

2018–2019 SURVEY of ADMINISTRATORS of HEALTH CENTERS THAT PROVIDE FAMILY PLANNING

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.

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

Does your clinic provide family planning services* to at least two women of reproductive age per week?

Yes If you answered yes, please continue and complete the survey.

No If you answered no, you may stop here. Please return the survey in the envelope provided 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 each of the following questions as they relate to the health center where you are receiving this survey.

- You may need assistance from other staff, such as your site medical director, to complete this survey
- **If you are a part of a multi-site agency**, feel free to consult with your parent agency to answer questions as needed or as may be required by your agency. However, most questions relate to this specific clinic or center (not to the parent agency).
- **If you work for an agency that oversees more than one clinic or center**, please answer only for the one center or clinic at which you received this survey.
- The information will not be used to assess compliance with federal or other regulations or as part of your agency's performance reviews.
- Your complete answers are essential to helping us support publicly-funded family planning service in the future.

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]



Public reporting burden of this collection of information is estimated to average 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-0969)

I. HEALTH CENTER CHARACTERISTICS

1. What best describes your health center's clinical focus? (Select one.)

Family planning/reproductive health	<input type="checkbox"/>
Primary (general health) care	<input type="checkbox"/>
Public health (e.g. county health department)	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

2. Which best describes the area that your health center serves? (Select one.)

Mostly urban/suburban	<input type="checkbox"/>
Mostly rural	<input type="checkbox"/>
Combination of rural & urban/suburban	<input type="checkbox"/>

3. Approximately how many clients received any clinical services at your health center in the last year? (Fiscal or calendar) (Select one.)

<500	<input type="checkbox"/>
500–999	<input type="checkbox"/>
1,000–4,999	<input type="checkbox"/>
5,000–9,999	<input type="checkbox"/>
10,000–49,999	<input type="checkbox"/>
50,000 +	<input type="checkbox"/>

4. Approximately how many clients received family planning services at your health center in the last year? (Fiscal or calendar) (Select one.)

<500	<input type="checkbox"/>
500–999	<input type="checkbox"/>
1,000–4,999	<input type="checkbox"/>
5,000–9,999	<input type="checkbox"/>
10,000 +	<input type="checkbox"/>

5. Is your health center a part of the following health care networks?

(In each row, select one.)

	Yes	No	Don't know
Accountable care organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical home (PCMH or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid managed care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other managed care network/PPO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating provider in one or more types of private insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What is the approximate age and gender breakdown of your health center's family planning clients?

Among female clients	
Percentage less than 20 years old	_____%
Percentage 35 years or older	_____%
Among male clients	
Percentage less than 20 years old	_____%
Percentage 35 years or older	_____%
Percentage of clients (all ages) that are male	_____%

II. CLINICAL SERVICES PROVIDED

7. In the past three months, were the following contraceptive methods* provided on-site to clients who requested them?

	Provided on site in last 3 months	
	Yes	No
Sterilization (male)	<input type="checkbox"/>	<input type="checkbox"/>
Sterilization (female)	<input type="checkbox"/>	<input type="checkbox"/>
LNG-IUD (Mirena®, Liletta®, Skyla®, Kyleena®)	<input type="checkbox"/>	<input type="checkbox"/>
Cu-IUD (ParaGard®)	<input type="checkbox"/>	<input type="checkbox"/>
Implant (Nexplanon®)	<input type="checkbox"/>	<input type="checkbox"/>
DMPA (Depo-Provera®)	<input type="checkbox"/>	<input type="checkbox"/>
Patch (Ortho Evra®, Xulane®)	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal ring (NuvaRing®)	<input type="checkbox"/>	<input type="checkbox"/>
Combined Oral Contraceptives (COCs)	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>
Male condom	<input type="checkbox"/>	<input type="checkbox"/>
Female condom	<input type="checkbox"/>	<input type="checkbox"/>
Instruction on fertility awareness-based methods	<input type="checkbox"/>	<input type="checkbox"/>

* 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.

