



New York State
Family Planning
Training Center
nysfptraining.org

STEP 2: Telehealth Clinician Survey

Instructions

This survey is an opportunity for clinicians to share their perspective and provide valuable feedback on what can be done to make telehealth an appealing and viable part of their family planning practice. Insights from this survey will help family planning providers and administrators prioritize resources to increase the sustainability of their telehealth practice.

It is recommended that agencies make all questions required to ensure a complete response. Additionally, family planning agencies are encouraged to utilize existing survey systems and processes to administer this survey. Ideally the platform your agency uses to administer the survey will also provide analytics of responses. Input these questions into the survey builder, adjusting as necessary to fit the specifics of your organization.

Your Use of Telehealth and Your Role

1. Within the last six months, have you used telehealth (i.e. video or telephonic) to provide a service to a patient?

- Yes
- No
- Other (please specify)

2. What services do you commonly provide? *(Note for survey administer: change options below based on clinical specialty services provided)*

- Birth Control (either new starts or refills)
- STIs services (e.g. screening)
- Counseling and education
- Gender affirming hormone therapy services
- Other

3. What is your patients' preferred language?

- English
- Spanish
- Other - specify

Your Experience With Telehealth

4. What portion of your current patient services are telehealth (video or telephonic)?

- 5-Almost all (90-100%)
- 4-Most of them (60-90%)
- 3-About half (40-60%)
- 2-Some (10-40%)
- 1-Very Few (< 10%)
- 0-n/a

5. How many of your client services delivered over telehealth are video vs. audio-only (telephonic)?

- All of them are video (100% video)
- Most of them are video (>60% video)
- About half and half (40-60% video)
- Most of them are telephonic (<40% video)
- All of them are telephonic (0% video)
- n/a

Your Experience with Telehealth Technology

6. What platform do you currently use when conducting telehealth? (Select all that apply)

- Zoom
- WebEx
- Teams
- EMR
- Facetime
- Telephone

- Other, please specify

7. How many of your telehealth patient visits are free from technical problems?

- ALL are going reasonably well
- MOST are going reasonably well
- ABOUT HALF are going reasonably well
- A FEW are going reasonably well
- NONE are going well
- N/A

8. What suggestions do you have to improve telehealth technology (hardware, software, connectivity)?

Your Experience with Telehealth Process/Workflow

9. Process or workflow wise, how many of your telehealth visits are going well? (E.g., scheduling, sending links, waiting for patient, client communication, etc.)

- ALL are going reasonably well
- MOST are going reasonably well
- ABOUT HALF are going reasonably well
- A FEW are going reasonably well
- NONE are going well
- N/A

10. What suggestions for improvement do you have regarding your clinic's telehealth process and workflow?

11. What suggestions for improvement do you have regarding your clinic's telehealth training and support?

Your Level of Comfort Offering Telehealth

12. How comfortable do you feel to OFFER your patients telehealth as an option when clinically appropriate?

- Very Comfortable
- Comfortable
- Neutral
- Uncomfortable
- Very Uncomfortable

13. What could increase your level of comfort offering telehealth?

Optional

14. Your Name

15. Your Title/Position

Thank you for taking the time to complete this survey!