


## HEALTH CENTER/PRACTIC SETTING ORGANIZATIONAL ASSESSMENT

SS#1



**CDC**  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

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### HEALTH CENTER/PRACTICE SETTING ORGANIZATIONAL ASSESSMENT

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SS#2

**Definitions**

**Adolescents:** For the purposes of this assessment, adolescents refers to all youth ages 15-19.

**Family Planning:** 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 her visit is not for contraception.

**Sexual Health Assessment:** Assessment of sexual activity, current and future contraceptive options, sexual partners, condom use and protection from STDs and past STD history.

**Standard of Care:** A standard of care refers to informal or formal guidelines that are generally accepted in the medical community for treatment of a disease or condition.

**Health and Human Service (HHS) Teen Pregnancy Prevention (TPP) Evidence Base Program list:** List of programs proven to be effective at preventing teen pregnancies, sexually transmitted infections, or sexual risk behaviors. ([http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/db/index.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html))

SS#3

**Date Assessment was completed (mm/dd/yyyy):**

**Health Center Name:**

**Mailing Address:**

**City:**

**State:**

**Zip Code:**

**Phone:**

**Fax:**

**Email:**

SS#4

**PART 1: HEALTH CENTER**

The following set of questions are to be answered for your overall health center. Please answer each of the following questions as they relate to your health center and the adolescent patients at your health center.

**I. PATIENT AND HEALTH CENTER CHARACTERISTICS**

1. Which of the following describes the setting of your health center? (select all that apply)

Setting	
Federally Qualified Health Center	<input type="checkbox"/>
Community health center (non-FQHC)	<input type="checkbox"/>
Family planning clinic	<input type="checkbox"/>
Health department (state or local)	<input type="checkbox"/>
HMO or Hospital	<input type="checkbox"/>
Indian Health Service	<input type="checkbox"/>
Planned Parenthood affiliate	<input type="checkbox"/>
Private Practice	<input type="checkbox"/>
School based health clinic	<input type="checkbox"/>
Sexually transmitted infection clinic	<input type="checkbox"/>
College (Community/University) clinic	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>
Correctional facility	<input type="checkbox"/>
Substance abuse treatment center	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>

SS#5

2. Approximately what percentages of your adolescent patients in your health center have the following characteristics? If unsure, give your best estimate.

	0-24%	25-49%	>=50%
Pay for their visit using Medicaid or other state or federal assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are racial or ethnic minorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have limited English proficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SS#6

**BILLING AND REVENUE**

3. Please indicate which non-fee-for service income is received by your health center to support family planning services (Select ALL that apply)

Type of Income	
Private grants(s)	<input type="checkbox"/>
State appropriations	<input type="checkbox"/>
Section 308 of Public Health Service Act	<input type="checkbox"/>
Title V (MCH Block Grant)	<input type="checkbox"/>
Title X (Family Planning)	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>
None (all income is generated through fees)	<input type="checkbox"/>

Please specify other type of Income?

SS#7

4. What percentage of revenue by source does your health center receive for adolescent family planning visits?

	% of Revenue
Medical Fee for Service	0
Medicaid Family Planning Waiver	0
Medicaid Managed Care	0
Commercial Insurance	0
Sliding Fee Scale	0
Full Pay	0
No Pay (covered by Title X, Title V, grants, etc)	0
Uninsured (health center absorb costs)	0
Other (Please specify below)	0
<b>Total: 0</b>	

Please specify Other source of Revenue?

SS#8

5. Does your health center...

	No	Yes
Participate in the federal 340B drug discount purchasing program?	<input type="radio"/>	<input type="radio"/>
Have health systems in place to facilitate billing third party for family planning services?	<input type="radio"/>	<input type="radio"/>
Offer free services or a sliding fee scale for any adolescents?	<input type="radio"/>	<input type="radio"/>
Offer a low, flat fee for any adolescents?	<input type="radio"/>	<input type="radio"/>
Have practices in place to ensure adolescent confidentiality in billing procedures (e.g., not having contraceptive services on EOB)?	<input type="radio"/>	<input type="radio"/>

6. How frequently does your health center facilitate uninsured patients' enrollment in available insurance options?

- Never
- Rarely
- Sometimes
- Often
- Always

SS#9

**ACCESSIBILITY**

7. Does your health center have partnerships with other agencies to assist youth with accessing transportation services?

No  
 Yes

8. Does your health center offer its own transportation services?

No  
 Yes

9. How often does your health center offer reimbursements to adolescents for transportation to the clinic (i.e, bus tokens or taxi vouchers)?

