



**The purpose of this survey is to gather information about service delivery among the wide variety of clinics that offer publicly funded contraceptive services.** We know that the past few years have been challenging, and we are seeking to understand how clinics have responded to these challenges and what changes have been implemented. Please help us elevate the experiences of clinics like yours by providing the information requested. Estimates are acceptable if exact figures are not available.

**We make every effort to protect the confidentiality of your responses.** We will not publish results that will permit identification of individual respondents or clinics in any way.

**The survey takes approximately 20-30 minutes to complete.** If you are unable to complete it in one sitting, you may save the survey with the Bookmark tool and use the same login credentials to return to the survey at a later time. As a token of our thanks, we will be offering you a \$50 e-gift card for completing the survey.

For any questions about this survey, contact Principal Investigator Alicia VandeVusse, at (212) 248-1111, extension 2343, or [2022clinicsurvey@guttmacher.org](mailto:2022clinicsurvey@guttmacher.org).

**Thank you for your time and for completing this survey!**

Please enter the Survey ID you received via email: \_\_\_\_\_

Is this the correct address for this clinic?:

Clinic Name:
Address:

**Yes/No**

**[If no]:** If not, please make all address corrections for this clinic in the field below.

Clinic Name:
Address:

Please provide the following contact information for the person completing the survey:

Name:	
Title:	
Phone (XXX-XXX-XXXX):	(ext. )
Email:	

Was this clinic open for the provision of contraceptive services as of November 1, 2022?

Yes/No

**[If no]: On what date did the clinic stop providing contraceptive services (MM/DD/YYYY)?**

**Thank you very much. Your clinic is not eligible for the study at this time, but we appreciate your efforts to support our work.**

**[End survey]**

**Contraceptive services** are defined as any service related to postponing or preventing pregnancy. Contraceptive services may include taking a history of sexual and reproductive health (SRH) and behavior, a medical examination related to provision of a contraceptive method, contraceptive counseling and education, method provision and prescription, and appointments to pick up contraceptive supplies. Telemedicine involving any of those services should be counted as providing contraceptive services.

**Telemedicine (or telehealth):** Varied definitions for telemedicine and telehealth exist. Here we define telemedicine as the non-in-person delivery of health care services by health care professionals using information and communication technologies (including video conferencing, phone calls, phone- or computer-based apps, email and text messaging). As such, it includes the exchange of medically accurate information for the diagnosis, treatment, and prevention of disease and injuries.

## I. CLINIC CHARACTERISTICS

**1. What type of organization is this clinic affiliated with?**

Health department (e.g., state, county, local)	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Planned Parenthood	<input type="checkbox"/>
Federally qualified health center or look-alike/community health center	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

**[If "other" is selected for Q1]:**

**1a. Please specify other clinic organization type:**

\_\_\_\_\_

**2. Which of the following best describes the main type of service provided by this clinic?**

Reproductive health services	<input type="checkbox"/>
Primary (general health) care	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

**[If "other" is selected for Q2]:**

**2a. Please specify other service type:**

\_\_\_\_\_

**\*3. Approximately how many patients receive any contraceptive services at this clinic during a *typical week*? Include telemedicine visits in your answer.**

<5	<input type="checkbox"/>
5-19	<input type="checkbox"/>
20-49	<input type="checkbox"/>
50-99	<input type="checkbox"/>

**\*4. For new patients contacting this clinic, within how many days are they typically able to get an appointment for an initial contraceptive service visit?**

<input type="checkbox"/> Same day
<input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4

100-199	<input type="checkbox"/>
200+	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

<input type="checkbox"/> 5
<input type="checkbox"/> 6
<input type="checkbox"/> 7
<input type="checkbox"/> More than 7 days
<input type="checkbox"/> Prefer not to answer

**[If “more than 7 days” is selected for Q4]:**

**4a. Within how many weeks are patients typically able to get an initial contraceptive visit?**

- 2
- 3
- 4
- 5 or more
- Prefer not to answer

**5. Approximately what percentage of all contraceptive patients seen at this clinic:**

Have limited English proficiency \_\_\_\_\_%

Are less than 18 years old \_\_\_\_\_%

**6. Approximately what percentage of all contraceptive patients seen at this clinic identify as the following racial/ethnic groups?**

