

# QUARTERLY HEALTH CENTER PERFORMANCE MEASURE REPORTING TOOL

SS#1



**CDC**  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

Form Approved  
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## Quarterly Health Center Performance Measure Reporting Tool

**Public reporting burden of this collection of information is estimated to average 4 hours 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 (0920-1156).**

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**Health Center Information**

Date Completed (mm/dd/yyyy):

Reporting Period: Fiscal Year

Select ▼

Reporting Period: Fiscal Quarter

Select ▼

Health Center:

--Select-- ▼

Please complete the following questions for each participating practice settings within your health center. Most items request information for the past quarter that has most recently ended and for the year to date.

Practice Setting:

**Operational Changes and Project Activities**

1. Please describe operational changes or other activities (e.g., training, quality improvement team meetings) undertaken as part of this project that occurred during the past quarter.

**Health Care Service Use by 15 to 19 year olds**

**Table 1. Adolescent Clients Ages 15-19 (Unduplicated) Receiving Any Service within the Identified Practice Setting**

# Female Clients Ages 15-19 (Unduplicated)		# Male Clients Ages 15-19 (Unduplicated)	
Last Quarter	Fiscal Year to Date	Last Quarter	Fiscal Year to Date

**Table 2. Receipt of Reproductive or Sexual Health Services by Clients, Ages 15-19 (Unduplicated)**

	Number of Female Clients Ages 15 to 19 Years who Received the Specified Service		Number of Male Clients Age 15 to 19 Years who Received the Specified Service	
	Last Quarter	Fiscal Year to Date	Last Quarter	Fiscal Year to Date
Received any reproductive or sexual health service				
Received STD screening/counseling/treatment and/or HIV testing/counseling				
Screened to determine if sexually active				
Sexual health assessment conducted				

**Table 3. Female Clients, Ages 15-19 Years Old, (Unduplicated) Adopting or Continuing Use of Moderately or Highly Effective Contraception**

	Number of 15-19 Year Old Clients who Adopted or Continued Use (Unduplicated)	
	Last Quarter	Fiscal Year to Date
Pill, Patch, Ring, or Injectable Contraception (e.g., Depo Provera®)		
IUD (e.g., Mirena®)		
Contraceptive Implants (e.g., Nexplanon)		

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**Table 4. Confidence in Data Reported** After reviewing the data collected in Tables 1 through 3, please indicate your level of confidence in the accuracy of each type of data retrieved from your health center's electronic medical record. Please reflect on how confident your team is that the data reported for each of the items listed below accurately represents the extent of sexual and reproductive health services being provided in your practice setting.

	No Confidence	Low Confidence	Moderate Confidence	High Confidence	No Answer
Number of clients, ages-15-19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received any reproductive or sexual health service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Received STD screening/counseling/treatment and/or HIV testing/counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screened to determine if sexually active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual health assessment conducted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued pill, patch, ring, or injectable contraception (e.g., Depo Provera®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued IUD (e.g., Mirena® or Paragard®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adopted or continued contraceptive implants (e.g., Nexplanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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.

You have reached the end of the survey. Thank you for you participation.