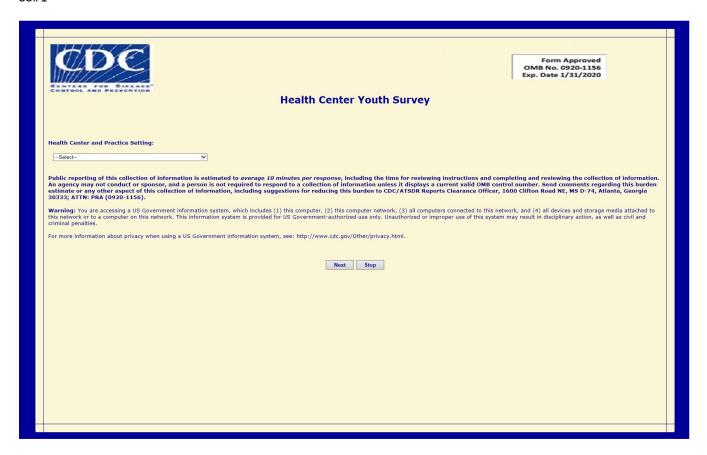
HEALTH CENTER YOUTH SURVEY

SS#1

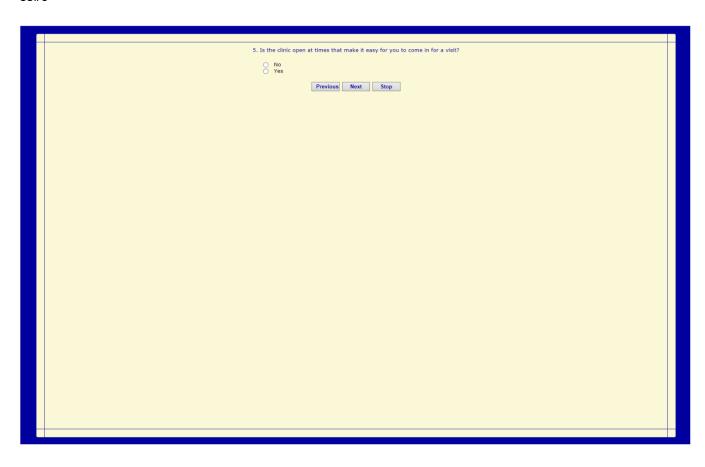




| 1. Is this your first visit to this clinic? |
|---|
| ○ No |
| O Yes |
| 2. How did you hear about this clinic? (Check all that apply) |
| Friend |
| Parent Adult at school (Which school?) |
| Handout, flier, or poster |
| Handout, flier, or poster Website (Which website?) |
| □ Social media (Facebook, twitter) □ Rape Crisis Center of the Coastal Empire |
| Frank Callen Boys & Girls Club |
| Build a Bridge Foundation |
| Chatham County Junveile 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? |
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| O No |
| ○ No ○ Yes ○ I did not make an appointment |
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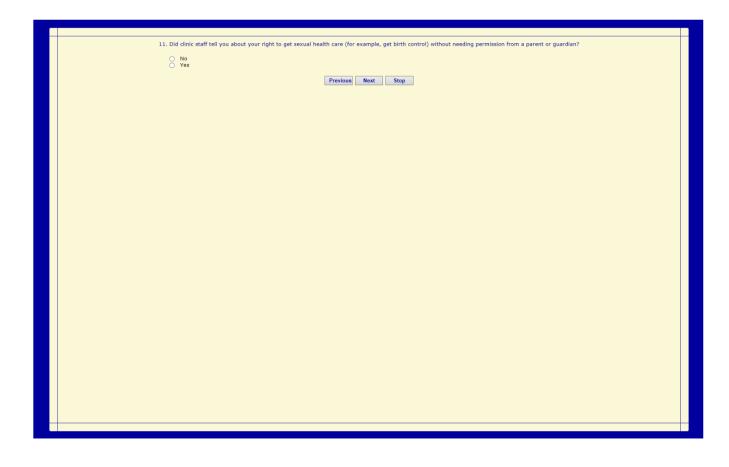
| П | What would make it easier? (Type your response in the box below) |
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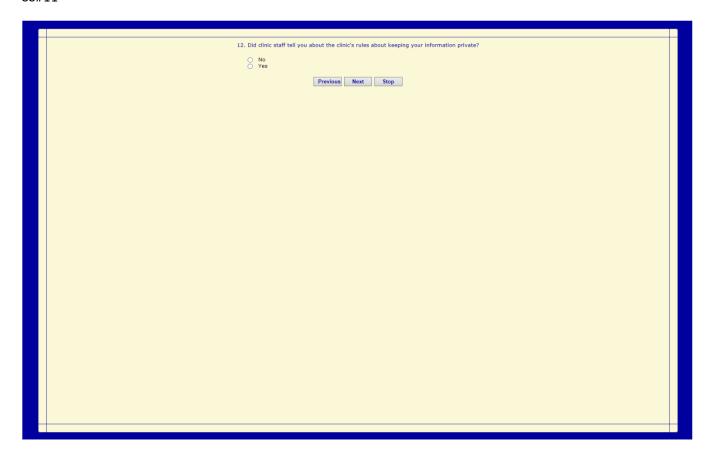


| Sa. Would you prefer the clinic was: (check all that apply) |
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| Open earlier Open later Open more weekend hours |
| Open more weekend hours |
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| The following questions are about today's visit. |
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| 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? |
| Na Na Mostly Ves |
| 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 |
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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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| 16. Did you get all of the information that you needed about your birth contro | l 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? | |
| O No O Yes | |
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| 2.1. During your visit today, did you choose a type of birth control? No Yes Previous Next Stop | |
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| 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®) IDD (such as Hirena®, ParaGard® or Skyla®) Other: |
| 23. Have you used this type of birth control before? |
| O No O 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? |
| O No O Yes |
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| | 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. |
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| 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? | |
| O No | |
| Probably Yes, definitely | |
| 29. How can we make your next clinic visit better? | |
| 22 FOR CALL PER HARE YOU HEAR CHIEF YAR DECKET. | |
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