White \_\_\_\_\_%

Black \_\_\_\_\_%

Latino/a \_\_\_\_\_%

Asian \_\_\_\_\_%

Other \_\_\_\_\_%

**\*7. Among all patients receiving any services at this clinic annually, approximately what percentage receive contraceptive services?**

<input type="checkbox"/> <10%
<input type="checkbox"/> 10-49%
<input type="checkbox"/> 50% or more
<input type="checkbox"/> Prefer not to answer

**\*8. What is the total number of hours this clinic is open for the provision of contraceptive services during a typical week? *It is okay to give an estimate.***

\_\_\_\_\_ # of hours open

**9. Does this clinic offer contraceptive services...**

	Yes	No	Prefer not to answer
on Saturdays and/or Sundays (at least once per month)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
after 6pm on any weekday(s) (at least once per week)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for walk-in patients?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Approximately what percentage of all contraceptive patients is covered by each of the following types of insurance, regardless of whether you bill the insurance?**

*Please estimate if the exact percentage distribution is not available. Total should equal 100%.*

Full-benefit Medicaid or CHIP	_____ %
Family planning-specific Medicaid waiver/expansion program	_____ %
Other public insurance	_____ %
Private health insurance (including military or public employee insurance)	_____ %
No insurance	_____ %
<b>Total</b>	100%

**\*11. Title X is a federal program that funds family planning services and is administered by the Office of Population Affairs, DHHS. In the past five years (since January 1, 2018) has this clinic received Title X funding during any funding cycle?**

- Yes
  No
  Prefer not to answer

**[If “yes” is selected for Q11, clinic has received any Title X funding in the past five years]:**

**\*11a. During which of the following years did this clinic receive any Title X funding?**

	Yes	No	Prefer not to answer
2018	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2019	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2022	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. CONTRACEPTIVE SERVICES PROTOCOLS**

The next section asks about the contraceptive services available at this site. Please answer to the best of your ability.

**\*12. For each of the following types of contraceptive methods, indicate whether:**

- (a) At least one method of this type is currently provided or prescribed at this site;
- (b) Patients are referred (formally or informally) to another clinic/provider for this type of method; or
- (c) This type of method is not provided nor are referrals given

Methods of contraception	Provided or prescribed at this site	Patients referred to another clinic/provider	Not provided nor referred	Prefer not to answer
Combined hormonal oral contraceptives (OCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progestin-only OCs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Extended regimen of either combined or progestin-only OCs (Seasonale, Seasonique)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal IUDs (e.g., Mirena, Skyla)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper IUDs (e.g., ParaGard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implants (e.g., Nexplanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectables (e.g., Depo-Provera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patches (e.g., Ortho Evra)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal rings (e.g., NuvaRing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
External (male) condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other barrier methods (e.g., diaphragm, cervical cap, sponge, internal condoms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spermicides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contraceptive pills (ECPs) (e.g., Plan B, ella)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubal ligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fertility awareness-based method instruction or supplies (e.g., cycle beads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If provision or prescription of OCs is reported in Q12]**

**13. How many total months (i.e., cycles) of OCs are typically provided and/or prescribed at an initial contraceptive visit? Include both the cycles provided at the clinic as well as those prescribed.**

- 1 month    2-3 months    4-6 months    7-11 months    12+ months    Prefer not to answer

**[If provision or prescription of OCs is reported in Q12]**

**14. When providing patients with an initial prescription for OCs, what usually happens with regard to dispensing or prescribing them?**

- Most patients receive both the initial supply and additional refills at the clinic  
 Most patients receive an initial supply at the clinic and a prescription to fill additional cycles at a pharmacy  
 Most patients receive a prescription that they fill at a pharmacy.  
 Other  
 Prefer not to answer

**[If "other" is selected for Q14]:**

**14a. Please specify other dispensing/prescribing protocols:** \_\_\_\_\_

**[If provision or prescription of IUDs or implants is reported in Q12]**

**15. How many visits do you typically require to complete the following patient requests to:**

*Check one box per row.*

	1 visit (Same day)	2 visits	3 or more visits	Prefer not to answer
Insert an IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove an IUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insert an implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remove an implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**16. How often are the following protocols followed at this clinic?**

