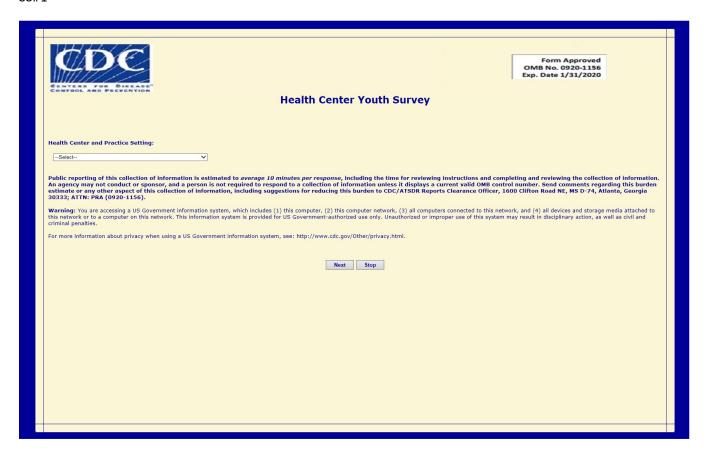
HEALTH CENTER YOUTH SURVEY

SS#1

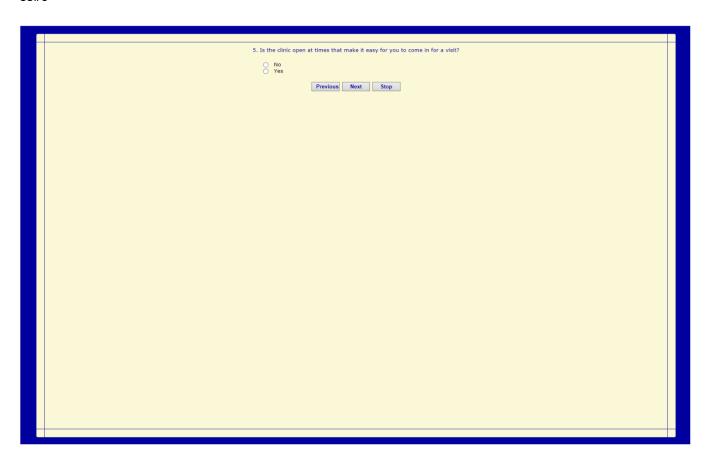




1. Is this your first visit to this clinic?
○ No
O Yes
2. How did you hear about this clinic? (Check all that apply)
Friend
Parent Adult at school (Which school?)
Handout, flier, or poster
Handout, flier, or poster Website (Which website?)
□ Social media (Facebook, twitter) □ Rape Crisis Center of the Coastal Empire
Frank Callen Boys & Girls Club
Build a Bridge Foundation
Chatham County Junveile Court Savannah Technical College
Other: Please specify
□ Not sure
3. What caused you to come to the clinic today? (Check all that apply)
☐ Sick or hurt ☐ Needed a check-up or a shot
Needed birth control
Sports physical Other:
Previous Next Stop

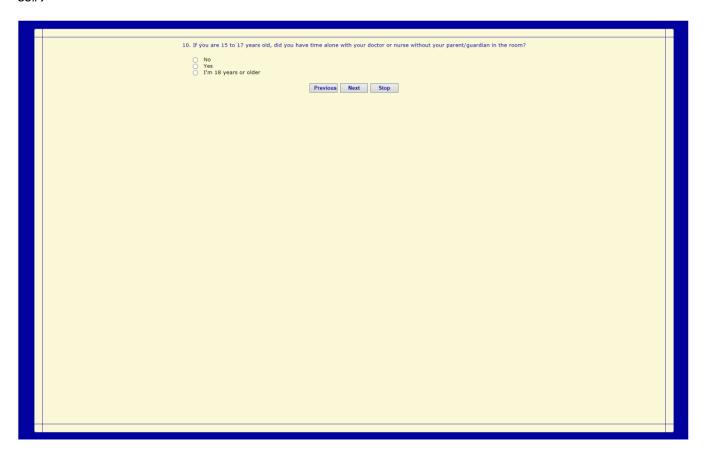
4. Was it easy to make an appointment?
O No
○ No ○ Yes ○ I did not make an appointment
Previous Next Stop

