

6.2 Z-CAN PATIENT SATISFACTION SURVEY

6.2 EXAMPLE OF PATIENT FOLLOW-UP SURVEY – 1-2 WEEKS POST Z-CAN

Patient Z-CAN ID: ___ / ___ / _____

Reproductive Health Indicators

1. Have you heard of the *Ante la Duda, Pregunta* Campaign? YES NO
2. Prior to your Z-CAN visit, how did you first hear about the Z-CAN program? (Check all that apply)
- Radio TV Website Social Media (e.g., Facebook, Twitter, Instagram) Poster, Flyer, Brochure
 - Friend/Family Community event Other: _____
 - I did not hear about Z-CAN before my visit **SKIP to Q6**

3. How many Z-CAN clinics did you have to call before successfully making an appointment?

I only had to call 1 clinic **SKIP to Q5** 2 3 4 or more

4. Why did you have to call more than one clinic to secure a Z-CAN appointment? (Check all that apply)

- The clinic(s) did not have space in their schedule
- The clinic staff said they have not received the contraceptive methods yet
- I was told I was not within the clinic insurance or regional network
- I was told there would be a cost associated with the Z-CAN visit
- Other: _____

SAME PAGE: IF a clinic told you there would be a cost for a Z-CAN visit, which one(s) said so: _____

5. How long was it between the time you called to make your Z-CAN appointment and when you had your appointment?

- 1 week or less
- 2-3 weeks
- 4-8 weeks
- More than 8 weeks

6. What is the main reason you want to prevent pregnancy now? (Select one)

- I cannot afford to have a baby (or another baby) now
- I don't want to have a baby now
- I don't want to get pregnant now because I am worried about the Zika virus
- Other: _____

7. Did your Z-CAN health care provider discuss with you how to protect yourself from Zika infection?

Yes No I do not remember

[SKIP to Q9 if "no" or "I don't remember"]

8. What suggestions for prevention of Zika virus infection were mentioned by your Z-CAN healthcare provider?

(select all that apply)

- Use bug spray when going outside Close doors and windows to prevent mosquito bites
- Use a bed net Use fans or air conditioning
- Use screens on doors and windows Use condoms with my sexual partner
- Wear long sleeves and long pants to avoid mosquito bites
- Other (Specify): _____

9. BEFORE your Z-CAN visit, which contraceptive method were you most interested in getting? (Select One)

- | | |
|--|---|
| <input type="checkbox"/> IUD - Hormonal (Mirena, Liletta, Skyla) | <input type="checkbox"/> Ring (NuvaRing) |
| <input type="checkbox"/> IUD - Copper (Paraguard) | <input type="checkbox"/> Patch (Xulane) |
| <input type="checkbox"/> Implant (Nexplanon) | <input type="checkbox"/> Condoms |
| <input type="checkbox"/> Injection/Shot (Depo Provera) | <input type="checkbox"/> None |
| <input type="checkbox"/> Pills | <input type="checkbox"/> Other (Specify): _____ |

10. What contraceptive methods did you discuss during your Z-CAN visit? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> IUD - Hormonal (Mirena, Liletta, Skyla) | <input type="checkbox"/> Ring (NuvaRing) |
| <input type="checkbox"/> IUD - Copper | <input type="checkbox"/> Patch (Xulane) |
| <input type="checkbox"/> Implant (Nexplanon) | <input type="checkbox"/> Condoms |
| <input type="checkbox"/> Injection/Shot (Depo Provera) | <input type="checkbox"/> None |
| <input type="checkbox"/> Pills (hormonal or progestin-only) | <input type="checkbox"/> Other (Specify): _____ |

11. AFTER discussing contraception options during your Z-CAN visit, which contraceptive method were you most interested in getting? (Select One)

- | | |
|--|---|
| <input type="checkbox"/> IUD - Hormonal (Mirena, Liletta, Skyla) | <input type="checkbox"/> Ring (NuvaRing) [SKIP Q15 if not "IUD" or "IMPLANT"] |
| <input type="checkbox"/> IUD - Copper (Paraguard) | <input type="checkbox"/> Patch (Xulane) |
| <input type="checkbox"/> Implant (Nexplanon) | <input type="checkbox"/> Condoms |
| <input type="checkbox"/> Injection/Shot (Depo Provera) | <input type="checkbox"/> None |
| <input type="checkbox"/> Pills (hormonal or progestin-only) | <input type="checkbox"/> Other (Specify): _____ |

