

SAMPLE PATIENT SURVEY QUESTIONNAIRE

This document includes questions you could use- either as a stand alone document or as part of a larger survey- to assess a patient's satisfaction with their contraceptive care experience.



Patient Survey

[NAME OF HEALTH CENTER} is committed to improving your healthcare experience, and we are interested in learning about your experiences with family planning and birth control at this health center. Your answers to the below questions will help us improve our services. You do not have to take the survey, and your decision to take the survey will not affect your medical care in any way. Your answers are anonymous and cannot be connected with you in any way. We hope that you will complete this survey so that we can learn more about your views on your experience.

You must be at least 18 years old to complete this survey.

1. During your visit today, did a health center staff member ask you if you would like to become pregnant in the next year? (Please select one)

- ☐ Yes
- ☐ No [Skip to Question 3]

2. Who asked you if you would like to become pregnant in the next year? (Please select only one)

- ☐ Support staff (Medical assistant, health(care) worker, doula, registered nurse)
- ☐ Clinician (Nurse Practitioner, Physician's Assistant, Midwife, Doctor, etc.)
- ☐ Other (please specify their job title) _____
- ☐ Don't remember or not sure of their job title

3. Would you like to become pregnant in the next year? Please read all options and select one.

- ☐ Yes [If Yes, survey complete]
- ☐ No
- ☐ I'm okay either way
- ☐ I'm not sure
- ☐ Not applicable (sterilization, infertility, already pregnant, contraception for medical reasons, only female partners) [If Not Applicable, survey complete]

4. What were you using for birth control **before** your visit today?
(Please select all that apply)

- ☐ I was not using birth control before today
- ☐ An IUD
- ☐ An implant (like Nexplanon®)
- ☐ Condoms (male or female)

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- ☐ The pill
- ☐ The patch (on the skin)
- ☐ Vaginal ring (NuvaRing®)
- ☐ The shot (Depo-Provera®)
- ☐ Natural family planning
- ☐ Emergency contraception
- ☐ Tubes tied, vasectomy, or similar
- ☐ Other (please specify) _____

5. Before you came to the center today, were you planning to get birth control? (Please select one)

- ☐ Yes
- ☐ No

6. Did anyone discuss birth control with you at any point during your visit? (Please select one)

- ☐ Yes
- ☐ No [Skip to Question 17]

7. During your visit today, did health center staff ask you questions about finding the right birth control method for you? (Please select one)

- ☐ Yes
- ☐ No
- ☐ Unsure

8. During your visit today, did a doctor, nurse, counselor or anyone else talk with you about these **birth control methods**? (Please select all that apply)

- ☐ No one talked with me about birth control methods
- ☐ An IUD
- ☐ An implant (like Nexplanon®)
- ☐ Condoms (male or female)
- ☐ The pill
- ☐ The patch (on the skin)
- ☐ Vaginal ring (NuvaRing®)
- ☐ The shot (Depo-Provera®)
- ☐ Natural family planning
- ☐ Emergency contraception
- ☐ Tubes tied, vasectomy, or similar
- ☐ Other (please specify) _____

9. Did you start a new birth control method **today**? (Please select one)

- ☐ Yes
- ☐ No [Skip Questions 10 and 11]

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10. What is your new method of birth control?

(Please select all that apply)

- ☐ An IUD and it was inserted today
- ☐ An IUD and it will be inserted during another visit
- ☐ An implant (Nexplanon®) and it was inserted today
- ☐ An implant (Nexplanon®) and it will be inserted during another visit
- ☐ Condoms (male or female)
- ☐ The pill
- ☐ The patch (on the skin)
- ☐ Vaginal ring (NuvaRing®)
- ☐ The shot (Depo-Provera®)
- ☐ Natural family planning
- ☐ Emergency contraception
- ☐ Tubes tied, vasectomy, or similar
- ☐ Other (please specify) _____

11. How did you decide what method to start? (Please select one)

- ☐ I chose on my own
- ☐ Mostly I chose, with input from clinic staff
- ☐ Clinic staff and I choose together, with equal input
- ☐ Mostly clinic staff chose, with input from me
- ☐ Clinic staff chose

12. During your visit **today**, did you ever feel pressured by someone at this health clinic to use or continue to use a particular birth control method when you would have rather used another method or no method at all? (Please select one)

- ☐ Yes
- ☐ No
- ☐ Unsure

13. How uncomfortable or comfortable were you with today's discussion about birth control? (Please select one)

- ☐ Very uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Neither uncomfortable nor comfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable
- ☐ I did not talk about birth control today

14. How much do you feel that health center staff listened to you, your ideas, and preferences about birth control? (Please select one)

- ☐ I felt staff did not listen to me
- ☐ I felt staff listened to me a little

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- I felt staff listened to me
- I felt staff listened to me fairly closely
- I felt staff listened to me closely
- I did not talk about birth control today [Skip to Question 17]



15. Please indicate how much you agree with the following statements.

	Strongly Disagree	Disagree	Somewhat Agree	Agree	Strongly Agree
I am satisfied that I am adequately informed about the issues important to my decision about birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The decision I made about birth control was the best decision possible for me personally.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that my decision about birth control was consistent with my personal values.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I expect to successfully use (or continue to use) the birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied that my decision about birth control was mine to make.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am satisfied with my decision about birth control.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPTIONAL DEMOGRAPHIC QUESTIONS:

16. How old are you? (Please select one)

- 18–25 years old
- 26–35 years old
- 36–45 years old
- 46 years old or older
- Prefer not to answer

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17. What is your race/ethnicity? (Please select all that apply)

- ☐ African-American/Black
- ☐ Asian-American/Asian
- ☐ Hispanic or Latina
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian/Pacific Islander
- ☐ White (Non-Hispanic/European American)
- ☐ Multi-racial (please describe): _____
- ☐ Other (please describe): _____
- ☐ Prefer not to answer

18. How did you pay for today's visit? (Please select one)

- ☐ Medicaid
- ☐ Private insurance (with a co-pay)
- ☐ Private insurance (no co-pay)
- ☐ No insurance, I paid the full cost on my own (out of pocket)
- ☐ There was no cost for today's visit (no pay)
- ☐ Prefer not to answer

Thank you for your participation!
