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Form Approved
OMB Number: 0920-0969
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2018–2019 SURVEY of HEALTH CARE PROVIDERS about FAMILY PLANNING ATTITUDES and PRACTICES

Be assured that your responses will be maintained in a secure manner. This survey has been approved by the Centers for Disease Control and Prevention as non-research public health practice.

Please **return this survey within 21** days using the enclosed business reply mail envelope. You may also complete the survey online (*see instructions below*).

To determine if you are eligible to participate in this survey, please answer the following question:

On average, do you provide family planning services* to at least two women of reproductive age per week?

☐ Yes → Please continue and complete the survey.

☐ No → Stop here and return the survey so we can remove you from our list. Thank you for your time.

* For the purpose of this survey, a **family planning service** is any service related to postponing or preventing pregnancy. Family planning services may include a medical examination related to provision of a method, contraceptive counseling, method prescription, or supply visits. *A patient may receive a family planning service even if the primary purpose of the visit is not for contraception.*

Please answer the questions as they relate to you, your patients, and the practice or health center where you are receiving this survey.

- This survey is estimated to take, on average, 15 minutes to complete.
- Do not consult any source of clinical guidance when answering the questions.
- Results will only be released in summary form.
- Thank you for returning this survey within 21 days.

To complete the survey online, visit: www.insertwebsitehere.com

Only authorized users may complete the survey. The web survey is conducted from a secure https (SSL) service using the same type of internet security as is used for handling credit card transactions. If you have any problems accessing or completing the survey, please contact [insert email here]. To access the survey:

Your username is: [insert here]
Your password is: [insert here]

Insert Survey ID Here

I. PROVIDER, PATIENT and PRACTICE/ HEALTH CENTER CHARACTERISTICS

1. Which of the following describes the setting of this practice/health center? *(select all that apply)*

- Community health center ☐
- Family planning clinic ☐
- Health department (state or local) ☐
- HMO or Hospital-based clinic ☐
- Planned Parenthood affiliate ☐
- Private practice ☐
- Other (please specify)_____ ☐

2. Which best describes the area that your practice/health center serves? *(select one)*

- Mostly rural ☐
- Mostly urban/suburban ☐
- Combination of rural and urban/suburban ☐

3. What is your role as a health care provider? *(select one)*

- Certified nurse midwife ☐
- Nurse practitioner ☐
- Nurse ☐
- Physician ☐
- Physician assistant ☐
- Other (please specify) _____ ☐

4. What is your primary clinical focus at this practice/health center? *(select one)*

- Adolescent health or pediatrics ☐
- Family medicine ☐
- Obstetrics/gynecology or family planning/reproductive health ☐
- Primary (general health) care ☐
- Preventive medicine or public health ☐
- Other (please specify) _____ ☐

5. How many years has it been since you completed your most recent formal clinical training (e.g., nursing school, residency, clinical fellowship, practicum)?

- Less than 5 years ☐
- 5-14 years ☐
- 15-24 years ☐
- 25 or more years ☐

6. What is your gender?

- Male ☐
- Female ☐

7. On average, how many female patients of reproductive age do you see per week? _____

8. To approximately what percent of your female patients of reproductive age do you provide family planning services? *(select one)*

- 1-24% ☐
- 25-49% ☐
- 50-74% ☐
- 75% or more ☐

9. Approximately what percent of your female patients of reproductive age have the following characteristics? If unsure, give your best estimate.

		0-24%	25-49%	≥50%
a.	Pay for their visit using Medicaid or other state or federal assistance?	☐	☐	☐
b.	Are racial or ethnic minorities?	☐	☐	☐
c.	Have limited English proficiency?	☐	☐	☐
d.	Are adolescents?	☐	☐	☐
e.	Are pregnant or ≤6 weeks postpartum?	☐	☐	☐

10. Have you been trained in the insertion of the following contraceptive methods for women during routine care?

		Yes	No
a.	Copper intrauterine device (Cu-IUD or ParaGard®)?	☐	☐
b.	Levonorgestrel-releasing intrauterine device (LNG-IUD or Mirena®, Skyla®, Liletta®, or Kyleena®)?	☐	☐
c.	Contraceptive implant (Nexplanon®)?	☐	☐