Never  
 Rarely  
 Sometimes  
 Often  
 Always

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SS#10

10a. Does your health center provide IUDs and implants to teens regardless of their ability to pay?

No  
 Yes

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SS#11

10b. How do you cover costs associated with providing IUDs and implants to teens regardless of their ability to pay?

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SS#12

11a. Does your health center provide other forms of hormonal contraception to teens regardless of their ability to pay?

No  
 Yes

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SS#13

11b. How do you cover costs associated with providing other forms of hormonal contraception to teens regardless of their ability to pay?

SS#14

**II. CONFIDENTIALITY AND CONSENT**

12. The following questions relate to your health center's practices with respect to confidentiality and consent. Please indicate which statement most closely reflects your health center practices across all practice setting (e.g., pediatrics, family planning) where adolescents receive care.

	Never	Rarely	Sometimes	Often	Always
Minors are informed at every visit about their state's law governing the rights of minor patients to consent to sexual and reproductive health care or treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minors are informed verbally of the confidentiality policy at every visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Minors are informed in writing of the confidentiality policy at every visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parents/caregivers are informed of the confidentiality policy when accompanying their child to a visit.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Does your health center require parental consent for sexual and reproductive health services for minors?

No  
 Yes

SS#15

**III. HEALTH CENTER RESOURCES AND OUTREACH**

**14. Does your health center use the following technologies?**

	No	Yes: Limited Use	Yes: Routinely
Electronic health records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Electronic systems for billing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email clients for appointment reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call clients for appointment reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send text messages to clients for appointment reminders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Email, phone, or text messages to clients to provide any follow-up on contraceptive method selected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Website that allows clients to make appointments online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. In the past 12 months, did your health center use any of the following methods for community education/outreach to teens? (Not exclusively related to fund-raising)**

	No	Yes
TV	<input type="radio"/>	<input type="radio"/>
Radio	<input type="radio"/>	<input type="radio"/>
Websites	<input type="radio"/>	<input type="radio"/>
Social media (e.g. Facebook, Instagram, Twitter)	<input type="radio"/>	<input type="radio"/>
Billboards	<input type="radio"/>	<input type="radio"/>
Newspapers or magazines	<input type="radio"/>	<input type="radio"/>
Small group education/Face-to-face education	<input type="radio"/>	<input type="radio"/>
Targeted outreach or educational materials to specific youth-serving organizations (e.g., schools, colleges, youth-serving organizations)	<input type="radio"/>	<input type="radio"/>

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SS#16

**16. Does your health center currently**

	No	Yes
Include youth in clinic advisory boards?	<input type="radio"/>	<input type="radio"/>
Include youth in continuous quality improvement activities?	<input type="radio"/>	<input type="radio"/>
Include youth in decision making processes?	<input type="radio"/>	<input type="radio"/>
Include youth in materials development and review?	<input type="radio"/>	<input type="radio"/>
Offer adolescent support groups or discussion groups to discuss sexuality, birth control, interpersonal relationships or related topics?	<input type="radio"/>	<input type="radio"/>
Provide education materials to parents/guardians on how to talk to their children about sex?	<input type="radio"/>	<input type="radio"/>
Provide evidence-based teen pregnancy/STD/HIV prevention interventions designed for adolescents? ( <a href="http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html">http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html</a> )	<input type="radio"/>	<input type="radio"/>

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SS#17

**IV. QUALITY IMPROVEMENT**

17. Does your health center have current quality improvement initiatives?

No  
 Yes

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SS#18

18. Does your health center have a current quality improvement initiative related to adolescent reproductive health care?

No  
 Yes

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SS#19

19. List all of the quality improvement initiatives that are currently taking place at your health center (whether they relate to adolescent reproductive health care or not):

SS#20

20. As part of participating in the CDC funded teen pregnancy prevention project, in the past 12 months, has your health center modified any clinical practices or other aspects of the provision of health care to adolescents in response to a review of quality improvement data?

No  
 Yes

SS#21

Please briefly describe what aspects of service delivery to adolescents were changed.

SS#22

21. Does your health center have the ability to report on the following information about adolescent clients or about sexual and reproductive health services provided to adolescents?

