



2010 SURVEY OF CLINICS PROVIDING CONTRACEPTIVE SERVICES

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The purpose of this survey is to gather information about patterns of service delivery among the wide variety of organizations that provide publicly funded contraceptive services. Please help us by providing the information requested.

PLEASE BE ASSURED THAT WE WILL MAKE EVERY EFFORT TO PROTECT THE CONFIDENTIALITY OF YOUR RESPONSE. We will not publish results that in any way will permit identification of individual respondents or clinics. Please return this survey by **October 19, 2010**. Use the enclosed postage-paid envelope or send to the address above. You may also complete an on-line version, see instructions in cover letter.

Contraceptive services are defined as any service related to postponing or preventing conception. Contraceptive services may include taking a history of sexual health and behavior, a medical examination related to provision of a contraceptive method, contraceptive counseling and education, method prescription or supply revisits.

If your clinic does **not** currently provide contraceptive services, and did not do so in any part of 2009, please contact the field coordinator by e-mail or phone so we can remove you from our list of family planning providers. Any questions regarding this survey should be directed to Lori Frohwirth, field coordinator, at (212)248-1111x2272 or lfrohwirth@guttmacher.org or Jennifer Frost, project manager, x2279 or jfrost@guttmacher.org.

Thank you very much for completing this survey!

Please mark any address corrections:

Please provide the following:

Name: _____
Title: _____
Telephone: _____
Fax: _____
E-mail: _____

(1-5)

I. CLINIC CHARACTERISTICS

1. What type of organization is your clinic affiliated with? *Check only one box.*

Health department (e.g., state, county, local)	<input type="checkbox"/> -1
Hospital	<input type="checkbox"/> -2
Planned Parenthood	<input type="checkbox"/> -3
Community/migrant health center	<input type="checkbox"/> -4
Other (specify: _____)	<input type="checkbox"/> -5

(6)

(7)

2. Which of the following best describes the primary service function of your clinic? *Check only one box.*

Reproductive health services	<input type="checkbox"/> -1
Primary (general health) care	<input type="checkbox"/> -2
Other (specify: _____)	<input type="checkbox"/> -3

(8)

(9)

3. Approximately what percentage of your clinic's total outpatient client caseload receives contraceptive services?

<10% <input type="checkbox"/> -1	10-24% <input type="checkbox"/> -2	25-49% <input type="checkbox"/> -3	50-74% <input type="checkbox"/> -4	75-99% <input type="checkbox"/> -5	100% <input type="checkbox"/> -6
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(10)

4. Approximately how many clients receive any contraceptive service during **one typical week** at this clinic?

<5 <input type="checkbox"/> -1	5-19 <input type="checkbox"/> -2	20-49 <input type="checkbox"/> -3	50-99 <input type="checkbox"/> -4	100-199 <input type="checkbox"/> -5	200+ <input type="checkbox"/> -6
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(11)

II. SERVICES AND REFERRALS

For each of the following methods of contraception and health services, indicate whether:

- (1) The method/service is provided or prescribed at this site;
- (2) Clients are referred to another clinic/provider within your agency/organization for this method/service;
- (3) Clients are referred to a clinic/provider that is not affiliated with your agency/organization for this method/service;
- (4) The method/service is not provided and referrals are not given.

5. Methods of contraception		Check one box for each method/service			
		Provided or prescribed at this site	Clients referred to clinic/provider:		Not provided or referred
			Within your agency	Not affiliated with your agency	
(12)	Oral contraceptives (OCs)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(13)	Extended OC regimen (Seasonale, Seasonique)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(14)	IUD: Mirena	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(15)	IUD: ParaGard (Copper-T)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(16)	Implant (Implanon)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(17)	Injectable (Depo-Provera)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(18)	Patch (Ortho Evra)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(19)	Vaginal ring (NuvaRing)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(20)	Diaphragm, cervical cap (Lea's Shield, FemCap)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(21)	Sponge (Today)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(22)	Male condom	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(23)	Female condom	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(24)	Spermicides	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(25)	Natural family planning instruction	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(26)	Emergency contraceptive pills (ECP), Plan B	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(27)	Female sterilization (tubal ligation, Essure)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(28)	Vasectomy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

6. Other health services					
(29)	Primary medical care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(30)	Pregnancy testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(31)	HIV testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(32)	STI screening/testing	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(33)	STI treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(34)	HPV vaccination	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(35)	Preconception care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(36)	Infertility counseling	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(37)	Infertility treatment	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(38)	Colposcopy	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(39)	Domestic violence screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(40)	Mental health screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(41)	Weight management/lifestyle interventions	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(42)	Smoking cessation	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(43)	Diabetes screening	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(44)	Surgical abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(45)	Medication abortion	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

7. Which of the following tests are **typically** used at your clinic for screening at initial or annual visits and for follow-up testing?

