

ATTACHMENT N-3. ONLINE SURVEY FOR Z-CAN CLINIC STAFF

Form Approved OMB Number: 0920-XXXX Expiration Date: XX/XX/XXXX

No.	Question	Coding	Skip
1	What is your role in the clinic?	Nurse.....1 Medical assistant or nurse's aide.....2 Health educator.....3 Other staff _____.....4	
2	How many years has it been since you completed your most recent clinical training (e.g., nursing school, other schooling)?	Less than 5 years.....1 5-14 years.....2 15-24 years.....3 25 years of more.....4 I have not completed any clinical training5	
3	On average, about how many female patients of reproductive age are seen at your clinic per week?	___ female patients of reproductive age	
4	To approximately what percent of <u>all</u> of 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	
<p><i>The following questions focus on the implementation of the Z-CAN program in your clinic.</i></p>			
5	Currently, through the Z-CAN program, which contraceptive methods are provided at your clinic on-site? 1. Hormonal IUD (Mirena, Skyla, Liletta) 2. Copper IUD (ParaGard) 3. Implant (Nexplanon) 4. Contraceptive shot/injection (DepoProvera)	No1 Yes2 <i>Note- in the online survey, these questions will be formatted as a table</i>	

	5. Birth control pills 6. Contraceptive ring (Nuvaring) 7. Contraceptive patch (Xulane) 8. Condoms 9. Other _____		
6	Since your clinic started to provide Z-CAN services, how often are patients able to receive these contraceptive methods on the same day that they request it? 1. Hormonal IUD 2. Copper IUD 3. Implant 4. Contraceptive injection 5. Birth control pills 6. Contraceptive ring 7. Contraceptive patch 8. Condoms	Never1 Rarely2 Sometimes3 Very often4 Always5	
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.....1 5-10 minutes.....2 11-20 minutes.....3 More than 20 minutes.....4 I don't provide patient-centered contraceptive counseling.....5	
8	Have any of your Z-CAN patients had to provide out-of-pocket payment for the contraceptive method they received?	No1 Yes2	
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)?	No1 Yes2	
10	In the past 60 days, has your clinic been able to consistently maintain a supply of all reversible contraceptive methods on-site (e.g. IUD, implant, injectables, pills, patch, ring, condoms)?	No1 Yes2 Not sure.....3	2→12 3→12
11	For which method(s) has your clinic NOT	Hormonal IUD.....1	

	been able to consistently maintain an on-site supply? (check all that apply)	Copper IUD2 Implant.....3 Contraceptive injection4 Birth control pills5 Contraceptive ring.....6 Contraceptive patch.....7 Condoms.....8	
12	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 d. On-going support e. Product re-ordering f. Overall program	Very dissatisfied1 Dissatisfied.....2 Neutral.....3 Satisfied.....4 Very Satisfied5	
13	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?	No1 Yes2 Not applicable3	
<i>The following questions ask about your practices and opinions related to providing contraception.</i>			
14	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.....1 Unsafe2 Don't know3 <i>Note- in the online survey, these questions will be formatted as a table</i>	
15	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.....1 Unsafe2 Don't know3	

16	<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>	
17	<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>	
18	<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>	
19	<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 immediately after a woman gives birth. c. Patients must have a chlamydia test within the past three months 	<p>True1 False.....2</p>	

	<p>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>		
20	<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>Not often.....2</p> <p>Often3</p> <p>Very often4</p>	
21	<p>When initiating the following contraceptive methods, please indicate if you or your clinic require 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 5. Progestin-only birth control pills 6. Combined hormonal birth control pills, contraceptive ring or contraceptive patch 	<p>Pregnancy test</p> <p>No1</p> <p>Yes2</p> <p>Blood pressure</p> <p>No1</p> <p>Yes2</p> <p>Clinical breast exam</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>	

		Yes2 Chlamydia/ gonorrhea screening No1 Yes2	
22	How confident are you in the following skills: 1. Giving injections 2. Patient-centered contraceptive counseling	No confidence1 Slight confidence.....2 Moderate confidence3 High confidence4	
23	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 disagree1 Disagree.....2 Neutral.....3 Agree.....4 Strongly agree5	
24	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	Never1 Rarely.....2 Sometimes.....3 Very often4 Always5	
25	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.