11. Have you been trained in the insertion of the following contraceptive methods for women immediately postpartum?

		Yes	No
a.	Copper intrauterine device (Cu-IUD or ParaGard®)?	☐	☐
b.	Levonorgestrel-releasing intrauterine device (LNG-IUD or Mirena®, Skyla®, Liletta®, or Kyleena®)?	☐	☐

**Use of trade names and commercial sources is for identification only and does not imply endorsement by the U.S. Department of Health and Human Services*

II. CONTRACEPTIVE METHOD AVAILABILITY

12. For each method of contraception, please indicate if it is directly available from a provider or onsite source, prescribed/recommended to obtain off-site, patients are referred offsite to other providers, or if it is not available to patients in your practice/health center. ***(in each row, select all that apply)***

		Directly available onsite	Prescribed/ recommended	Referred offsite to other providers	Not available onsite, or by prescription or referral	Don't Know
a.	LNG-IUD (Mirena®, Skyla®, Liletta®, or Kylena®)?	☐	☐	☐	☐	☐
b.	Cu-IUD (ParaGard®)	☐	☐	☐	☐	☐
c.	Implant (Nexplanon®)	☐	☐	☐	☐	☐
d.	Combined oral contraceptives (COCs)	☐	☐	☐	☐	☐
e.	Progestin-only oral pills (POPs)	☐	☐	☐	☐	☐
f.	Injectable (DMPA or Depo-Provera®)	☐	☐	☐	☐	☐
g.	Patch (Ortho Evra®, Xulane®)	☐	☐	☐	☐	☐
h.	Vaginal ring (NuvaRing®)	☐	☐	☐	☐	☐
i.	Diaphragm	☐	☐	☐	☐	☐
j.	Male condom	☐	☐	☐	☐	☐
k.	Female condom	☐	☐	☐	☐	☐
l.	Instruction on fertility awareness-based methods	☐	☐	☐	☐	☐
m.	Ulipristal acetate (UPA) emergency contraceptive pills (Ella®)	☐	☐	☐	☐	☐
n.	Levonorgestrel (LNG) emergency contraceptive pills (e.g., Plan B®)	☐	☐	☐	☐	☐
o.	Cu-IUD (ParaGard®) as emergency contraception	☐	☐	☐	☐	☐

III. HEALTH CARE PROVIDER ATTITUDES

Please answer the following questions as they relate to your attitudes when providing family planning services.

13. How safe do you consider combined oral contraceptives (COCs) to be for the following groups?

		Safe	Unsafe	Don't know
a.	Breastfeeding women ≥ 1 month postpartum without other risk factors for venous thromboembolism (VTE)	☐	☐	☐
b.	Smokers 35 years of age or older	☐	☐	☐
c.	Women with migraine without aura (including menstrual migraine)	☐	☐	☐
d.	Women with migraine with aura	☐	☐	☐
e.	Women at high risk for HIV	☐	☐	☐

14. How safe do you consider DMPA (Depo-Provera®) to be for the following groups?

		Safe	Unsafe	Don't know
a.	Breastfeeding women <1 month postpartum	☐	☐	☐
b.	Women at high risk for HIV	☐	☐	☐
c.	Women with complicated diabetes (i.e., nephropathy, retinopathy, neuropathy, other vascular disease or diabetes of >20 years' duration)	☐	☐	☐

15. How safe do you consider intrauterine devices (Cu-IUD or LNG-IUD) to be for the following groups?

		Safe	Unsafe	Don't know
a.	Adolescents	☐	☐	☐
b.	Immediately postpartum women (less than 10 minutes after delivery of placenta)	☐	☐	☐
c.	Postpartum women (10 minutes after delivery of placenta to less than 4 weeks postpartum)	☐	☐	☐
d.	Nulliparous women	☐	☐	☐
e.	Women at high risk for HIV	☐	☐	☐

16. For each of the following contraceptive methods, how safe do you think it is to start an ADOLESCENT on the day of her visit regardless of the timing of her menses ('Quick Start') if you are reasonably certain she is not pregnant?

