**Appendix D. Provider survey questions used to measure best practice implementation**

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| Category: *Structure* | Provider Survey Measures |
| * Trained staff
 | Have you been formally trained in the insertion and removal of the following contraceptive methods?

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Copper Intrauterine Device (Cu-IUD or ParaGard®)? | [ ]  | [ ]  |
| Levonorgestrel-releasing Intrauterine Device (LNG-IUD LILETTA**™,** Skyla**®** or Mirena®)? | [ ]  | [ ]  |
| Contraceptive implant (Implanon®)? | [ ]  | [ ]  |

 |
| Category*: Tasks: Non-clinical Staff* |  |
| * For adolescents who do not want to be pregnant or are unsure:
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| * Provide accurate and unbiased information about all FDA-approved birth control methods
 | In the past year, have you referred, prescribed or provided hormonal implants to nulliparous adolescents? If no, please indicate why (select all that apply):* My practice does not provide implants.
* I rarely have nulliparous adolescents as patients.
* I am concerned about recommending implants for adolescents.
* I am concerned about the effects on future fertility.
* I am concerned about difficult insertion.
* I am not trained in implant insertion.
* My nulliparous adolescent patients generally prefer a different method.
* Adolescents are more likely to have it removed within a year of insertion, compared to adults
* Providing adolescents with hormonal implants makes them less likely to use a condom
* My practice/health center protocol does not allow it.
* There are financial-related issues with billing, coding, and reimbursement processes that make the process very difficult.
* I do not feel comfortable inserting implants.
* I do not generally provide implants to adolescents for other reasons (please specify):

In the past year, have you referred, prescribed or provided intrauterine devices (IUDs) to nulliparous adolescents?If no, please indicate why (Select all that apply):* My practice/health center does not provide IUDs.
* I rarely have nulliparous adolescents as patients.
* I am concerned about recommending IUDs for adolescents.
* I am concerned about the effects on future fertility.
* I am concerned about difficult insertion.
* I am not trained in IUD insertion.
* My nulliparous adolescent patients generally prefer a different method.
* Adolescents are more likely to have it removed within a year of insertion, compared to adults
* My practice/health center protocol does not allow it.
* There are financial-related issues with billing, coding, and reimbursement processes that make the process very difficult.
* Providing adolescents with IUDs makes them less likely to use a condom
* I do not feel comfortable inserting IUDs.
* I do not generally provide IUDs to adolescents for other reasons (please specify):
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