<i>Cervical cancer screening/testing</i>		Screening		Follow-up	
		Yes	No	Yes	No
(46-47)	Conventional Pap smear	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(48-49)	Liquid-based Pap test (ThinPrep)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(50-51)	Reflex testing for HPV DNA (“hybrid capture”)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(52-53)	Combined Pap+DNA test (DNA with Pap)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2

HIV testing

(54)	Traditional blood stick	<input type="checkbox"/> -1	<input type="checkbox"/> -2	
(55)	Cheek swab (OraSure)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	
(56)	Rapid-result blood test (OraQuick or Clearview)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	

III. DISPENSING PROTOCOLS

8. When providing clients with an initial prescription for oral contraceptives, what usually happens with regard to dispensing or prescribing the method?

		<i>Check one</i>
	Most clients receive both the initial supply and additional refills at the clinic site.	<input type="checkbox"/> -1
	Most clients receive an initial supply at the clinic and a prescription to fill additional cycles at an outside pharmacy.	<input type="checkbox"/> -2
	Most clients receive a prescription that they fill at an outside pharmacy.	<input type="checkbox"/> -3
(57)	Other (specify) _____	<input type="checkbox"/> -4

(58)

9. How many cycles of oral contraceptives are typically provided/prescribed during: Number of OC cycles provided/prescribed:
Check one box per row

	1	3	6	12/13	Other	
(59-60)	An initial contraceptive visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5 _____
(61-62)	A refill supply visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5 _____

10. Are the following practices often, sometimes, rarely or never provided at this clinic:

	Often	Sometimes	Rarely	Never	
(63)	Oral contraceptive pills (OCs) are dispensed using the ‘Quick Start’ protocol (patient takes first pill on day of visit, regardless of her menstrual cycle)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(64)	New clients requesting OCs delay having a pelvic exam until a follow-up visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(65)	Emergency contraceptive pills (ECP) are dispensed or prescribed ahead of time for a woman to keep at home (advance provision of ECP)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(66)	ECPs are prescribed over the phone (or Internet) without a clinic visit	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

11. When providing clients with each of the following contraceptive methods, what usually happens with regard to dispensing or prescribing:

	Injectable	IUD	Implant
Clinic purchases supplies and injects or inserts on-site	<input type="checkbox"/> -1	<input type="checkbox"/> -1	<input type="checkbox"/> -1
Clinic provides prescription, client obtains method from outside pharmacy, and returns to clinic for injection or insertion	<input type="checkbox"/> -2	<input type="checkbox"/> -2	<input type="checkbox"/> -2
Other (please specify) _____	<input type="checkbox"/> -3	<input type="checkbox"/> -3	<input type="checkbox"/> -3
N/A – clinic does not dispense or prescribe method	<input type="checkbox"/> -4	<input type="checkbox"/> -4	<input type="checkbox"/> -4

(67-68)

(69-70)

(71-72)

IV. LANGUAGE SERVICES

12. How many different languages, other than English, are spoken by contraceptive clients receiving care from this clinic and by the staff who provide that care?

Please provide an estimate or approximation if precise data are unavailable

(73-74)	Total number of other languages spoken by contraceptive clients: _____
(75-76)	Total number of other languages spoken by clinicians (physicians, mid-level clinicians, nurses): _____
(77-78)	Total number of other languages spoken by non-clinical staff (administrative staff, counselors, educators): _____

(79-80) **13.** In how many different languages are client intake forms and educational materials on contraceptive services or methods available at your clinic? _____

14. Are the following language services often, sometimes, rarely or never utilized during the provision of contraceptive services at this clinic?

Often Some-
times Rarely Never

(81)	Bilingual physicians, mid-level clinicians or nurses provide translation	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(82)	Bilingual non-clinical staff (administrative staff, counselors) provide translation	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(83)	Trained interpreters are available on-site at the clinic	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(84)	Telephone used to access off-site interpreters, language line	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

V. CLINIC HOURS, STAFFING AND TIME SPENT ON CARE

15. Clinic schedule – fill in this clinic’s daily schedule for provision of contraceptive services during a typical week

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
(85-112)	Clinic hours _____ (e.g., 9 – 5)						

16. If a new client contacts your clinic today, how soon can she/he get an appointment for an initial contraceptive visit?