		ADOLESCENT		
		Safe	Unsafe	Don't know
a.	Combined hormonal contraceptives (COCs, patch, ring)	☐	☐	☐
b.	DMPA	☐	☐	☐
c.	Contraceptive implant	☐	☐	☐
d.	Intrauterine devices (Cu-IUD or LNG-IUD)	☐	☐	☐

17. For each of the following contraceptive methods, how safe do you think it is to start an ADULT WOMAN on the day of her visit regardless of the timing of her menses ('Quick Start') if you are reasonably certain she is not pregnant?

		ADULT WOMAN		
		Safe	Unsafe	Don't know
a.	Combined hormonal contraceptives (COCs, patch, ring)	☐	☐	☐
b.	DMPA	☐	☐	☐
c.	Contraceptive implant	☐	☐	☐
d.	Intrauterine devices (Cu-IUD or LNG-IUD)	☐	☐	☐

18. For each of the following scenarios, which types(s) of emergency contraception (EC) would you offer, if readily available? ***(select all that apply)***

		Cu-IUD	UPA EC pills (Ella®)	LNG EC pills (e.g., Plan B®)	Don't Know
a.	A female who had unprotected intercourse 2 days ago	☐	☐	☐	☐
b.	A female who had unprotected intercourse 4 days ago	☐	☐	☐	☐
c.	An obese female (BMI 32 kg/m^2) who had unprotected intercourse 2 days ago	☐	☐	☐	☐

IV. HEALTH CARE PROVIDER PRACTICES

Please answer the following questions as they relate to your (or your clinical team's) practices when providing family planning services.

19. In the past month, when counseling your typical female patient of reproductive age on family planning, how often have you (or your clinical team) done the following?

		Very often	Often	Not often	Never
a.	Assessed the patient's reproductive life plan (i.e., asked about their intentions regarding the number and timing of pregnancies in the context of their personal values and life goals)	☐	☐	☐	☐
b.	Elicited the patient's preferences regarding contraception	☐	☐	☐	☐
c.	Presented information regarding potential contraceptive methods based on the patient's preferences regarding contraception	☐	☐	☐	☐
d.	Presented information regarding potential contraceptive methods with the most effective methods presented first (tiered approach)	☐	☐	☐	☐
e.	Helped the patient consider other important factors about potential contraceptive methods, such as possible side effects	☐	☐	☐	☐
f.	Helped the patient think about potential barriers to using their selected method(s) correctly and developed a plan to deal with these barriers	☐	☐	☐	☐
g.	Counseled on the full range of contraceptive choices	☐	☐	☐	☐
h.	Counseled on how to obtain emergency contraception	☐	☐	☐	☐
i.	Counseled on condom use to prevent STDs	☐	☐	☐	☐

20. Do patients in your practice/health center routinely undergo a urine pregnancy test before starting a contraceptive method?

Yes	☐
No	☐

21. In the past year, how often have you (or your clinical team) provided intrauterine devices (Cu-IUDs or LNG-IUD) to nulliparous women?

Very often or often	☐ →	**Go to question #22.**
Not often or never	☐ →	**Please indicate why.** ***(select all that apply)***

a.	*I rarely have nulliparous women as patients*	☐
b.	*IUDs are generally unavailable in my practice/health center*	☐
c.	*I am concerned about the safety of IUDs for nulliparous women*	☐
d.	*I am concerned about the effects on future fertility*	☐
e.	*I am concerned about difficult insertion*	☐
f.	*I am not trained in IUD insertion*	☐
g.	*My nulliparous patients generally prefer a different method*	☐
h.	*My practice/health center protocol does not allow it*	☐
i.	*Cost barriers prevent me from providing IUDs to nulliparous women*	☐
j.	*Other reasons (please specify)*_____	☐

22. How often do you (or your clinical team) use the following medications during or prior to IUD insertion? ***(if IUDs are not offered/not available in your practice/health center, please mark the appropriate box)***