8. In the past 3 months, about how often did your health center provide the following services?

	Never	Rarely	Occasionally	Frequently
Pregnancy diagnosis & counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive services for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive services for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling on how to achieve pregnancy for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling on how to achieve pregnancy for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic infertility services for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic infertility services for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD screening for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STD screening for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preconception health care for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preconception health care for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess pregnancy intention/reproductive life plan for women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess pregnancy intention/reproductive life plan for men	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. The following questions refer to your health center's clinical recommendations for basic infertility services provided on-site during initial or follow-up family planning visits.

	Is this specified in a written protocol for <u>female</u> clients?		Is this specified in a written protocol for <u>male</u> clients?	
	Yes	No	Yes	No
Assessment of:				
Past surgery, illnesses, injury, infection (including STDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertility history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Current medication use and allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How long client has been trying to achieve pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercourse frequency and timing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examination for infertility-related morbidity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. The following questions refer to your health center's provision of on-site, routine screening during initial or follow-up family planning visits. By screening, we mean the process of routinely asking questions about a client's history or performing a physical exam or laboratory test in average-risk asymptomatic persons to help assess risk factors for, or the presence of, a specific disease or condition.

	Is this service offered for <u>female</u> clients?		Is this specified in a written protocol for <u>female</u> clients?		Is this service offered for <u>male</u> clients?		Is this specified in a written protocol for <u>male</u> clients?	
	Yes	No	Yes	No	Yes	No	Yes	No
Intimate partner violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body-mass index (BMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Folic acid intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Testicular cancer					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. The following questions relate to your health center's clinical recommendations for contraceptive counseling.

	Is this specified in a written protocol for <u>female</u> clients?		Is this specified in a written protocol for <u>male</u> clients?	
	Yes	No	Yes	No
Use open-ended questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assess the client's reproductive life plan (i.e., ask about their intentions regarding the number and timing of pregnancies in the context of their personal values and life goals)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicit client's preferences regarding contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present information regarding potential contraceptive methods based on the patient's preferences regarding contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present information regarding potential contraceptive methods with the most effective methods presented first (tiered approach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help client consider other factors they need to know about contraceptive methods, such as possible side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help the client think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform clients about the full range of contraceptive choices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel on how to obtain emergency contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel on condom use to prevent STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inform clients about fertility awareness-based methods as a contraceptive option	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. HEALTH CENTER INFRASTRUCTURE AND COMMUNICATION SYSTEMS

12. In the past 3 months, about how often did your health center make available the following services or materials to clients?

	Never	Rarely	Occasionally	Frequently
Same-day appointments for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekend or evening hours for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adolescent-only hours or days for clinical services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials (written or video) specifically designed for adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational materials (written or video) in languages that match the needs of your client base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language translation services that match the needs of your client base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past 3 months, about how often did your health center do the following, related to adolescent clients?

	Never	Rarely	Occasionally	Frequently
Offered time alone with a provider for adolescents who come with a parent or guardian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required parental consent, for adolescents seeking contraceptive services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively encouraged communication between adolescents and parents/guardians about sex and reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actively promoted the availability of confidential services to adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provided information clarifying that avoiding sex is an effective way to prevent pregnancy and STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. An Electronic Health Record (EHR) is a digital version of a patient's paper chart and contains information about a patient's medical history, diagnoses, immunization dates, allergies, test results, and more.

	Yes	No
Does your health center currently use an EHR system?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please specify the EHR vendor name: _____		

15. If your health center uses an EHR, is there a place within your EHR interface (not in a Notes section) to capture the following patient information?