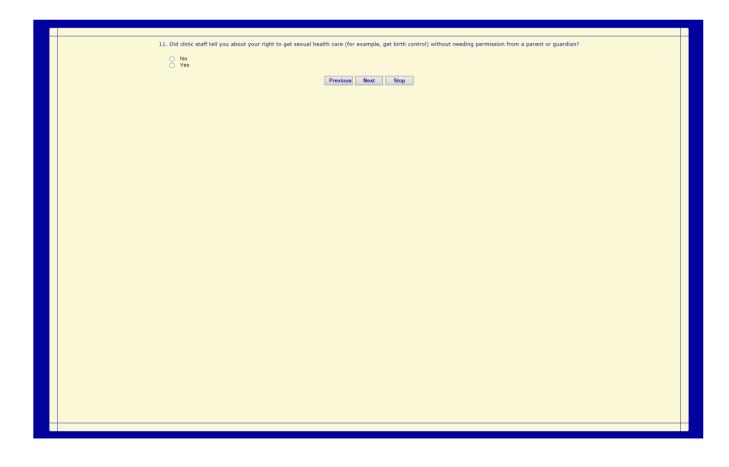
П	What would make it easier? (Type your response in the box below)
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	Previous Next Stop
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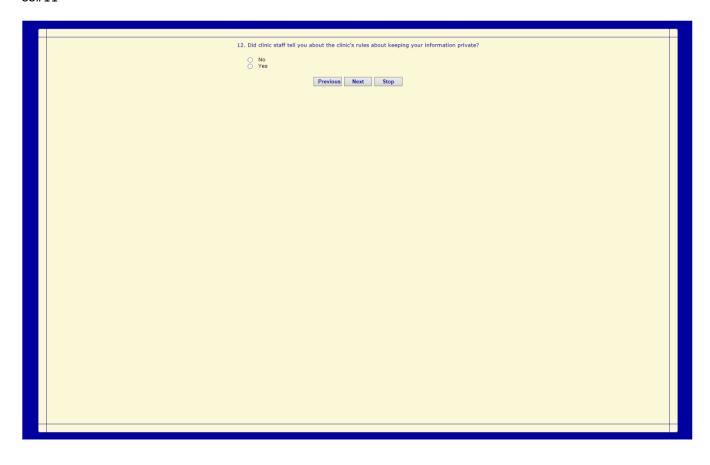


Sa. Would you prefer the clinic was: (check all that apply)
Open earlier Open later Open more weekend hours
Open more weekend hours
Previous Next Stop

The following questions are about today's visit.
6. How long did you wait before seeing your doctor or nurse (minutes)?
6a. Did you think this was too long to wait?
○ No ○ Yes
7. Did the clinic staff treat you with respect?
Na Na Mostly Ves
8. Did the clinic staff listen carefully to what you had to say?
○ No ○ Mostly ○ Yes
9. Did the clinic staff talk to you using words that you understood?
○ No ○ Mostly ○ Yes
Previous Next Stop

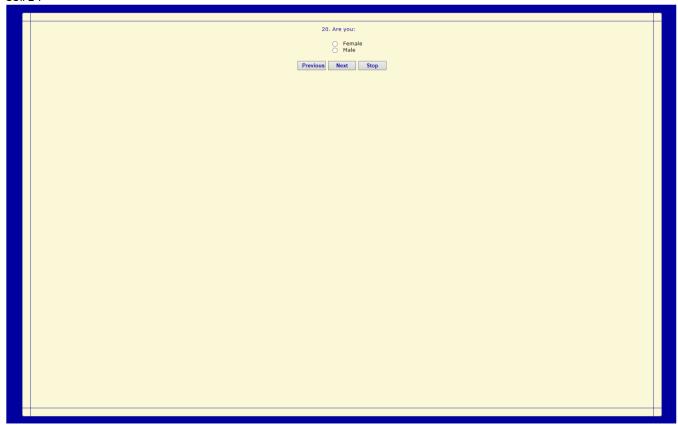






Г	
	13. Did a doctor or nurse talk to you today about whether you are or have been sexually active?
	○ No ○ Yes
	14. Did you receive information today about preventing sexually transmitted infections?
	○ No ○ Yes
	15. Did you receive information today about birth control?
	○ No ○ Yes
	Previous Next Stop

16. Did you get all of the information that you needed about your birth control options today?
○ No ○ Mostly, but I still had a few questions ○ Yes
17. Did any staff person describe contraceptive implants or IUDs today?
Gave a lot of information about implants and/or IUDs Mentioned implants and/or IUDs Did not mention implants or IUDs.
18. Did you receive information about the importance of using a condom and birth control at the same time to prevent pregnancy and sexually transmitted infections?
O NO O Yes
19. Do you trust the information about birth control that you received today?
O NO O Yes
Previous Next Stop



2.1. During your visit today, did you choose a type of birth control? No Yes Previous Next Stop	
Previous Next Stop	

22. What type of birth control did you choose today? (Check all that apply)
Condoms Birth control pills, patch, or ring Shot (Such as Depo-Provera®) Implant (such as Implanon®) IDD (such as Hirena®, ParaGard® or Skyla®) Other:
23. Have you used this type of birth control before?
O No O Yes
24. Did you feel you could freely choose the birth control you wanted today?
No Mostly Yes
25. Who chose your method of birth control today?
I chose the method. My doctor or nurse and I chose it together. My doctor or nurse chose the method.
26. Did clinic staff tell you that you could call or come back to the clinic if you have questions about your birth control?
O No O Yes
Previous Next Stop

П	
	Thinking about your overall experience today, please answer the following three questions.
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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

27. If you needed to see a doctor again, would you come back to this clinic?	
○ No ○ Probably ○ Yes, definitely	
28. Would you tell friends and others your age that they should come to this clinic?	
O No	
Probably Yes, definitely	
29. How can we make your next clinic visit better?	
22 FOR CALL PER HARE YOU HEAR CHIEF YAR DECKET.	
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Previous Next Stop	
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