## Attachment N-1. Online survey for Z-CAN physicians

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| **Online No.** | **No.** | **Question** | **Coding**  | **Skip to No.** |
| **1** | **1** | How many years has it been since you completed residency? | Less than 5 years 15-14 years 215-24 years 325 years of more 4 |  |
| **2** | **2** | On average, about how many female patients of reproductive age do you currently see per week?  | \_\_\_\_\_ female patients of reproductive age  |  |
| **3** | **3** | To approximately what percent of all your female patients of reproductive age do you provide family planning services? | 1-24% 125-49% 250-74% 375% or more 4 |  |
| **4** | **4** | Have you been trained in IUD insertion for women immediately postpartum? | No 1Yes 2 |  |
|  | ***The following questions focus on the implementation of the Z-CAN program in your clinic.*** |
| **5** | **5** | As part of the Z-CAN program, which contraceptive methods do you provide on-site in your clinic(s)?1. Hormonal IUD (Mirena, Skyla, Liletta)
2. Copper IUD (ParaGard)
3. Implant (Nexplanon)
4. Contraceptive injection (DepoProvera/DMPA)
5. Birth control pills
6. Contraceptive ring (Nuvaring)
7. Contraceptive patch (Xulane)
8. Condoms
9. Other\_\_\_\_\_\_\_\_\_\_\_\_
 | No 1Yes 2***Note- in the online survey, these questions will be formatted as a table*** |  |
| **6** | **6** | Since starting to provide Z-CAN services, how often are you able to provide these contraceptive methods **on the same day** that a patient requests it?1. Hormonal IUD
2. Copper IUD
3. Implant
4. Contraceptive injection
5. Birth control pills
6. Contraceptive ring
7. Contraceptive patch
8. Condoms
 |  Never 1 Rarely 2Sometimes 3Very often 4Always 5 |  |
| **7** | **7** | How long do you typically spend with a patient conducting patient-centered contraceptive counseling as part of the Z-CAN program? | Less than 5 minutes 15-10 minutes 211-20 minutes 3More than 20 minutes 4A clinic staff member provides patient-centered contraceptive counseling 5My clinic does not provide patient-centered contraceptive counseling 6 |  |
| **8** | **8** | Have any of your Z-CAN patients had to provide out-of-pocket payment for the contraceptive method they received? | No 1Yes 2 |  |
| **9** | **9** | Have any of your Z-CAN patients had to provide out-of-pocket payment for a Z-CAN service (contraceptive counseling, IUD or implant insertion or removal)? | No 1Yes 2 |  |
| **10** | **10** | In the past 60 days, has your clinic(s) been able to consistently maintain a supply of all reversible contraceptive methods on-site (e.g. IUD, implant, injectables, pills, patch, ring, condoms)?  | No 1Yes 2Not sure 3 | **2🡪12****3🡪12** |
| **11** | **11** | For which method(s) has your clinic(s) **NOT** been able to consistently maintain an on-site supply? (check all that apply)  | Hormonal IUD 1Copper IUD 2Implant 3Contraceptive injection 4Birth control pills 5Contraceptive ring 6Contraceptive patch 7Condoms 8 |  |
| **12** | **12** | Before starting to provide Z-CAN services, how often did you insert or provide contraception to postpartum women before hospital discharge? | Never 1Rarely 2Sometimes 3Very often 4Always 5 | **1🡪14** |
| **13** | **13** | Before starting to provide Z-CAN services, which method(s) were you able to consistently insert or provide to postpartum women before hospital discharge? (check all that apply) | Hormonal IUD 1Copper IUD 2Implant 3Contraceptive injection 4Progestin-only birth control pills 5Condoms 6 |  |
| **14** | **14** | Since starting to provide Z-CAN services, how often do you insert or provide contraception to postpartum women before hospital discharge? | Never 1Rarely 2Sometimes 3Very often 4Always 5 | **1🡪16** |
| **15** | **15** | Since starting to provide Z-CAN services, which method(s) have you been able to consistently insert or provide to postpartum women before hospital discharge? (check all that apply) | Hormonal IUD 1Copper IUD 2Implant 3Contraceptive injection 4Progestin-only birth control pills 5Condoms 6 |  |
| **16** | **16** | How satisfied are you with the following components of the Z-CAN program?a. Trainingb. Z-CAN toolkitc. Z-CAN promotion/community outreachd. On-going supporte. Product re-orderingf. Overall program |  Very dissatisfied 1 Dissatisfied 2Neutral 3Satisfied 4Very Satisfied 5 |  |
| **17** | **17** | Some Z-CAN physicians receive reimbursement from the Z-CAN program for providing contraceptive services. If your activities as a physician qualify you for reimbursement from the Z-CAN program, how satisfied are you with:a. Timeliness of reimbursements after your initial reimbursementb. Amount of reimbursement |  Very dissatisfied 1 Dissatisfied 2Neutral 3Satisfied 4Very Satisfied 5Not applicable, I don’t receive reimbursement from Z-CAN 6 |  |
| **18** | **18** | If you have had questions about an aspect of the Z-CAN program, were you able to have your questions answered by Z-CAN program staff in a timely manner?  | No 1Yes 2Not applicable 3 |  |
|  | ***The following questions ask about your practices and opinions related to providing contraception.***  |
| **19** | **19** | How safe do you consider the **hormonal IUD** to be for these groups of female patients:1. Adolescents?