	Yes	No
Patient pregnancy intention	<input type="checkbox"/>	<input type="checkbox"/>
If yes, do you use One Key Question®?	<input type="checkbox"/>	<input type="checkbox"/>
Sexual history	<input type="checkbox"/>	<input type="checkbox"/>
Ever had sex	<input type="checkbox"/>	<input type="checkbox"/>
Currently sexually active	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive method provided at end of visit	<input type="checkbox"/>	<input type="checkbox"/>

16. In the past 12 months, did your health center use any of the following methods for community education?

	Yes	No
Websites	<input type="checkbox"/>	<input type="checkbox"/>
Social media (e.g., Facebook, Twitter)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

17. In the past 12 months, did your health center conduct community education in the following places or groups?

	Yes	No
Schools	<input type="checkbox"/>	<input type="checkbox"/>
Colleges or universities	<input type="checkbox"/>	<input type="checkbox"/>
Other youth-serving groups	<input type="checkbox"/>	<input type="checkbox"/>
Parent groups	<input type="checkbox"/>	<input type="checkbox"/>
Faith-based organizations	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

18. Does your health center communicate with clients in the following ways: (In each row, select one)

	No	Yes: Limited use	Yes: Routinely
Text message	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phone calls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online platform to schedule appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Online platform to view lab test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. REFERRAL ARRANGEMENTS AND STAFF TRAINING

19. What kinds of partnerships does your health center have with providers who offer the following contraceptive methods and other services?

(In each row, select all that apply.)

	We offer this on site	Co-located with those who do, or our parent organization provides this	Contract, or other written agreement	For non-contractual relationships only:	
				Active referral*	Passive referral**
Contraception methods					
Female sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUD removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruction on natural family planning (fertility awareness-based methods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment services					
HIV treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco cessation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weight management for obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment for depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility services					
Basic infertility services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semen analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility treatment by a specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Active referral includes making an appointment for client, contacting the client directly about the referral outcome, or contacting the referral source to find out if the client was seen.

**Passive referral includes providing a resource listing or directory to the client, or providing a documented referral to the client.

20. Please indicate whether all, some, or none of the health center's staff have received training in the following areas:

	All staff	Some staff	No staff
Trained in past 2 years: All relevant staff			
Contraceptive counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling on fertility awareness-based methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client-centered counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overview of all current contraceptive methods (e.g., safety, side effects, benefits, how to use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving male clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ever trained: Clinical staff only			
Inserting and removing copper IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inserting and removing hormonal IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inserting and removing contraceptive implants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. QUESTIONS ABOUT SURVEY COMPLETION AND AWARENESS OF GUIDELINES

21. Which of the following best describes the primary role of the person or persons who completed this survey? *(Select all that apply.)*

Administrator	<input type="checkbox"/>
Medical director	<input type="checkbox"/>
Nurse/nurse practitioner manager	<input type="checkbox"/>
Other (please specify) _____	<input type="checkbox"/>

22. If your health center is a part of a multi-site agency, did you consult your parent agency to complete this survey? *(Select one.)*

Yes, parent completed entire survey	<input type="checkbox"/>
Yes, parent completed or checked parts of the survey	<input type="checkbox"/>
No, parent did not help complete or check the survey	<input type="checkbox"/>
No, we are not part of a multi-site agency	<input type="checkbox"/>
No, we are the parent agency	<input type="checkbox"/>

23. Have you heard about the 2014 federal guidance entitled, “Recommendations for Providing Quality Family Planning Services” (also known as the “QFP”)? *(Select all that apply)*

No, I have not heard about it	<input type="checkbox"/>
Yes, I heard about it, but haven’t read it	<input type="checkbox"/>
Yes, I heard about it, and have read it	<input type="checkbox"/>
Yes, and I use it	<input type="checkbox"/>

24. Have you heard about the 2016 federal guidance entitled, “Providing Family Planning Care for Non-Pregnant Women and Men of Reproductive Age in the Context of Zika” (also known as the “Zika toolkit”)? *(Select all that apply)*

No, I have not heard about it	<input type="checkbox"/>
Yes, I heard about it, but haven’t read it	<input type="checkbox"/>
Yes, I heard about it, and have read it	<input type="checkbox"/>
Yes, and I use/used it	<input type="checkbox"/>

25. Have you heard about the federal guidance entitled, “2015 STD Treatment Guidelines”? *(Select all that apply)*

No, I have not heard about it	<input type="checkbox"/>
Yes, I heard about it, but haven’t read it	<input type="checkbox"/>
Yes, I heard about it, and have read it	<input type="checkbox"/>
Yes, and I use it	<input type="checkbox"/>

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.