12. Did you get this method during your visit?

- Yes [SKIP to Q15 or Q16 if "YES"]
- No

13. If you did not get the contraceptive method that you were most interested in getting, what contraceptive method(s) did you get during your visit? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> IUD - Hormonal (Mirena, Liletta, Skyla) | <input type="checkbox"/> Ring (NuvaRing) |
| <input type="checkbox"/> IUD - Copper (Paraguard) | <input type="checkbox"/> Patch (Xulane) |
| <input type="checkbox"/> Implant (Nexplanon) | <input type="checkbox"/> Condoms |
| <input type="checkbox"/> Injection/Shot (Depo Provera) | <input type="checkbox"/> None ▶ please indicate primary reason below (Select one): |
| <input type="checkbox"/> Pills (hormonal or progestin-only) | <input type="checkbox"/> Pregnant |
| [SKIP Q15 if not "IUD" or "IMPLANT"] | <input type="checkbox"/> May be pregnant;
returning on ____ date |
| | <input type="checkbox"/> The method I wanted was not available;
returning on ____ date |
| | <input type="checkbox"/> Declined a method |
| | <input type="checkbox"/> I wanted to talk to my friend, relative, or partner first;
returning on ____ date |
| | <input type="checkbox"/> Other (Specify): _____ ;
returning on ____ date [SKIP to Q19 if "none"] |

14. If the method you received was different from the method that you were most interested in receiving, please indicate the main reason for the difference: method(s) did you get during your visit?

- I received the method I was most interested in receiving that day.
- The method I was most interested in receiving was not available that day.
- There was not enough time for me to get the method.
- The method cost too much money.
- My physician told me I was not a good candidate for the method that I wanted.
- Other reason (Specify): _____
- Other (Specify): _____

15. If you received an intrauterine device (IUD) or implant, were you given information on where to go to have your device removed?

- Yes No

16. Which of the following were most important to you when choosing the method of contraception that you decided upon? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> How well it works | <input type="checkbox"/> My family or friends recommended it |
| <input type="checkbox"/> Easy to use | <input type="checkbox"/> It is affordable |
| <input type="checkbox"/> My partner recommended it | <input type="checkbox"/> Easy to get |
| <input type="checkbox"/> My physician recommended it | <input type="checkbox"/> Lighter periods |
| <input type="checkbox"/> Lighter period | <input type="checkbox"/> less pimples/acne |
| | <input type="checkbox"/> Other (Specify): _____ |

17. If you received a contraceptive method from Z-CAN were you satisfied with the method you received?

- Not at all satisfied
 Somewhat satisfied **[SKIP to Q19]**
 Very satisfied **[SKIP to Q19]**
 I did not receive a contraceptive method the same day as my Z-CAN visit (not applicable) **[SKIP to Q19]**

18. Why were you not satisfied with the method you received? (check all that apply)

- The method is not convenient for me
 I experienced side effects
 The method was too expensive for me
 My partner does not want me to use this
 I want to get pregnant
 I do not feel comfortable using hormones
 I do not feel comfortable having something inside my body
 I do not believe it is effective for birth control
 It is causing me pain
 Other (Specify): _____

19. Were you asked to pay for your Z-CAN visit(s)?

- Yes No **[SKIP TO Q21]**

20. What Z-CAN services were you asked to pay for? Check all that apply {Show pop screen}

- Contraceptive counseling
 Insertion of an implant or IUD
 Removal of an implant or IUD
 Ultrasound
 Other: _____

21. If you received a contraceptive method from Z-CAN, were you asked to pay for your method?

- Yes {Show pop screen}
 No **[SKIP TO Q22]**
 I did not receive a contraceptive method the same day as my Z-CAN visit (not applicable) **[SKIP TO Q22]**

22. Overall, how satisfied are you with the service(s) you were given at this clinic?

- Not at all satisfied
 Somewhat satisfied
 Very satisfied **[SKIP TO Q24]**

23. Why were you not satisfied with the service(s) you were given at this clinic?

Please specify: _____

24. Why were you very satisfied with the service(s) you were given at this clinic?

Please specify: _____

25. Based on your experience with Z-CAN, would you return to this clinic for contraception in the future?

Yes No **[SKIP TO Q27]**

26. Based on your experience, would you recommend this clinic to family or friends who are interested in contraception?

Yes No **[SKIP TO Q27]**

On a scale of 1 to 5, with 1 meaning poor and 5 meaning excellent, please rate your experience with your Z-CAN provider(s) (doctor, nurse, and/or counselor) that you saw according to the following qualities:

	1=Poor	2=Fair	3=Good	4=Very good	5=Excellent
Respecting me as a person	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Showing care and compassion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Letting me say what mattered to me about my birth control method	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Giving me an opportunity to ask questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Taking my preferences about my birth control seriously	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Considering my personal situation when advising me about birth control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Working out a plan for my birth control with me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Giving me enough information to make the best decision about my birth control method	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Telling me how to take or use my birth control method most effectively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Telling me the risks and benefits of the birth control method I chose	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Answering all of my questions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Survey to be completed by the client through a web-based survey platform • Last Revised 12/7/2016

Thank you so much for participating in this survey. The Z-CAN program will use data from these surveys to improve the Z-CAN program experience for women in Puerto Rico.

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