Same day <input type="checkbox"/> -1	_____ # of days	_____ # of weeks
(113)	(114-115)	(116)

17. For each of the following services, check the box indicating which type of staff **typically** provides the service at this clinic.

Type of staff **typically** providing service to clients:
Check only one box per row

	Health Counselor or Educator	Registered Nurse (RN)	Mid-level Clinician (NP/CNM/PA)	Physician (MD, DO)	Other (specify below)	
(117)	Counseling and education around method selection	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(118)	Clinical exam and pap test or pelvic exam	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(119)	Depo-Provera injection	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(120)	Other: _____					

18. For typical clients with the following characteristics, please estimate the following:

16-year-old client

25-year-old client

Limited English-speaking client

Client with complex personal or medical circumstances

(121-132)	Total length in minutes of an initial contraceptive visit, including counseling and the clinical exam (but not waiting time)	_____	_____	_____	_____
Number of minutes spent during an initial contraceptive visit discussing or counseling on:					
(133-144)	Method selection	_____	_____	_____	_____
(145-156)	How to correctly and consistently use the chosen method	_____	_____	_____	_____
(157-168)	HIV/STI prevention	_____	_____	_____	_____
(169-180)	Life events that might affect contraceptive use	_____	_____	_____	_____
(181-192)	Client's reproductive plans and current motivation to avoid pregnancy	_____	_____	_____	_____

VI. PAYMENT AND MANAGED CARE

19. Approximately what percentage of all contraceptive clients fall into each of the following payment categories? *Please estimate if figures are not available.*

(193-194)	Medicaid or CHIP (Includes all Medicaid family planning waiver/expansion programs such as PlanFirst or Family PACT, etc.)	_____%
(195-196)	Other public insurance	_____%
(197-198)	Private insurance	_____%
No third-party payment:		
(199-200)	No fee (free services)	_____%
(201-202)	Reduced fee	_____%
(203-204)	Full fee	_____%
Total		100%

20. Does this clinic receive any federal funding from the Title X family planning program?

(205)	Yes <input type="checkbox"/> -1	No <input type="checkbox"/> -2
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21. Are any of the following types of assistance available at this clinic to facilitate Medicaid (or Medicaid waiver) enrollment for contraceptive clients?

Yes

No

(206)	Medicaid applications are available on-site	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(207)	Clinic staff assist clients in completing application	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(208)	Clinic staff submit Medicaid applications on behalf of clients (e.g. by mail or fax)	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(209)	Clinic staff enter client information into an eligibility system and enrollment determination can be made on-site; a client can leave the clinic enrolled	<input type="checkbox"/> -1	<input type="checkbox"/> -2

22. Does this clinic have any **managed care contracts** with Medicaid or private health plans to provide the following services to their enrollees?

		Medicaid plans		Private plans	
		Yes	No	Yes	No
(210-211)	Contraceptive/STI services only	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(212-213)	Maternity or primary care, including contraceptive/STI services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2

23. Does this clinic currently use an electronic health record (EHR) system? And, if not, do you expect to implement each a system anytime within in the next two years?

Check one

(214)	Currently use EHR system	<input type="checkbox"/> -1
	Expect to implement EHR within next 2 years	<input type="checkbox"/> -2
	No plans to implement EHR within next 2 years	<input type="checkbox"/> -3

VII. CLINIC COSTS

24. For each of the following services or staff, please indicate the current cost to the clinic (in 2010), the amount the clinic is currently reimbursed by Medicaid, and the cost of the service 5 years ago (in 2005).

	Current (2010)		Past (2005)
	Cost to clinic	Medicaid reimbursement	Cost to clinic
(215-223)	A single dose of Depo-Provera (supply only)		
	\$ _____	\$ _____	\$ _____
(224-232)	One cycle of your most commonly prescribed oral contraceptives		
	\$ _____	\$ _____	\$ _____
(233-241)	A Mirena IUD (supply only)		
	\$ _____	\$ _____	\$ _____
(242-250)	A single Pap test (regular)		
	\$ _____	\$ _____	\$ _____
(251-259)	A single Pap test using ThinPrep		
	\$ _____	\$ _____	\$ _____
(260-268)	An annual contraceptive visit (excluding contraceptive supplies)		
	\$ _____	\$ _____	\$ _____
(269-286)	Annual full-time salary* for a:		
	\$ _____/year		\$ _____/year
	Receptionist/appointment scheduler		
	\$ _____/year		\$ _____/year
	Registered Nurse (RN)		
(287-304)	\$ _____/year		\$ _____/year
	Mid-level clinician (NP, CNM or PA)		
	\$ _____/year		\$ _____/year