	No	Yes
Sexual health assessment conducted	<input type="radio"/>	<input type="radio"/>
Status of sexual activity (sexually active past or present, or not)	<input type="radio"/>	<input type="radio"/>
Pregnancy intention assessed	<input type="radio"/>	<input type="radio"/>
Contraceptive counseling offered	<input type="radio"/>	<input type="radio"/>
Contraceptive counseling provided	<input type="radio"/>	<input type="radio"/>
Primary contraceptive method at start of visit	<input type="radio"/>	<input type="radio"/>
Primary contraceptive method at end of visit	<input type="radio"/>	<input type="radio"/>

## SS#23: Practice Setting Section

**PART 2: PRACTICE SETTING**

The following questions should be answered by each practice setting within your health center participating in this initiative (e.g., pediatrics, family planning, mobile unit). Please complete Part 2 separately for each practice setting.

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## SS#24

Date Assessment was completed (mm/dd/yyyy):

Practice Name:

Mailing Address:

City:

State:

Zip Code:

Phone:

Fax:

Email:

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SS#25

1. Please indicate your practice setting within the health center?

- Adolescent subspecialty
- Pediatrics
- Obstetrics/gynecology
- Family planning
- Primary (general health) care/Family Practice
- Urgent care
- Mobile Unit
- Other (please specify)

2. How many days/week is your practice setting open?

SS#26

3. Indicate if your practice has any of the following policies.

	No	Yes
Offer walk-in appointments for adolescent clients?	<input type="radio"/>	<input type="radio"/>
Offer same day appointments for adolescent clients?	<input type="radio"/>	<input type="radio"/>
Offer appointments after school hours?	<input type="radio"/>	<input type="radio"/>
Offer appointments during the weekend?	<input type="radio"/>	<input type="radio"/>
Give adolescents priority when scheduling appointments during after school and weekend hours?	<input type="radio"/>	<input type="radio"/>

4. How frequently does your practice setting provide minors with time alone with a health care provider at every visit?

- Never
- Rarely
- Sometimes
- Often
- Always

SS#27

**I. PERSONNEL AND TRAINING**

**5a. Please indicate the number of clinical providers of each type in your practice setting and the number who provide the listed family planning services:**

	Number of Providers	Number who Prescribe contraception	Number Proficient* in IUD insertion and removal	Number Proficient* in implant insertion and removal
Family Physicians/General Practitioners/Internists	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Obstetrician/Gynecologist	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pediatrician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Specialty Physician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse Practitioner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physician Assistant	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Certified Nurse Midwife	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*\*Proficient\*\* means the clinician has inserted IUDs or Implants without supervision within the last 3 months.

SS#28

**5b. Please indicate the number of staff of each type in your practice setting and the number of these staff who 1) conduct intake assessments, 2) assess pregnancy intentions\*\* and 3) provide contraceptive counseling or education.**

	Number of Staff	Number who Conduct Intake Assessments*	Number who Assess Pregnancy Intentions**	Number who Provide Contraceptive Counseling or Education***
Nurse (RN/LPN)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical Assistant/Medical Technician	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Worker	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Educator	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other (Please specify below)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\*"Conducts Intake Assessment" means asking clients their main reason for visiting the practice, current medications and/or conditions and/or conducting a risk assessment  
 \*\*"Assess Pregnancy Intentions" means asking clients if they are trying to become pregnant or interested in becoming pregnant in the near future (e.g. within the next 12 months)  
 \*\*\*"Provides Contraceptive Counseling or Education" means asking clients about their past experiences and preferences with contraception and providing information about all available methods.

Please specify other personnel?

SS#29

6. Please indicate what percentage of each type of your staff have received training in the following areas in the past year:

What percentage of **all staff** have received the following training?

	<25%	25% to <50%	50% to 75%	>75%
Time-alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adolescent Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality/Minor's Rights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birth Control Basics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Common Birth Control Myths	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Introduction to CDC and OPA's <i>Providing Quality Family Planning Services (QFP)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of **clinical staff** have received the following training?

	<25%	25% to <50%	50% to 75%	>75%
Client-Centered Birth Control Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LARC insertion/Removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing LARC Side Effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD/HIV Basics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Adolescent Healthcare Visit(Assessment and Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of **staff providing contraceptive counseling** have received the following training?

	<25%	25% to <50%	50% to 75%	>75%
Client-Centered Birth Control Counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
STD/HIV Basics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Adolescent Healthcare Visit(Assessment and Services)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What percentage of **front line staff** have received the following training?

