

ATTACHMENT N-1. ONLINE SURVEY FOR Z-CAN PHYSICIANS

Form Approved
 OMB Number: 0920-XXXX
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Question No.	Order No.	Question	Coding	Skip to No.
1	1	How many years has it been since you completed residency?	Less than 5 years.....1 5-14 years.....2 15-24 years.....3 25 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 <u>all</u> your female patients of reproductive age do you provide family planning services?	1-24%.....1 25-49%.....2 50-74%.....3 75% or more.....4	
4	4	Have you been trained in IUD insertion for women immediately postpartum?	No1 Yes2	
<i>The following questions focus on the implementation of the Z-CAN program in your clinic.</i>				
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 _____	No1 Yes2 <i>Note- in the online survey, these questions will be formatted as a table</i>	

6	6	<p>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?</p> <ol style="list-style-type: none"> 1. Hormonal IUD 2. Copper IUD 3. Implant 4. Contraceptive injection 5. Birth control pills 6. Contraceptive ring 7. Contraceptive patch 8. Condoms 	<p>Never1 Rarely2 Sometimes3 Very often4 Always5</p>	
7	7	<p>How long do you typically spend with a patient conducting patient-centered contraceptive counseling as part of the Z-CAN program?</p>	<p>Less than 5 minutes.....1 5-10 minutes.....2 11-20 minutes.....3 More than 20 minutes.....4 A clinic staff member provides patient-centered contraceptive counseling.....5 My clinic does not provide patient-centered contraceptive counseling.....6</p>	
8	8	<p>Have any of your Z-CAN patients had to provide out-of-pocket payment for the contraceptive method they received?</p>	<p>No1 Yes2</p>	
9	9	<p>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)?</p>	<p>No1 Yes2</p>	
10	10	<p>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)?</p>	<p>No1 Yes2 Not sure.....3</p>	<p>2→12 3→12</p>
11	11	<p>For which method(s) has your clinic(s) NOT been able to consistently maintain an on-site supply? (check all that apply)</p>	<p>Hormonal IUD.....1 Copper IUD2 Implant.....3</p>	

			Contraceptive injection4 Birth control pills5 Contraceptive ring.....6 Contraceptive patch.....7 Condoms.....8	
12	12	Before starting to provide Z-CAN services, how often did you insert or provide contraception to postpartum women before hospital discharge?	Never1 Rarely2 Sometimes3 Very often4 Always5	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.....1 Copper IUD2 Implant.....3 Contraceptive injection4 Progestin-only birth control pills5 Condoms.....6	
14	14	Since starting to provide Z-CAN services, how often do you insert or provide contraception to postpartum women before hospital discharge?	Never1 Rarely2 Sometimes3 Very often4 Always5	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.....1 Copper IUD2 Implant.....3 Contraceptive injection4 Progestin-only birth control pills5 Condoms.....6	
16	16	How satisfied are you with the following components of the Z-CAN program? a. Training b. Z-CAN toolkit c. Z-CAN promotion/community outreach	Very dissatisfied1 Dissatisfied.....2 Neutral.....3 Satisfied.....4 Very Satisfied5	

		<p>d. On-going support</p> <p>e. Product re-ordering</p> <p>f. Overall program</p>		
17	17	<p>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:</p> <p>a. Timeliness of reimbursements after your initial reimbursement</p> <p>b. Amount of reimbursement</p>	<p>Very dissatisfied1</p> <p>Dissatisfied.....2</p> <p>Neutral.....3</p> <p>Satisfied.....4</p> <p>Very Satisfied5</p> <p>Not applicable, I don't receive reimbursement from Z-CAN6</p>	
18	18	<p>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?</p>	<p>No1</p> <p>Yes2</p> <p>Not applicable3</p>	
<p><i>The following questions ask about your practices and opinions related to providing contraception.</i></p>				
19	19	<p>How safe do you consider the hormonal IUD to be for these groups of female patients:</p> <p>1. Adolescents?</p> <p>2. Postpartum women?</p> <p>3. Women with a history of a sexually transmitted disease?</p> <p>4. Nulliparous women?</p>	<p>Safe.....1</p> <p>Unsafe2</p> <p>Don't know3</p> <p><i>Note- in the online survey, these questions will be formatted as a table</i></p>	
20	20	<p>How safe do you consider the copper IUD to be for these groups of female patients:</p> <p>1. Adolescents?</p> <p>2. Postpartum women?</p> <p>3. Women with a history of a sexually transmitted disease?</p> <p>4. Nulliparous women?</p>	<p>Safe.....1</p> <p>Unsafe2</p> <p>Don't know3</p>	