Protocols	Always	Often	Sometimes	Rarely	Never	Prefer not to answer
OCs are dispensed using the “Quick Start” protocol (i.e., patient takes first pill on day of visit, regardless of where they are in their menstrual cycle) [If providing OCs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New patients get OCs without having to get a pelvic exam [If providing OCs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients having an IUD inserted or removed are offered pain medication [If providing IUDs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECPs are dispensed or prescribed ahead of time for a patient to keep at home (i.e., advance provision of ECPs) [If providing ECPs]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patients are supported in self-injecting Depo-Provera [If providing injectables]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**17. When counseling a typical patient during an initial family planning visit, how often do clinic staff do the following?**

	Always	Often	Sometimes	Rarely	Never	Prefer not to answer
Assess the patient’s intentions/preferences for the number/timing of pregnancies within their personal values and life goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elicit the patient’s preferences for contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present information on potential contraceptive methods based on the patient’s preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present information on potential contraceptive methods with the most effective methods presented first	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help the patient consider important factors about contraceptive methods (e.g. possible side effects, non-contraceptive benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help the patient think about potential barriers to using contraceptive methods correctly and discuss/develop a plan to deal with these barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discuss with the patient the option of getting contraceptives over the counter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsel on condom use to prevent STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage in an iterative back-and-forth with the patient, with the final decision made by the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **III. OTHER HEALTH SERVICES**

**18. For each of the following health services other than contraception, please indicate whether:**

- (a) The service is provided or prescribed at this site;**
- (b) Patients are referred (formally or informally) to another clinic/provider for this service; or**
- (c) The service is not provided nor are referrals given.**

<b>Other health services</b>	<b>Provided or prescribed at this site</b>	<b>Patients referred to another clinic/provider</b>	<b>Not provided nor referred</b>	<b>Prefer not to answer</b>
Primary (general health) care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-exposure prophylaxis for HIV prevention (PrEP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia/gonorrhea testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STI treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expedited partner therapy for STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear (conventional and/or liquid based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual health counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colposcopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical breast exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast feeding counseling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender-affirming hormone therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infertility counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic infertility testing (e.g. pelvic exam, hormone levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preconception counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy options counseling (including parenting, adoption and abortion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscarriage management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If miscarriage management is reported to be provided or prescribed at this site in Q18:]**

**18a. Which types of miscarriage management do you provide or prescribe at this site?**

*Select all that apply.*

- Expectant management
- Medical management (misoprostol to advance expulsion)
- Surgical management (manual vacuum aspiration)

**19. Does the clinic follow any of the following protocols for serving transgender and gender non-conforming patients?**

	Yes	No	Prefer not to answer
Use medical records and intake forms that allow patients to express their gender identity and sex assigned at birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use electronic health records that specify gender identity and patient pronouns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide educational materials inclusive of transgender and gender non-conforming patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train receptionists and other support staff to respect a full range of gender identities and gender expressions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide gender-neutral signage and restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen patients using a “reproductive organ inventory” to ensure appropriate screenings and evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If “other” is selected for Q19]:**

**19a. Please specify other protocols:** \_\_\_\_\_

**20. Does the clinic staff provide any of the following adolescent-centered aspects of care?**

	Yes	No	Prefer not to answer
Allow patients under 18 to consent to SRH services, including contraception (to the extent allowed by law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer privacy-ensuring billing practices (e.g., having explanation of benefits sent to the clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide educational materials tailored to adolescents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer adolescent-only clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Employ staff who have been trained to provide adolescent-friendly SRH care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offer private, youth-focused physical spaces in waiting rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluate adolescents' ability to pay based on their own income rather than their parents'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Require a pap smear for patients under 21 to initiate contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If "other" is selected for Q20]:**