		Routinely use	Sometimes use	Never use
☐ IUDs not offered/not available → **Go to question #23.**				
a.	Misoprostol for nulliparous women	☐	☐	☐
b.	Misoprostol for parous women	☐	☐	☐
c.	Misoprostol for women with a recent failed insertion	☐	☐	☐
d.	Nonsteroidal anti-inflammatory drugs (NSAIDs)	☐	☐	☐
e.	Paracervical block with lidocaine	☐	☐	☐
f.	Other pain medication	☐	☐	☐

23. How confident are you performing the following procedures?

		Confident	Somewhat confident	Not confident
a.	Routine IUD insertion in a parous woman	☐	☐	☐
b.	Routine IUD insertion in a nulliparous woman	☐	☐	☐
c.	Routine IUD removal	☐	☐	☐
d.	Routine implant insertion	☐	☐	☐
e.	Routine implant removal	☐	☐	☐

24. In the past year, how often have you (or your clinical team) done the following?

		Very often	Often	Not often	Never
a.	Provided an advance prescription for emergency contraception (EC) to a woman not specifically seeking EC	☐	☐	☐	☐
b.	Provided an advance supply of EC to a woman not specifically seeking EC	☐	☐	☐	☐
c.	Provided or prescribed a contraceptive at the same time you provided EC	☐	☐	☐	☐
d.	Provided a Cu-IUD as EC	☐	☐	☐	☐

25. Before initiating the following contraceptive methods, please indicate if you or your practice/health center require the following exams and tests for a healthy patient. ***(Many of these exams and tests are appropriate for preventive health care. Here we are asking about exams and tests that are required related to safe initiation of a contraceptive method. If the method is not offered/not available in your practice/health center, please mark the appropriate box.)***

	Required	Not Required
I. COCs/patch/ring		
☐ Not available onsite or by prescription or referral → **Go to question #25(II).**		
a. Blood pressure	☐	☐
b. Clinical breast exam	☐	☐
c. Bimanual exam and cervical inspection	☐	☐
d. Cervical cytology (Pap smear)	☐	☐
e. Chlamydia/gonorrhea screening	☐	☐
II. Progestin-only pills (POPs)		
☐ Not available onsite or by prescription or referral → **Go to question #25(III).**		
a. Blood pressure	☐	☐
b. Clinical breast exam	☐	☐
c. Bimanual exam and cervical inspection	☐	☐
d. Cervical cytology (Pap smear)	☐	☐
e. Chlamydia/gonorrhea screening	☐	☐
III. DMPA		
☐ Not available onsite or by prescription or referral → **Go to question #25(IV).**		
a. Blood pressure	☐	☐
b. Clinical breast exam	☐	☐
c. Bimanual exam and cervical inspection	☐	☐
d. Cervical cytology (Pap smear)	☐	☐
e. Chlamydia/gonorrhea screening	☐	☐
IV. Implant		
☐ Not available onsite or by prescription or referral → **Go to question #25(V).**		
a. Blood pressure	☐	☐
b. Clinical breast exam	☐	☐
c. Bimanual exam and cervical inspection	☐	☐
d. Cervical cytology (Pap smear)	☐	☐
e. Chlamydia/gonorrhea screening	☐	☐
V. Intrauterine device (Cu-IUD or LNG-IUD)		
☐ Not available onsite or by prescription or referral → **Go to question #26.**		
a. Blood pressure	☐	☐
b. Clinical breast exam	☐	☐
c. Bimanual exam and cervical inspection	☐	☐
d. Cervical cytology (Pap smear)	☐	☐
e. Chlamydia/gonorrhea screening	☐	☐

26. In the past year, when providing or prescribing combined hormonal contraceptives (COCs, patch, ring), how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(26A) ADOLESCENTS

Very often or often ☐ → **Go to question #26B**

Not often or never ☐ → **Please indicate why.** ***(select all that apply)***

- **a.** *I do not think it is safe* ☐
- **b.** *I have liability concerns* ☐
- **c.** *I do not have enough training* ☐
- **d.** *I do not think it is appropriate for adolescents* ☐
- **e.** *My practice/health center protocol does not allow it* ☐
- **f.** *Other (please specify)* _____ ☐

