


# HEALTH CENTER YOUTH SURVEY

SS#1



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## Health Center Youth Survey

Health Center and Practice Setting:

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SS#2

## 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)  
 Rape Crisis Center of the Coastal Empire  
 Frank Callen Boys & Girls Club  
 Greenbriar Children's Center  
 Build a Bridge Foundation  
 Chatham County Juvenile Court  
 Savannah Technical College  
 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:  
[ ]

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4. Was it easy to make an appointment?

- No
- Yes
- I did not make an appointment

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SS#5

What would make it easier? (Type your response in the box below)

SS#6

5. Is the clinic open at times that make it easy for you to come in for a visit?

No  
 Yes

SS#7

5a. Would you prefer the clinic was: (check all that apply)

- Open earlier
- Open later
- Open more weekend hours

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The following questions are about today's visit.

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

SS#9

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

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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

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SS#11

12. Did clinic staff tell you about the clinic's rules about keeping your information private?

No  
 Yes

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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

15. Did you receive information today about birth control?

- No
- Yes

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SS#13

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

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SS#14

20. Are you:

Female  
 Male

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SS#15

21. During your visit today, did you choose a type of birth control?

No  
 Yes

SS#16

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.

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This is the end of the survey. If you would like to review or change your response(s) click the Previous button now. Otherwise, click the Next button and you will submit and exit the survey.

27. If you needed to see a doctor again, would you come back to this clinic?

No  
 Probably  
 Yes, definitely

28. Would you tell 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?

SS#20