**20a. Please specify other aspects of care:** \_\_\_\_\_

**21. For each of the following types of social services, please indicate whether:**

- (a) A social worker or other appropriate provider of social services is available on site;
- (b) Patients are referred (formally or informally) to appropriate sites or agencies for this type of service; or
- (c) This type of service is not available on site nor are referrals given

<b>Social services</b>	<b>Available at this site</b>	<b>Patients referred to another site/agency</b>	<b>Not available nor referred</b>	<b>Prefer not to answer</b>
Intimate partner violence screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence intervention services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing insecurity screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing insecurity assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food insecurity assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Which of the following outreach, training and patient engagement activities does this clinic engage in? Select all that apply.**

- Participate in community outreach events
- Hire members of the community
- Employ community-outreach staff
- Require staff receive training in implicit bias and/or cultural competency
- Track patient experiences using patient surveys (e.g., the Person-Centered Contraceptive Counseling Measure)
- Form patient stakeholder groups
- Other
- None of the above
- Prefer not to answer

**[If "other" is selected for Q22]:**

**22a. Please specify other practices:** \_\_\_\_\_

#### **IV. TELEMEDICINE**

**The next section asks about the use of telemedicine at this site. Please answer to the best of your ability.**

**Telemedicine (or telehealth):** Varied definitions for telemedicine and telehealth exist. Here we define telemedicine as the non-in-person delivery of health care services by health care professionals using information and communication technologies (including video conferencing, phone calls, phone- or computer-based apps, email and text messaging). As such, it includes the exchange of medically accurate information for the diagnosis, treatment, and prevention of disease and injuries.

**23. Which of the following services does this clinic offer via telemedicine (i.e, video conferencing, phone calls, phone- or computer-based apps, email and text messaging)? *Select all that apply.***

- Scheduling appointments
- Contraceptive counseling
- Initial prescriptions for OCs
- Refills of OCs
- Prescriptions for ella ECPs
- Acceptance of patients' reported blood pressure before initiating estrogen-containing methods
- Support for patients' self-injecting Depo-Provera
- Mailing of patches, rings or OCs
- Follow-up consultations for contraception
- Mailing of STI tests (e.g., nucleic acid test mailed to patient)
- Empirical treatment of STIs (e.g., prescription of antibiotics or antivirals)
- Medication abortion
- Messaging staff with follow-up questions
- None of the above
- Prefer not to answer

**24. During a typical week, what proportion of contraceptive visits are conducted via telemedicine? *It is okay to give an estimate.***

\_\_\_%

**25. During a typical week during peak COVID-19 surges in the clinic's geographic area, what proportion of contraceptive visits were conducted via telemedicine? *It is okay to give an estimate.***

\_\_\_%

**26. During a typical week in 2019, what proportion of contraceptive visits were conducted via telemedicine? *It is okay to give an estimate.***

\_\_\_%

**27. Do you anticipate that the share of telemedicine visits will increase, stay the same or decrease in the future?**

Increase

Stay the same

Decrease

Prefer not to answer

**28. Please indicate if each of the following is a *barrier* to the provision of telemedicine for this clinic.**

	Yes	No	Prefer not to answer
Lack of patient access to technology/internet (e.g., Wi-Fi, smart phones)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient difficulty navigating telemedicine platform(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language or literacy difficulties for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient privacy concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss of face-to-face rapport with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty incorporating telemedicine into workflow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff resistance to telemedicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of provider training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inherent limitations of telemedicine (e.g., inability to do physical exams, use diagnostic equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of infrastructure or protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insufficient insurance reimbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**29. Please indicate if each of the following is a *benefit* of telemedicine for this clinic.**

	Yes	No	Prefer not to answer
Providers can work from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can serve patients from a wider geographic area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Better management of in-clinic patient flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can see more patients in a given time period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some patient barriers to care removed (e.g., no need for transportation or child care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Language interpreters can join virtual visits from wherever they happen to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **V. CLINIC CHALLENGES**

Some sites that provide SRH services have faced challenges in recent years due to federal and state policy changes and the COVID-19 pandemic. In the following section, we ask about challenges this clinic may have experienced.

