


# HEALTH CENTER PROVIDER SURVEY

SS#1



**CDC**  
CENTERS FOR DISEASE  
CONTROL AND PREVENTION

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## Health Center Provider Survey

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SS#2

Thank you for agreeing to complete this survey. The purpose of the survey is to assess your attitudes and practices related to adolescent sexual and reproductive health. Please answer each of the following questions as they relate to your experiences providing family planning services to your adolescent patients. *Please answer questions thinking only about services you have provided at your current health center that is affiliated with the CDC sponsored project.*

Your responses will be kept private and your completed assessment will be stored on a secure, password protected server. Your responses will be combined with those from others at your health center in order to tailor training and technical assistance. Your individual responses will not be shared. Your participation in this survey is voluntary and you can discontinue participation at any time.

Please select your organization:

PROVIDER AND PATIENT CHARACTERISTICS

1. On average, approximately how many unduplicated **female patients ages 15-19** do you see per week?

2. Approximately what percent of your **female patients**, ages 15-19, receive sexual and reproductive health services from you?

- 0-24%
- 25-49%
- 50-74%
- 75% or more

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Please select your organization:

SS#4

SS#5

**TRAINING**

**3. Have you been formally trained in the insertion and removal of the following long acting reversible contraceptive methods?**

	Yes	No
A. Copper Intrauterine Device (Cu-IUD or ParaGard®)?	<input type="radio"/>	<input type="radio"/>
B. Levonorgestrel-releasing Intrauterine Device (LNG-IUD LILETTA™, Skyla® or Mirena®)?	<input type="radio"/>	<input type="radio"/>
C. Contraceptive implant (Implanon®)?	<input type="radio"/>	<input type="radio"/>

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4a. In the past year, have you referred, prescribed or provided hormonal implants to nulliparous adolescents?

Yes  
 No

4b. Please indicate the reason(s) why you have not referred, prescribed or provided hormonal implants to nulliparous adolescents.

- My practice does not provide implants.
- I rarely have nulliparous adolescents as patients.
- I am concerned about recommending implants for adolescents.
- I am concerned about the effects on future fertility.
- I am concerned about difficult insertion.
- I am not trained in implant insertion.
- My nulliparous adolescent patients generally prefer a different method.
- Adolescents are more likely to have it removed within a year of insertion, compared to adults.
- Providing adolescents with hormonal implants makes them less likely to use a condom.
- My practice/health center protocol does not allow it.
- There are financial-related issues with billing, coding, and reimbursement processes that make the process very difficult.
- I do not feel comfortable inserting implants.
- I do not generally provide implants to adolescents for other reasons (please specify):

SS#7

5a. In the past year, have you referred, prescribed or provided intrauterine devices (IUDs) to nulliparous adolescents?

Yes  
 No

SS#8

5b. Please indicate the reason(s) why you have not referred, prescribed or provided IUDs to nulliparous adolescents.

- My practice/health center does not provide IUDs.
- I do not have nulliparous adolescents as patients.
- I am concerned about recommending IUDs for adolescents.
- I am concerned about the effects on future fertility.
- I am concerned about difficult insertion.
- I am not trained in IUD insertion.
- My nulliparous adolescent patients generally prefer a different method.
- Adolescents are more likely to have it removed within a year of insertion, compared to adults.
- My practice/health center protocol does not allow it.
- There are financial-related issues with billing, coding, and reimbursement processes that make the process very difficult.
- I'm concerned that adolescents with IUDs may be less likely to use condoms.
- I do not feel comfortable inserting IUDs.
- I do not generally provide IUDs to adolescents for other reasons (please specify):

**ATTITUDES AND PRACTICES**

**6. How comfortable are you recommending IUDs for the following groups of adolescents (ages 15 to 19 years old)?**

	Not at all comfortable	Slightly comfortable	Somewhat comfortable	Moderately comfortable	Very comfortable
A. Nulliparous adolescents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Postpartum adolescents (10 minutes after delivery of placenta to less than 4 weeks postpartum)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Obese adolescents (BMI $\geq 30$ kg/m <sup>2</sup> )?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next 6 questions (Q7 to Q12) address your setting's provision of different types of contraceptives. For those that you provide, you will be asked what prerequisite services are required by your setting.

7a. Do you provide combined oral contraceptives (COCs), patch, and/or ring to your adolescent patients?

