

5.6 Z-CAN EXIT INTERVIEW FORM

ZIKA CONTRACEPTION ACCESS NETWORK PROVIDER EXIT INTERVIEW

Date: (MM/DD/YEAR) _____ Z-CAN Provider Number: _____
Interviewer's Name: _____ Provider's Name: _____

1. Please tell us what positive experiences you had with Z-CAN, if any.

2. Please tell us what challenges you faced participating in Z-CAN, if any.
(For example, with implementation, staff, inventory, patients, reimbursements etc.)

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3. Please tell us your reason(s) for leaving the program (or deciding not to renew your contract).

4. Is there anything else you would like to tell us that could help improve the program?