21	21	<p>How safe do you consider the implant to be for these groups of female patients:</p> <ol style="list-style-type: none"> 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? 	<p>Safe.....1 Unsafe2 Don't know3</p>	
22	22	<p>How safe do you consider combined hormonal contraceptives (pills, patch, ring) to be for the following groups of female patients:</p> <ol style="list-style-type: none"> 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? 	<p>Safe.....1 Unsafe2 Don't know3</p>	
23	23	<p>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?</p> <ol style="list-style-type: none"> a. Intrauterine devices (hormonal IUD or copper IUD) b. Implant c. Contraceptive injection d. Combined hormonal contraceptives (pills, patch, ring) 	<p>Safe1 Unsafe.....2 Don't know3</p>	
24	24	<p>State whether you think the following statements are true or false.</p> <ol style="list-style-type: none"> a. The IUD and implant are the most effective forms of reversible contraception. b. IUDs can be inserted 	<p>True1 False.....2</p>	

		<p>immediately after a woman gives birth.</p> <p>c. Patients must have a chlamydia test within the past three months for an IUD insertion.</p> <p>d. Patients must have a Pap smear within the past year for an IUD insertion.</p> <p>e. In an IUD user with pelvic inflammatory disease who is clinically well, the IUD should be removed</p>		
25	25	<p>When discussing family planning with your Z-CAN patients, how often do you do the following?</p> <p>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)</p> <p>b. Discuss all contraceptive methods</p> <p>c. Use an informed consent for insertion of IUD or implants</p> <p>d. Inform women who choose an IUD or implant how they can have their device removed</p> <p>e. Discuss condom use to prevent sexually transmitted diseases</p> <p>f. Discuss the risks associated with Zika virus infection during pregnancy</p>	<p>Never1</p> <p>Rarely2</p> <p>Sometimes3</p> <p>Very often4</p> <p>Always5</p>	
26-31	26	<p>When initiating the following contraceptive methods, please indicate if you or your practice(s) <u>require</u> these exams and tests for a healthy patient</p> <ol style="list-style-type: none"> 1. Hormonal IUD 2. Copper IUD 3. Implant 4. Contraceptive injection 	<p>Pregnancy test</p> <p>No1</p> <p>Yes2</p> <p>Blood pressure measurement</p> <p>No1</p> <p>Yes2</p> <p>Clinical breast exam</p>	

		<p>5. Progestin-only birth control pills</p> <p>6. Combined hormonal birth control pills, contraceptive ring or contraceptive patch</p>	<p>No1</p> <p>Yes2</p> <p>Bimanual exam and cervical inspection</p> <p>No1</p> <p>Yes2</p> <p>Cervical cytology (Pap smear)</p> <p>No1</p> <p>Yes2</p> <p>Chlamydia/ gonorrhea screening</p> <p>No1</p> <p>Yes2</p>	
32	27	<p>How confident are you in the following skills:</p> <p>1. IUD insertion</p> <p>2. IUD removal</p> <p>3. Implant insertion</p> <p>4. Implant removal</p> <p>5. Patient-centered contraceptive counseling</p>	<p>No confidence1</p> <p>Slight confidence.....2</p> <p>Moderate confidence3</p> <p>High confidence4</p>	
33	28	<p>Do you routinely use ultrasound to:</p> <p>1. Assist with IUD insertion?</p> <p>2. Verify IUD placement after insertion?</p>	<p>No1</p> <p>Yes2</p>	
34	29	<p>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.</p>	<p>Strongly disagree1</p> <p>Disagree.....2</p> <p>Neutral.....3</p> <p>Agree.....4</p> <p>Strongly agree5</p>	
35	30	<p>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?</p> <p>1. Avoiding mosquitoes bites</p> <p>2. Contraception</p> <p>3. Condom use</p>	<p>Never1</p> <p>Rarely.....2</p> <p>Sometimes.....3</p> <p>Very often4</p> <p>Always5</p>	

36	31	<p>How important to you are the following sources for staying informed about recommended clinical practices related to contraception?</p> <ol style="list-style-type: none"> 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): <hr style="width: 20%; margin-left: 20px;"/> <hr style="width: 20%; margin-left: 20px;"/> 	<p>Very important.....1 Somewhat important.....2 Not important3</p>	
37	32	<p>Do you have any other comments or suggestions to improve the Z-CAN program?</p>		
<p><i>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.</i></p>				