2. Postpartum women?
3. Women with a history of a sexually transmitted disease?
4. Nulliparous women?
 | Safe 1Unsafe 2Don’t know 3***Note- in the online survey, these questions will be formatted as a table*** |  |
| **20** | **20** | How safe do you consider the **copper IUD** to be for these groups of female patients:1. Adolescents?
2. Postpartum women?
3. Women with a history of a sexually transmitted disease?
4. Nulliparous women?
 | Safe 1Unsafe 2Don’t know 3 |  |
| **21** | **21** | How safe do you consider the **implant** to be for these groups of female patients:1. Adolescents?
2. Women < 30 days postpartum (breastfeeding or non-breastfeeding)?
3. Women with hypertension?
4. Women with a history of deep venous thrombosis or pulmonary embolism?
 | Safe 1Unsafe 2Don’t know 3 |  |
| **22** | **22** | How safe do you consider **combined hormonal contraceptives** (pills, patch, ring) to be for the following groups of female patients:1. Adolescents?
2. Women < 30 days postpartum (breastfeeding or non-breastfeeding)?
3. Women with hypertension?
4. Women with a history of deep venous thrombosis or pulmonary embolism?
 | Safe 1Unsafe 2Don’t know 3 |  |
| **23** | **23** | 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 if you are reasonably certain she is not pregnant? a. Intrauterine devices (hormonal IUD or copper IUD)b. Implant c. Contraceptive injectiond. Combined hormonal contraceptives (pills, patch, ring)  | Safe 1Unsafe 2Don’t know 3 |  |
| **24** | **24** | State whether you think the following statements are true or false. a. The IUD and implant are the most effective forms of reversible contraception. b. IUDs can be inserted immediately after a woman gives birth.c. Patients must have a chlamydia test within the past three months for an IUD insertion.d. Patients must have a Pap smear within the past year for an IUD insertion.e. In an IUD user with pelvic inflammatory disease who is clinically well, the IUD should be removed | True 1False 2 |  |
| **25** | **25** | When discussing family planning with your Z-CAN patients, how often do you do the following? a. Assess the patient’s reproductive life plan (i.e., asked about her intentions regarding the number and timing of pregnancies in the context of her personal values and life goals)b. Discuss all contraceptive methods c. Use an informed consent for insertion of IUD or implants d. Inform women who choose an IUD or implant how they can have their device removede. Discuss condom use to prevent sexually transmitted diseasesf. Discuss the risks associated with Zika virus infection during pregnancy | Never 1Rarely 2Sometimes 3Very often 4Always 5 |  |
| **26-31** | **26** | When initiating the following contraceptive methods, please indicate if you or your practice(s) require these exams and tests for a healthy patient1. Hormonal IUD
2. Copper IUD
3. Implant
4. Contraceptive injection
5. Progestin-only birth control pills
6. Combined hormonal birth control pills, contraceptive ring or contraceptive patch
 | Pregnancy test No 1 Yes 2Blood pressure measurement No 1 Yes 2Clinical breast exam No 1 Yes 2Bimanual exam and cervical inspection No 1 Yes 2Cervical cytology (Pap smear)  No 1 Yes 2Chlamydia/ gonorrhea screening No 1 Yes 2 |  |
| **32** | **27** | How confident are you in the following skills:1. IUD insertion
2. IUD removal
3. Implant insertion
4. Implant removal
5. Patient-centered contraceptive counseling
 | No confidence 1Slight confidence 2Moderate confidence 3High confidence 4 |  |
| **33** | **28** | Do you routinely use ultrasound to:1. Assist with IUD insertion?
2. Verify IUD placement after insertion?
 | No 1 Yes 2 |  |
| **34** | **29** | Do you agree or disagree with this statement: Contraception is a key strategy to prevent Zika-related pregnancy complications among women who want to delay or avoid pregnancy.  | Strongly disagree 1Disagree 2Neutral 3Agree 4Strongly agree 5 |  |
| **35** | **30** | When you see a woman of reproductive age who wishes to delay or avoid pregnancy, how often do you discuss the following Zika prevention methods with her?1. Avoiding mosquitoes bites
2. Contraception
3. Condom use
 | Never 1Rarely 2Sometimes 3Very often 4Always 5 |  |
| **36** | **31** | How important to you are the following sources for staying informed about recommended clinical practices related to contraception? 1. Z-CAN provider updates (e.g, Z-CAN website, Z-CAN weekly newsletter, Z-CAN webinars)
2. Conferences, in-person meetings
3. Online continuing education activities
4. Discussions with colleagues
5. Clinic practice protocols
6. Journals
7. Online clinical resource for physicians (e.g., Up to Date, Epocrates)
8. Professional organization publications or notifications (e.g., ACOG, others)
9. Centers for Disease Control and Prevention (US Medical Eligibility Criteria for Contraceptive Use, US Selected Practice Recommendations)
10. Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | Very important 1 Somewhat important 2Not important 3 |  |
| **37** | **32** | Do you have any other comments or suggestions to improve the Z-CAN program? |  |  |
|  | *Thank you so much for participating in this survey and in the Z-CAN program. The Z-CAN program will use data from these surveys to improve the Z-CAN program experience in Puerto Rico. If you have any follow-up questions or ideas about the implementation of the Z-CAN program, please contact the Z-CAN program staff at INFO@ZCANPR.ORG.* |