**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: |  |
| * 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): |