- Yes
- No

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7b. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing cocs, patch, and/or ring.

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

SS#12

7c. Do you provide progestin-only pills to your adolescent patients?

Yes  
 No



7d. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing progestin-only pills.

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

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7e. Do you provide depot-medroxyprogesterone acetate (DMPA) (Depo-Provera®) to your adolescent patients?

- Yes
- No

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SS#15

7f. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing DMPA (Depo-Provera®).

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

SS#16

7g. Do you provide contraceptive implants (Implanon®) to your adolescent patients?

Yes  
 No

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7h. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing contraceptive implants (Implanon®).

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

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7i. Do you provide copper intrauterine devices (ParaGard®) to your adolescent patients?

- Yes
- No

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SS#19

7j. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing copper intrauterine devices (ParaGard®).

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

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7k. Do you provide levonorgestrel-releasing intrauterine devices (e.g., LILETTA™, Skyla® or Mirena®) to your adolescent patients?

Yes  
 No

SS#21

SS#22

71. Please indicate whether you perform the following exams and tests for an otherwise healthy female adolescent before providing levonorgestrel-releasing intrauterine devices (e.g., LILETTA™, Skyla® or Mirena®).

	Yes	No
A. Blood pressure	<input type="radio"/>	<input type="radio"/>
B. Clinical breast exam	<input type="radio"/>	<input type="radio"/>
C. Bimanual exam and cervical inspection	<input type="radio"/>	<input type="radio"/>
D. Cervical cytology	<input type="radio"/>	<input type="radio"/>
E. Chlamydia/gonorrhea screening	<input type="radio"/>	<input type="radio"/>

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8. In the past year, how frequently have you provided the following services for adolescent females?

	Never	Rarely	Sometimes	Often	Always
A. Provided or prescribed the pill, patch, ring or Depo Provera on the day of her visit regardless of the timing of her menses ( <b>Quick Start</b> ).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Provided a hormonal implant on the day of her visit regardless of the timing of her menses ( <b>Quick Start</b> ) if you were reasonably certain she was not pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Provided an IUD on the day of her visit regardless of the timing of her menses ( <b>Quick Start</b> ) if you were reasonably certain she was not pregnant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Provided or prescribed a contraceptive method at the same time you provided EC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Provided contraceptive services to an adolescent that came in for a pregnancy test that was negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Provided a Cu-IUD as EC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Provided another method of birth control if selected method not available on day of visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Dispensed a year's supply of pills at one visit for adolescent females	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. Addressed contraceptive needs on the day of service regardless of chief complaint rather than scheduling a follow-up visit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SS#24

**9. In the past month, when counseling your typical female patient ages 15 to 19 years old on family planning, how frequently did you (or your clinical team) do the following?**

	Never	Rarely	Sometimes	Often	Always
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).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Worked with the client interactively to select the most effective method that meets the client's needs and preferences.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Presented information regarding potential contraceptive methods with the most effective methods presented first (tiered approach).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Helped the patient think about potential barriers to using their selected method correctly and developed a plan to deal with these barriers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Used a method-specific informed consent form.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Informed adolescents that long-acting reversible contraceptives are safe and effective options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Actively encouraged communication between adolescents and parents/guardians about sex and reproductive health.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Encouraged male/partner involvement in contraceptive and reproductive health services, if appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The last section of this survey is about services provided to your adolescent patients who were seeking health care for a purpose other than sexual or reproductive health care.

10. Do you see clients for purposes other than sexual or reproductive health care (e.g., sick visit)?

- Yes
- No

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11. In the past month, when your **female** adolescent patients (ages 15 to 19 years old) were seeking health care for a purpose other than sexual or reproductive health care (e.g., sick visit), how frequently did you or your clinical team do the following?

	Never	Rarely	Sometimes	Often	Always
A. Provide time alone without a parent present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Screen to determine if in need of contraceptive services (i.e., sexually active, not desiring pregnancy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SS#26

SS#27

12. In the past month, when your **male** adolescent patients (ages 15 to 19 years old) were seeking health care for a purpose other than sexual or reproductive health care (e.g., sick visit), how frequently did you or your clinical team do the following?

	Never	Rarely	Sometimes	Often	Always
A. Provide time alone without a parent present.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Screen to determine if in need of counseling around preventing pregnancy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 questionnaire. Thank you for your participation.