(26B) ADULTS

Very often or often ☐ → **Go to question #27**

Not often or never ☐ → **Please indicate why.** ***(select all that apply)***

- **a.** *I do not think it is safe* ☐
- **b.** *I have liability concerns* ☐
- **c.** *I do not have enough training* ☐
- **d.** *I do not think it is appropriate for adults* ☐
- **e.** *My practice/health center protocol does not allow it* ☐
- **f.** *Other (please specify)* _____ ☐

27. In the past year, when providing DMPA, how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(27A) ADOLESCENTS

Very often or often ☐ → **Go to question #27B**

Not often or never ☐ → **Please indicate why.** ***(select all that apply)***

- **a.** *I do not think it is safe* ☐
- **b.** *I have liability concerns* ☐
- **c.** *I do not have enough training* ☐
- **d.** *I do not think it is appropriate for adolescents* ☐
- **e.** *My practice/health center protocol does not allow it* ☐
- **f.** *Other (please specify)* _____ ☐

(27B) ADULTS

Very often or often ☐ → **Go to question #28**

Not often or never ☐ → **Please indicate why.** ***(select all that apply)***

- **a.** *I do not think it is safe* ☐
- **b.** *I have liability concerns* ☐
- **c.** *I do not have enough training* ☐
- **d.** *I do not think it is appropriate for adults* ☐
- **e.** *My practice/health center protocol does not allow it* ☐
- **f.** *Other (please specify)* _____ ☐

28. In the past year, when providing an intrauterine device (Cu-IUD or LNG-IUD), how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(28A) ADOLESCENTS

Very often or often ☐ → **Go to question #28B**

Not often or never ☐ → **If "not often or never" please indicate why.** ***(select all that apply)***

- **a.** *IUDs are unavailable in my practice/health center* ☐
- **b.** *I do not think it is safe* ☐
- **c.** *I have liability concerns* ☐
- **d.** *I do not have enough training* ☐
- **e.** *I do not think it is appropriate for adolescents* ☐
- **f.** *My practice/health center protocol does not allow it* ☐
- **g.** *Other (please specify)* _____ ☐

(28B) ADULTS

Very often or often ☐ → **Go to question #29**

Not often or never ☐ → **If "not often or never" please indicate why.** ***(select all that apply)***

- **a.** *IUDs are unavailable in my practice/health center* ☐
- **b.** *I do not think it is safe* ☐
- **c.** *I have liability concerns* ☐
- **d.** *I do not have enough training* ☐
- **e.** *I do not think it is appropriate for adults* ☐
- **f.** *My practice/health center protocol does not allow it* ☐
- **g.** *Other (please specify)* _____ ☐

29. In the past year, when providing an implant, how often did you start a woman on the day of her visit regardless of the timing of her menses ('Quick Start') if you were reasonably certain she was not pregnant? Please answer for both adolescents and adults.

(29A) ADOLESCENTS

- ☐ Very often or often → **Go to question #29B**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a.	*Implants are unavailable in my practice/health center*	☐
b.	*I do not think it is safe*	☐
c.	*I have liability concerns*	☐
d.	*I do not have enough training*	☐
e.	*I do not think it is appropriate for adolescents*	☐
f.	*My practice/health center protocol does not allow it*	☐
g.	*Other (please specify)* _____ _____	☐

(29B) ADULTS

- ☐ Very often or often → **Go to question #30**
- ☐ Not often or never → **If "not often or never" please indicate why.** ***(select all that apply)***

a.	*Implants are unavailable in my practice/health center*	☐
b.	*I do not think it is safe*	☐
c.	*I have liability concerns*	☐
d.	*I do not have enough training*	☐
e.	*I do not think it is appropriate for adults*	☐
f.	*My practice/health center protocol does not allow it*	☐
g.	*Other (please specify)* _____ _____	☐

30. How many visits are typically required for a patient to receive the following contraceptive methods in your practice/health center? Please count all visits for counseling, assessment, exams and tests, and insertion. ***(if the method is not offered/not available in your practice/health center, please mark the appropriate box)***

	1	2	3+
I. IUDs			
☐ Not offered/not available → **Go to question #30(II).**			
a. IUDs for adolescents	☐	☐	☐
b. IUDs for adults	☐	☐	☐
II. Implants			
☐ Not offered/not available → **Go to question #31.**			
a. Implants for adolescents	☐	☐	☐
b. Implants for adults	☐	☐	☐

31. In the past year, how often did you or your clinical team prescribe or dispense a year's supply of pills (COCs or POPs) at one visit? Please answer for both new and continuing users.