*Report full-time salary even if staff are part-time (if you employ several staff with different salaries and degrees, choose the most typical type of staff employed and report comparable salaries for that level in both 2005 and 2010)

(305) 25. Are there certain contraceptive methods that this clinic does not stock or provide because of their cost? Yes -1 No -2

(306-309) If yes, please list method(s) not stocked:

VIII. SERVICES FOR MEN

26. How frequently are the following services for men or that involve male participation, provided at this clinic?

Often Some-
times Rarely Never

	Often	Some- times	Rarely	Never
(310)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(311)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(312)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(313)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(314)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

IX. TRAINING, SPECIAL PROGRAMS AND OUTREACH

27. With regard to serving specific subgroups of contraceptive clients, please indicate whether:

- (1) Clinic staff have received training in how to best serve the special needs of each group,
 - (2) Clinic has on or off-site programs to provide contraceptive services that are tailored specifically for members of these groups, and/or
 - (3) Clinic has outreach efforts tailored to these groups.
- Check all that apply*

		Staff trained in special needs of group		On or off-site programs tailored to group		Outreach efforts tailored to group	
		Yes	No	Yes	No	Yes	No
(315-317)	Adolescents	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(318-320)	Men	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(321-323)	Couples	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(324-326)	Disabled individuals	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(327-329)	Homeless individuals	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(330-332)	Individuals with substance abuse problems	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(333-335)	Incarcerated individuals	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(336-338)	Non-English speaking individuals	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(339-341)	Immigrants	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(342-344)	Refugees	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(345-347)	Individuals experiencing domestic abuse	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(348-350)	Lesbian or gay (LGBTQ) individuals	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(351-353)	Minors in foster care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(354-356)	Sex workers	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(357-362)	Other populations (specify): _____	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(363-368)	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2

28. Approximately what percent of all contraceptive or STD clients seen at this clinic are:

If unsure, give your best estimate

		0-9%	10-24%	25-49%	50% or more
(369)	Members of racial or ethnic minorities?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(370)	Male?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(371)	Limited English proficiency?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(372)	Less than 18 years of age?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(373)	Homeless?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(374)	Dealing with domestic abuse issues?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(375)	Dealing with substance abuse issues?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(376)	Physically or mentally challenged?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4
(377)	Dealing with complex medical/personal circumstances?	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4

X. COMMUNITY SERVICES AND LINKAGES

29. We are interested in **other service providers** available in your community.

(1) Is a provider of each type listed below available in your community? And, if YES,

(2) Are clients regularly referred by any of these other providers to your clinic and/or do you regularly refer clients to any of these other providers for services?

(Check NA if your clinic is the only provider of this type in your community and DK if you don't know if these providers are available.)

	Service provider type	Available in our community?				Referrals by provider to you		Referrals by you to provider	
		Yes	No	DK	NA	Yes	No	Yes	No
(378-380)	Community Health Center(s) (CHC)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(381-383)	Migrant Health Center(s) (MHC)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(384-386)	Other community clinic(s) providing primary care services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(387-389)	STD/STI clinic(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(390-392)	Private obstetrician/gynecologist(s)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2
(393-395)	Other private physicians/group practices	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -1	<input type="checkbox"/> -2

(396-403) 30. If you answered 'Yes' regarding any regular referrals to your clinic from other providers, what are the services that your clinic most often receives referrals for? Please specify:

31. Most women have multiple choices when it comes to choosing a family planning or reproductive health care provider. Given the many different providers available in your community, please indicate which of the following reasons are **important** to most, many, some or few of your contraceptive clients when choosing to visit *your* clinic for care.

		Reason is important for: (check one box per row)				
		Most clients	Many clients	Some clients	Few clients	NA or no clients
(404)	Free or reduced fee services are available	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(405)	Ability to get confidential services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(406)	Ability to get high-quality contraceptive care	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(407)	Location is near clients' home or work	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(408)	Location is near public transportation	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(409)	Can get multiple types of services in one place	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(410)	Is adjacent/near where clients get other services	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(411)	Provides a wide/wider range of contraceptive methods	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(412)	Has female clinicians	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(413)	Has staff that understand clients' cultural background and needs	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(414)	Has childcare or allows children to accompany client	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(415)	Is recommended or used by clients' family or friends	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(416)	Provides services in client's language (not English)	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(417-418)	Other reasons (specify) _____	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5
(419-420)	_____	<input type="checkbox"/> -1	<input type="checkbox"/> -2	<input type="checkbox"/> -3	<input type="checkbox"/> -4	<input type="checkbox"/> -5

Thank you again for completing the survey!