

APP Feasibility Survey

This survey is for APP's ONLY!

APP Name

Date

1. The counseling was easy to deliver

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

2. Overall I was satisfied with this counseling

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

3. There was enough time to complete this counseling during the ED visit

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

4. I felt competent to provide contraceptive counseling today

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

5. My confidence in providing counseling improves with practice

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- N/A (First counseling)

6. After the counseling today, I felt less nervous about counseling in the ED setting

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- N/A

7. I feel my ability to provide quality counseling will improve over time

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree
- N/A

Did the participant want to start a form of birth control after the counseling?

- Yes
- No

Did the participant physically receive a form of birth control during their ED visit? Yes
 No

If so, what were they given? _____

Did the participant receive a birth control prescription? Yes
 No

If so, what were they given? _____

Did the participant want to schedule a follow-up appointment? yes
 no
 undecided

If yes, did you schedule the follow-up appointment? yes
 no
 In process

Notes

(Please write any notes regarding the scheduling of follow up)

If yes, what was the location of the scheduled appointment? _____

If yes, what was the date of the scheduled appointment? _____