvement** | | | | | | |
| **22.** | **How often does your health center formally review the following aspects of service delivery, to monitor the quality of family planning services?** *(They could be measured in various ways.)* | | | | | | |
|  |  | Monthly or Quarterly | Annually | Every 2-3 years | As needed | Other frequency | Never/ not currently reviewed |
|  | Availability of contraceptive methods |  |  |  |  |  |  |
|  | Access to services |  |  |  |  |  |  |
|  | Clinic efficiency |  |  |  |  |  |  |
|  | Client satisfaction |  |  |  |  |  |  |
|  | Cultural competency |  |  |  |  |  |  |
|  | Referrals and/or care coordination |  |  |  |  |  |  |
|  | Contraceptive use |  |  |  |  |  |  |
|  | Cost of providing services |  |  |  |  |  |  |
|  | Unintended pregnancy |  |  |  |  |  |  |
|  | Birth spacing |  |  |  |  |  |  |

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| **23.** | **In the past 12 months, has your health center modified any clinical practices or other aspects of the health center, in response to a review of quality improvement data?** *Please note this question does not relate to any modification, but only those implemented in response to your center’s review of quality improvement data.* | | |
|  |  | Yes | No |
|  | *If yes, please briefly describe*  *what aspect of service delivery was changed:* |  |  |
|  |  |  |  |
|  |  |  |  |
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| **VI.** | **Referral Arrangements and Staff Training** | | | | | |
| **24.** | **What kinds of partnerships does your health center have with providers who offer the following contraceptive methods and other services?** (*In each column,* *select all that apply.*) | | | | | |
|  |  | We offer this  on site | Co-located with those who do, or our parent organization provides this | Contract, or other written agreement | Informal relationships with provider(s) who do this | Referral only |
|  | Female sterilization |  |  |  |  |  |
|  | Male sterilization |  |  |  |  |  |
|  | IUD insertion/removal |  |  |  |  |  |
|  | Implant insertion/removal |  |  |  |  |  |
|  | Natural family planning |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | HIV treatment |  |  |  |  |  |
|  | Prenatal care |  |  |  |  |  |
|  | Primary care |  |  |  |  |  |
|  | Infertility treatment |  |  |  |  |  |
|  |  | | | | | |
| **25.** | **Please indicate whether all, some, or none of the health center’s staff have received training in the following areas:** | | | | | |
| **Trained in past 2 years: All relevant staff** | | | | All staff | Some staff | No staff |
|  | Contraceptive counseling | | |  |  |  |
|  | Serving male clients | | |  |  |  |
| **Ever trained: Clinical staff only** | | | |  |  |  |
|  | Inserting and removing copper IUD | | |  |  |  |
|  | Inserting and removing hormonal IUD | | |  |  |  |
|  | Inserting and removing contraceptive implants | | |  |  |  |

Thank you for your time!

Please add any additional comments here:

Please mail the completed survey back or complete it online at:

<http://XXXXXinsert here >