

# Appendix E: Clinician Survey Questions

1. (Required) What is your clinical role?
  - Nurse
  - Medical Assistant
  - Physician
  - Nurse Practitioner/PA
  - PSR/Front Desk
  - Counselor/Health Educator
  - Social Worker
  - Medical Student
  - Other:
  
2. (Required) Do you have any concerns about over-the-counter birth control pills?
  - Yes
  - No
  
3. (Required) If so, what are these concerns?  
Check all that apply.
  - Potential decrease in preventive screenings
  - Potential loss of medical home for patients
  - Effectiveness of the pill
  - Suitability of the pill for the patient
  - Potential usage error
  - Other:
  
4. (Required) Would you like to see an increase, decrease, or no change in the number of birth control pills becoming over-the-counter?
  - Increase
  - Decrease
  - No change
  
5. (Required) In general, how would you rate your feelings about the over-the-counter birth control pill (Opill®)?
  - 1: extremely negative
  - 2: fairly negative
  - 3: neutral
  - 4: fairly positive
  - 5: extremely positive
  
6. (Optional) Could we contact you to explore your perspective on the Opill®? Please leave your contact info below, if so:

End of Survey