	<25%	25% to <50%	50% to 75%	>75%
Key Messages for Ensuring Access to SRH Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SS#30

**II. PRACTICE CLINICAL ASSESSMENT POLICIES AND PROCEDURES**

7. Indicate how frequently your practice collects the following clinical and social information from adolescent patients at each visit.

	Never	Rarely	Sometimes	Often	Always
Conduct or update medical history	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct or update sexual health assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess pregnancy intention or risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. When initiating the following contraceptive method\*, please indicate if your practice requires the following exams and tests for a healthy adolescent client. (Check all exams and tests that apply.)

	Blood pressure	Clinical breast exam	Bimanual exam and cervical inspection	Cervical cytology (Pap smear)	Chlamydia/gonorrhea screening	Other	No exams/tests required
COCs/patch/ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only pills (POPs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DMPA (Depo-Provera®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant (Implanon® or Nexplanon®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cu-IUD (ParaGard®)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LNG-IUD (Mirena®; Liletta®, Skylla®, Kyleena)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.

SS#31

**III. CLINICAL SERVICES PROVIDED**

9. In the past 3 months, were the following contraceptive methods\* provided on-site or via prescription/referral to adolescent clients who requested them?

	Dispensed on site, last 3 months?		Via Prescription/Referral, last 3 months?	
	Yes	No	Yes	No
Combined Oral Contraceptives (COCs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patch (Ortho Evra®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal ring (NuvaRing®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Progestin-only oral contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DMPA (Depo-Provera®)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pills (to females)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptive pills (to males)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\*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.

SS#32

The following items are about obtaining and stocking certain forms of contraception.



SS#33

10a. Are implants (Implanon® or Nexplanon®) available to clients in your practice setting?

No  
 Yes

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SS#34

10b. Of the following statements, chose the most accurate.

Implants are stocked in advance in your practice setting or pharmacy.  
 Implants are only ordered when requested by a patient.

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SS#35

10c. Have supplies of implants run out in the last 3 months?

No  
 Yes

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SS#36

10d. Are Cu-IUDs (ParaGard®) available to clients in your practice setting?

No  
 Yes

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SS#37

10e. Of the following statements, chose the most accurate.

- Cu-IUDs are stocked in advance in your practice setting or pharmacy.
- Cu-IUDs are only ordered when requested by a patient.

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SS#38

10f. Have supplies of Cu-IUDs run out in the last 3 months?

- No
- Yes

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SS#39

10g. Are LNG-IUDs (Mirena®, Liletta®, Skyla®, Kyleena®) available to clients in your practice setting?

No  
 Yes

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SS#40

10h. Of the following statements, chose the most accurate.

LNG-IUDs are stocked in advance in your practice setting or pharmacy.  
 LNG-IUDs are only ordered when requested by a patient.

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SS#41

10i. Have supplies of LNG-IUDs run out in the last 3 months?

No  
 Yes

SS#42

11. How many days per weeks does your practice setting have someone trained and available to provide IUDs and implants for adolescent patients?

Number of days

	IUD	Implant
0	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>
5 or more	<input type="radio"/>	<input type="radio"/>

SS#43

12. How are IUDs and implants typically offered to adolescents?

	Implant (Implanon® or Nexplanon®)	Cu-IUD (ParaGard®)	LNG-IUD (Mirena®, Liletta®, Skyla®, Kyleena)
Provided same day as requested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New appointment made for insertion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referred to another practice setting within the health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral to another health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Does your practice provide condoms to adolescents in a manner that allows teens to take them privately and without having to ask?

No  
 Yes

SS#44

14. Indicate how frequently the following clinical recommendations for contraceptive counseling are followed.

	Never	Rarely	Sometimes	Often	Always
Assess adolescent pregnancy/fatherhood intentions/risk (i.e., ask about intentions regarding timing of pregnancies/reproductive life plan) in the context of their personal values and life goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Present information on a wide range of contraceptive methods with the most effective methods presented first, while also discussing how well each method meets the client's needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help clients think about potential barriers to using their selected method correctly and develop a plan to deal with these barriers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inform adolescents that IUDs and implants are safe and effective contraceptive options in all counseling sessions with adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide information and education on dual protection (i.e., hormonal method with barrier method) to prevent pregnancy and STDs in all counseling sessions with adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide information and education on abstinence as an effective way to prevent pregnancy and STDs in all counseling sessions adolescents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Indicate how frequently your practice setting performs the following.

