

Health Center Youth Survey

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Youth Survey

This survey asks questions about things that happened during today's visit. This survey is voluntary. That means you do not have to take it. You also can answer some questions and not others. If you decide not to take the survey, it will not have an effect on the services that you get at this clinic. Your answers to these questions will be private. That means no one will know your answers. To help us keep your answers private, please do not write your name on this survey. Clinic staff refers to all staff you saw today –front desk staff, doctors, counselors and nurses.

1. Is this your first visit to this clinic?
 No Yes
2. How did you hear about this clinic? (Check all that apply)
 Friend
 Parent
 Adult at school
 Which school? _____
 Handout, flier, or poster
 Website
 Which website? _____
 Social media (Facebook, twitter)
 [add list of grantee outreach efforts]
 Other
 Please specify _____
 Not sure
3. What caused you to come to the clinic today? (check all that apply)
 Sick or hurt
 Needed a check-up or a shot
 Needed birth control
 Sports physical
 Other: _____
4. Was it easy to make an appointment?
 No Yes
 I did not make an appointment.
If NO, what would make it easier?

5. Is the clinic open at times that make it easy for you to come in for a visit?
 No Yes
If NO, would you prefer the clinic was: (check all that apply)
 Open earlier
 Open later
 Open more weekend hours
6. How long did you wait before seeing your doctor or nurse? _____ minutes
6a. Did you think this was too long to wait?
 No Yes
7. Did the clinic staff treat you with respect?
 No Mostly Yes
8. Did the clinic staff listen carefully to what you had to say?
 No Mostly Yes
9. Did the clinic staff talk to you using words that you understood?
 No Mostly Yes
10. If you are 15 to 17 years old, did you have time alone with your doctor or nurse without your parent/guardian in the room?
 No Yes
 I'm 18 years or older (Go to question 12)
11. Did clinic staff tell you about your right to get sexual health care (for example, get birth control) without needing permission from a parent or guardian?
 No Yes
12. Did clinic staff tell you about the clinic's rules about keeping your information private?
 No Yes
13. Did a doctor or nurse talk to you today about whether you are or have been sexually active?
 No Yes
14. Did you receive information today about preventing sexually transmitted infections?
 No Yes

The following questions are about today's visit.

15. Did you receive information today about birth control?
 No (Go to question 26)
 Yes
16. Did you get all of the information that you needed about your birth control options today?
 No
 Mostly, but I still had a few questions
 Yes
17. Did any staff person describe contraceptive implants or IUDs today?
 Gave a lot of information about implants and/or IUDs
 Mentioned implants and/or IUDs.
 Did not mention implants or IUDs.
18. Did you receive information about the importance of using a condom and birth control at the same time to prevent pregnancy and sexually transmitted infections?
 No Yes
19. Do you trust the information about birth control that you received today?
 No Yes

Questions 21-26 are only for females.

20. Are you:
 Female (Go to question 21)
 Male (Go to question 27)
21. During your visit today, did you choose a type of birth control?
 No (If NO, go to question 26)
 Yes
22. What type of birth control did you choose today? (Check all that apply.)
 Condoms
 Birth control pills, patch, or ring
 Shot (such as Depo-Provera®)
 Implant (such as Implanon®)
 IUD (such as Mirena®, ParaGard® or Skyla®)
 Other: _____

23. Have you used this type of birth control before?
 No Yes
24. Did you feel you could freely choose the birth control you wanted today?
 No Mostly Yes
25. Who chose your method of birth control today?
 I chose the method.
 My doctor or nurse and I chose it together.
 My doctor or nurse chose the method.
26. Did clinic staff tell you that you could call or come back to the clinic if you have questions about your birth control?
 No Yes

Thinking about your overall experience today, please answer the following three questions.

27. If you needed to see a doctor again, would you come back to this clinic?
 No Probably Yes, definitely
28. Would you tell your friends and others your age that they should come to this clinic?
 No Probably Yes, definitely

29. How can we make your next clinic visit better?

