

El Rio Teen Telehealth Project Student Survey

ICF Institutional Review Board
IRB00001920
FWA00002349
Approval date: October 14, 2022
Expiration date: August 15, 2023

We are asking you to take part in this survey to learn more about your experiences with telehealth at school. This survey will take about 10 minutes to complete. We will use this information to help your school and El Rio Health improve services for students.

Important things you should know:

- On behalf of the U.S. Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health, a public health research company, ICF, is conducting this survey.
- The survey is voluntary. This means you do not have to take it. Whether or not you choose to fill out this survey will not affect your grades. If you are not comfortable answering a question, just leave it blank. You can stop taking the survey at any time.
- The answers you give will be anonymous and kept private. No one will know what you write, so please answer the questions based on what you really think and really do.
- We will give you a small token of appreciation to thank you for your time. You will receive the token of appreciation even if you choose not to answer all the questions.

If you have any questions or concerns about your participation in this study, please contact Colleen Murray at colleen.murray@icf.com

Instructions

- DO NOT write your name on this survey.
- Answer the questions based on what you really think and really do.
- Make sure to read every question and all the response options. For some questions, you may choose more than one answer.
- Clearly mark your answers. If you change your answer, erase your old answer completely.
- When you finish the survey, follow the instructions of the person giving you the survey.

Thank you for your help!

The first questions ask about your background.

1. How old are you today?

- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old

- ☐ 16 years old
 - ☐ 17 years old
 - ☐ 18 years old
 - ☐ 19 years old
 - ☐ Older than 19 years old
2. What grade are you in?
- ☐ 9th grade
 - ☐ 10th grade
 - ☐ 11th grade
 - ☐ 12th grade
3. What is your gender identity?
- ☐ Female
 - ☐ Male
 - ☐ Transgender female
 - ☐ Transgender male
 - ☐ Non-binary or gender non-conforming
 - ☐ I don't know
 - ☐ I don't want to say
4. Are you Hispanic, Latino/a, or of Spanish origin?
- ☐ No, not of Hispanic, Latino/a, or of Spanish origin
 - ☐ Yes, Hispanic, Latino/a, or of Spanish origin
 - ☐ I don't know
 - ☐ I don't want to say
5. What is your race? ***Check all that apply.***
- ☐ American Indian or Alaskan Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Native Hawaiian or Other Pacific Islander
 - ☐ White
 - ☐ Other
 - ☐ I don't know
 - ☐ I don't want to say

The next question asks about your visits to see a doctor, nurse, or healthcare provider. These visits may be in person, on the phone, or through video.

6. Where do you **usually** go to see a doctor? *Check all that apply.*

- ☐ Doctors' office or clinic
- ☐ School-based health center
- ☐ School nurse's office
- ☐ Emergency room
- ☐ Health department
- ☐ Community health center (such as El Rio Health)
- ☐ Family planning center (such as Planned Parenthood)
- ☐ Urgent Care or walk-in clinic (such as Minute Clinic, CVS, Walgreens)
- ☐ Other: _____
- ☐ I don't see a doctor

Some questions below mention STDs, which stand for sexually transmitted diseases. STDs are infections spread from one person to another, usually during vaginal, anal, and oral sex. Examples of STDs include chlamydia, gonorrhea, syphilis, and herpes.

7. When you last saw a doctor, what were your reasons? *If there was more than one reason, check all that apply.*
- ☐ Regular check-up or yearly physical exam
 - ☐ Check-up for a condition I have (such as acne, asthma, allergies, diabetes, or other)
 - ☐ Shot or vaccine
 - ☐ I was sick (for example, cough, runny nose, pink eye) or injured
 - ☐ Pregnancy testing or birth control (such as pill, condom, IUD, implant, Plan B)
 - ☐ Sexually transmitted disease (STD) testing or treatment
 - ☐ Therapy or counseling
 - ☐ Other: _____
 - ☐ I have not seen a doctor
8. Was your last visit with a doctor in person, on the phone, or through video?
- ☐ In person
 - ☐ Phone or audio only
 - ☐ Chat or text using a mobile device or computer
 - ☐ Video conference (e.g., Zoom)
 - ☐ I don't remember
 - ☐ I have not visited a doctor

9. What has kept you from seeing a doctor when you thought you really needed to? *If there was more than one reason, check all that apply.*

- ☐ Worried about the cost
- ☐ Did not have health insurance
- ☐ Did not know where to go or who to see
- ☐ Had no transportation or ride to see the doctor
- ☐ Doctor's office hours were not convenient
- ☐ Did not know how to make an appointment
- ☐ Had to wait too long for a doctor's appointment
- ☐ Afraid of what the doctor would say or do
- ☐ Did not want parents to know
- ☐ Thought the problem would go away
- ☐ Other: _____
- ☐ No reason. I see the doctor whenever I need medical care.

This next section is about the El Rio Teen Telehealth project.