**30. Since January 1, 2018, has this clinic's annual revenue significantly declined (i.e., by 10% or more) due to any of the following reasons? *Select all that apply.***

- A cut in federal funding allocated to this clinic (e.g., cuts in grant funding from Title X, or in other federal programs like FQHC funding, IHS funding)
- A cut in state or local funding allocated to this clinic
- A decrease in revenue from patient fees
- A decrease in revenue from Medicaid reimbursements
- A decrease in revenue from private insurance reimbursements
- Patient declines due to the COVID-19 pandemic
- Other
- Did not experience a significant decline in revenue
- Prefer not to answer

**[If "other" is selected for Q30]:**

**30a. Please specify other reasons for declines in clinic revenue:** \_\_\_\_\_

**31. Since January 1, 2018, has this clinic implemented any of the following changes in response to funding shifts?**

	Yes	No	Prefer not to answer
Increased patient fees for specific services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed the sliding fee scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged patients to use private insurance to pay for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Offered fewer services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Changed clinic hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopped offering some contraceptive methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**[If “other” is selected for Q31]:**

**31a. Please specify other changes:** \_\_\_\_\_

**\*32. In June 2022, the Supreme Court overturned *Roe v. Wade* in the *Dobbs v. Jackson Women’s Health Organization* decision, leading to severe abortion restrictions in many states. As a result of *Dobbs*, has each of the following increased, stayed about the same or decreased at this clinic? It is okay to give an estimate.**

Proportion of all patients seeking contraceptive services	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Number of patients receiving contraceptive care in a typical week	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Wait times for new patients seeking contraception	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Proportion of contraceptive patients requesting ECPs (for immediate use or for when needed)	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Proportion of contraceptive patients requesting IUD or implant	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Stocking issues for IUDs or implants	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Proportion of contraceptive patients requesting tubal ligation or vasectomy	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Number of abortion referrals to in-state providers	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Number of abortion referrals to out-of-state providers	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Number of referrals made for miscarriage management	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer
Time spent counseling patients seeking abortion	<input type="checkbox"/> Increased	<input type="checkbox"/> Same	<input type="checkbox"/> Decreased	<input type="checkbox"/> Prefer not to answer

**33. Is this clinic planning to add or expand any services as a result of the Dobbs decision?**

- Yes                       No                       Prefer not to answer

**[If “yes” is selected for Q33]:**

**33a. What services is this clinic planning to add or expand?** \_\_\_\_\_

**34. Is this clinic planning to reduce or eliminate any services as a result of the Dobbs decision?**

- Yes                       No                       Prefer not to answer

**[If “yes” is selected for Q34]:**

**34a. What services is this clinic planning to reduce or eliminate?** \_\_\_\_\_

**35. Is there anything else you want to share about how this clinic has been impacted by the Supreme Court decision (*Dobbs v Jackson Women’s Health Organization*)?**

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**36. Overall, what are the top challenges facing this clinic currently?**

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**37. We plan to conduct a key informant interview study about the effects of the Supreme Court's *Dobbs* decision in the coming months. Would you be interested in participating in this future study? [Yes/No]**

**Before you click the arrow below to submit this survey, please make sure you have answered all the questions you can. Remember, you may save your responses and return to complete the survey later.**

**After you submit the survey, you will be redirected to receive a gift card as a thank you for your participation.**

*[Thank you text for completes; redirect to gift card survey]*

**Thank you very much for completing this survey!  
Your responses are incredibly valuable.**

Remember, as a token of our gratitude, we'd like to offer you a \$50 online gift card to your choice of Amazon, Target, or Walmart by providing the email address where you'd like to receive the gift card.

Would you like to provide your email address and receive an online gift card?

Yes	<input type="checkbox"/>
No, please do not send me a gift card	<input type="checkbox"/>

*[If "yes" to gift card]:*

**Please provide an email address where you can receive e-gift cards. We will ONLY use this email address to send your gift card. Thank you for your participation!** *Some email programs screen gift cards; we recommend using a personal email account. You will have 90 days to claim the gift card.*

Email address: \_\_\_\_\_

*[If "no" to gift card]:*

**You will not receive an online gift card. Thank you for your participation!**