(31A) NEW USERS

- ☐ Very often or often → **Go to question #31B**
- ☐ Not often or never → **Please indicate why.** ***(select all that apply)***

a.	*I do not think it is safe*	☐
b.	*My practice/health center protocol does not allow it*	☐
c.	*I have liability concerns*	☐
d.	*There is not enough supply in my practice/health center*	☐
e.	*It is too expensive for my practice/health center*	☐
f.	*I am concerned about wasting pill packs if the woman discontinues*	☐
g.	*Insurance coverage limitations/restrictions*	☐
h.	*Other (please specify)* _____ _____	☐

(31B) CONTINUING USERS

- ☐ Very often or often → **Go to question #32**
- ☐ Not often or never → **Please indicate why.** ***(select all that apply)***

a.	*I do not think it is safe*	☐
b.	*My practice/health center protocol does not allow it*	☐
c.	*I have liability concerns*	☐
d.	*There is not enough supply in my practice/health center*	☐
e.	*It is too expensive for my practice/health center*	☐
f.	*I am concerned about wasting pill packs if the woman discontinues*	☐
g.	*Insurance coverage limitations/restrictions*	☐
h.	*Other (please specify)* _____ _____	☐

32. In general, how important to you are the following sources for staying informed about recommended clinical practices related to contraception? Please answer for each source.

		Important Source	Minor Source	Not Used
a.	Conferences	☐	☐	☐
b.	Continuing education programs	☐	☐	☐
c.	Discussions with colleagues	☐	☐	☐
d.	Institutional practice protocols	☐	☐	☐
e.	Journals	☐	☐	☐
f.	Medication package inserts	☐	☐	☐
g.	Online resources (e.g., UpToDate) or electronic medical texts	☐	☐	☐
h.	Professional organization publications or notifications	☐	☐	☐
i.	Textbooks (e.g., *Contraceptive Technology*)	☐	☐	☐
j.	U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)	☐	☐	☐
k.	U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR)	☐	☐	☐
l.	Providing Quality Family Planning Services (QFP)	☐	☐	☐
m.	Other (*please specify*): _____	☐	☐	☐

V. AWARENESS AND USE OF CDC's CONTRACEPTIVE GUIDELINES

33. Have you heard of the following federal contraceptive guidelines?

		Yes	No
a.	U.S. Medical Eligibility Criteria for Contraceptive Use (U.S. MEC)	☐	☐
b.	U.S. Selected Practice Recommendations for Contraceptive Use (U.S. SPR)	☐	☐
c.	Providing Quality Family Planning Services (QFP)	☐	☐

34. Have you used any of the following U.S. MEC, U.S. SPR, or QFP materials?

		Yes	No
a.	U.S. MEC print version	☐	☐
b.	U.S. SPR print version	☐	☐
c.	Providing Quality Family Planning Services (QFP) print version	☐	☐
d.	U.S. MEC/U.S. SPR website	☐	☐
e.	U.S. MEC color-coded summary chart in English	☐	☐
f.	U.S. MEC color-coded summary chart in Spanish	☐	☐
g.	U.S. MEC wheel	☐	☐
h.	U.S. MEC/U.S. SPR mobile app for android and iOS	☐	☐
i.	QFP mobile app for android and iOS	☐	☐
j.	Effectiveness of contraceptive methods chart or 2' x 3' poster	☐	☐
k.	U.S. MEC 2017 update with revised recommendations for the use of hormonal contraception among women at high risk for HIV infection	☐	☐

35. What additional medical conditions or patient characteristics would you like to see recommendations for in the U.S. MEC?

(please specify) _____

(please specify) _____

(please specify) _____

36. **What <u>additional contraception management topics</u> would you like to see recommendations for in the U.S. SPR?**

(please specify) _____

(please specify) _____

(please specify) _____

Please share any additional comments that you may have in the space below.

Thank you for completing this survey!
Please return using the enclosed business reply mail envelope.