Telehealth lets you meet with a doctor virtually. With telehealth, you don't have to go into the clinic. Instead, you use a computer, laptop, tablet, or smartphone and talk to them through video chat, call, or text.

10. Have you heard of El Rio Teen Telehealth?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

11. How did you first hear about El Rio Teen Telehealth?

- ☐ Friend or classmate
- ☐ El Rio Youth Leader
- ☐ School nurse or school-based health center (SBHC) provider
- ☐ School counselor
- ☐ Health education class
- ☐ Posters, flyers, or brochures at school
- ☐ Social media (Instagram, Facebook)
- ☐ Community organization (such as Goodwill Metro, Youth on Their Own, Our Family Services)
- ☐ Other: _____
- ☐ I have never heard of them

12. Did you know that you can see a doctor or nurse from El Rio Health through telehealth at your school?

- ☐ Yes
- ☐ No

For the questions below, please give two answers: one for **this school year**, and one for **last school year**.

- In the GREY section, answer only about “**THIS SCHOOL YEAR**” (August 2022 to today).
- In the WHITE section, answer only about “**LAST SCHOOL YEAR,**” (August 2021 to July 2022).

	THIS SCHOOL YEAR AUGUST 2022 - TODAY			LAST SCHOOL YEAR AUGUST 2021 – JULY 2022		
	Yes	No	I don't know	Yes	No	I don't know
13. Did you see a doctor, nurse, or other healthcare provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did you use telehealth to see a doctor, nurse, or other healthcare provider?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Did you call 520-AZSHINE to get more information about teen health or schedule an appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Did you use El Rio Teen Telehealth at your school to see a doctor or nurse?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Did you get a regular check-up or yearly physical exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Did you go to the doctor for a check-up on a condition that you have (such as acne, asthma, allergies, diabetes)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Did you get any shots or vaccines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Did you see the doctor because you were sick or injured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Did you see the doctor to test for pregnancy or get birth control (such as pill, condom, IUD, implant, Plan B)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Did you get tested or treated for sexually	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	THIS SCHOOL YEAR AUGUST 2022 - TODAY	LAST SCHOOL YEAR AUGUST 2021 – JULY 2022
transmitted diseases (STDs)?		
23. Did you get therapy or counseling?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>
24. Did you help your friends, peers, or other students get health services?	<input type="radio"/> <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>

25. If you used El Rio Teen Telehealth to see a doctor or nurse **during this school year** (since August 2022 to today), what were your reasons? ***If there was more than one reason, check all that apply.***

- ☐ Regular check-up or yearly physical exam
- ☐ Check-up for a condition I have (such as acne, asthma, allergies, diabetes, or other)
- ☐ Shot or vaccine
- ☐ I was sick (for example, cough, runny nose, pink eye) or injured
- ☐ Pregnancy testing or birth control (such as pill, condom, IUD, implant, Plan B)
- ☐ Sexually transmitted disease (STD) testing or treatment
- ☐ Therapy or counseling
- ☐ Other: _____
- ☐ I did not use the El Rio Teen Telehealth program

26. If you used the El Rio Teen Telehealth to see a doctor or nurse **during this school year**, what device did you use for your telehealth visit?

- ☐ Kiosk/computer/tablet at school
- ☐ My own device (such as smartphone, laptop, tablet)
- ☐ I did not use El Rio Teen Telehealth

27. If you **did not** use El Rio Teen Telehealth to see a doctor or nurse **during this school year**, what were your reasons? *If there was more than one reason, check all that apply.*

- ☐ Did not know El Rio Teen Telehealth was available
- ☐ Worried about the cost
- ☐ Did not have health insurance
- ☐ Did not know where to go or who to see
- ☐ Doctor's office hours were not convenient
- ☐ Did not know how to make an appointment
- ☐ Had to wait too long for a doctor's appointment
- ☐ Afraid of what the doctor would say or do
- ☐ Did not want other people to know
- ☐ Thought the problem would go away
- ☐ Other: _____
- ☐ No reason. I see the doctor or nurse whenever I need medical care.

28. How much do you agree or disagree with the following statements?

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a.	I am confident that I can find the information I need to see a doctor.					
b.	I am confident that I know where to go to see a doctor.					
c.	I am confident about using the internet or telephone to find healthcare information.					
d.	I am confident talking to a doctor or nurse to get health care information.					
e.	I am confident I have access to healthcare resources, such as a doctor, friends, trusted adults.					
f.	I am confident sharing information with a doctor or nurse through virtual platforms, such as Zoom.					

29. How likely are you to use telehealth to see a doctor (for example, using Zoom videoconferencing)?

- ☐ Very Likely
- ☐ Likely
- ☐ Not likely
- ☐ I'm not sure

30. How likely are you to use El Rio Teen Telehealth to see a doctor?

- ☐ Very Likely
- ☐ Likely
- ☐ Not likely
- ☐ I'm not sure

Is there anything you would like to tell us that we did not ask about?

This is the end of the survey.

Please place your survey in the envelope and return it to the person in charge.

Thank you very much for your help!