	Never	Rarely	Sometimes	Often	Always
Offer sexually active adolescents hormonal contraception, IUD and implant at every sexual health visit that the adolescent makes to the clinical provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer sexually active adolescents hormonal contraception, IUD and implant at every non-sexual health related visit that the adolescent makes to the clinical provider (e.g. primary care visit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start initiation (starting birth control the day of the visit) of pill, patch, ring, and depo shot offered after negative history* and negative urine pregnancy test (UPT).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start insertion of IUD offered after negative history* and negative urine pregnancy test (UPT) (e.g., no need to schedule a separate insertion visit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quick Start insertion of implant offered after negative history* and negative urine pregnancy test (UPT) (e.g., no need to schedule a separate insertion visit).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide or prescribe multiple cycles of oral contraceptive pills (up to 12 months), the patch or the ring to minimize the number of times an adolescent has to return to health center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide client with another contraceptive method to use until patient can start the chosen method, if not immediately available on-site, the same day, or client not medically eligible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer same-day contraceptive services to adolescents who have a negative history* and negative pregnancy test and do not want to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer emergency contraception options (copper-IUD, ulipristal acetate pills and levonorgestrel pills) to adolescents who have had unprotected intercourse in the last five days (after negative history* and negative urine pregnancy test for early pregnancy).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer advanced supply of emergency contraceptive pills (levonorgestrel, ulipristal acetate) to adolescents using Tier 2** (moderately effective) or Tier 3*** (least effective) methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For sexually active teens, conduct STI screening annually, or provide diagnostic testing based on sexual history of symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For sexually active teens, offer HIV screening annually, or provide diagnostic testing based on sexually history of symptoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*A detailed history provides the most accurate assessment of pregnancy risk in a woman who is about to start using contraceptive method. A health-care provider can be reasonably certain that a woman is not pregnant if she has no symptoms or signs of pregnancy and meets any one of the following criteria:

- \* is <=7 days after the start of normal menses.
- \* has not had sexually intercourse since the start of last normal menses.
- \* has been correctly and consistently using a reliable method of contraception
- \* is <=7 days after spontaneous or induced abortion
- \* is within 4 weeks postpartum
- \* is within 4 weeks postpartum
- \* is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority(>=85%) of feeds are breastfeeds amenorrheic and <6 months postpartum.
- \*\*Tier 2 (Moderately Effective) includes the following methods: Injectable, pill, patch, ring and diaphragm.
- \*\*\*Tier 3 (Least Effective) includes the following methods: male and female condoms, withdrawal, fertility awareness-based methods, spermicide, and sponge.

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**IV. PRACTICE SERVICES AND RESOURCES**

16. Indicate if your practice provides the following services or resources by checking the appropriate box.

	No	Yes
Displays information on issues related to adolescent sexual and reproductive health in waiting room or exam room where it can be viewed easily by all clients.	<input type="radio"/>	<input type="radio"/>
Displays information on issues related to minor's rights in waiting room or exam room where it can be viewed easily by all clients.	<input type="radio"/>	<input type="radio"/>
Provides language translation services that match the needs of your adolescent clients.	<input type="radio"/>	<input type="radio"/>

17. Indicate if none, some or all of your patient materials and forms are designed with the following characteristics.

	None	Some	All
Provides patient educational materials specifically designed for adolescents, including literacy needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient forms specifically designed for adolescents, including literacy needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient educational materials in languages that match the needs of your adolescent clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient forms in languages that match the needs of your adolescent clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides educational materials to meet the gender identity and sexual orientation needs of your adolescent clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides patient forms to meet the gender identity and sexual orientation needs of your adolescent clients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**VIII. Referrals**

18. Indicate how frequently your practice provides the following referral services for adolescent clients.

	Never	Rarely	Sometimes	Often	Always
Assess youth for other needed health services (i.e., mental health, substance abuse, immunizations, or STDs) not provided at your health center and provide referrals when indicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess youth for other service needs (i.e., interpersonal violence, sexual abuse/assault, food pantry, employment services, educational opportunities, or housing services) and provide referrals when indicated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer pregnant and parenting adolescents to home visiting or other programs that provide needed support and reduce rates of repeat pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Refer adolescents to evidence-based teen pregnancy prevention or STD risk reduction programs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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Is there another practice setting within your health center participating in this initiative?

Yes  
 No

[Previous](#) [Next](#) [Stop](#)

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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.

[Previous](#) [Next](#) [Stop](#)

