



AMERICAN
COLLEGE
HEALTH
ASSOCIATION

Introduction

Note: This PDF is intended to be used as a worksheet. Survey responses must be submitted in Qualtrics using the link in your invitation email

ACHA SEXUAL HEALTH SERVICES SURVEY 2021

American College Health Association

Sexual Health Services Survey for Calendar Year 2020

Thank you for taking the time to complete this survey. The ACHA Sexual Health Promotion and Clinical Care Coalition has made significant revisions to the survey to make it as concise and easy-to-follow as possible. The objective of this survey is to track modes of management and outcomes of evaluation to serve as both a benchmark and database of comparable statistics.

New to CY 2020: There is now skip logic in the survey to reduce the length. Some items that you see in the downloadable worksheet, may not appear in your survey. All respondents will see questions 1-6 and question 24. For schools that offer sexual health services, you will only see follow-up questions pertaining to the services you select in question 6A.

All data collected in this survey is in reference to Calendar Year 2020 (January 1 – December 31, 2020). Please answer with respect to services you provided and policies that were in place in CY2020, rather than current policies or practices. If there were different policies in place between the spring and fall semesters, please reference the Fall 2020 policies.

Please submit only objective data except as specified. Please leave blank unanswerable questions or questions that are not applicable to your health services.

We must have both the numerator (number of positives) and denominator (number tested) to calculate the positivity rate. If you only have data for positive STI tests without the total number of students tested, we will not be able to use your data for these items. Please leave these items blank if you do not have both numbers.

Use only whole numbers in your numerical entries (no commas).

If you'd like to view the full survey, or print a copy, please click [here](#).

Contacts and Demographics

Contact and Demographics

Name of College/University: \${e://Field/INSTITUTION}

1) Name of person completing this survey:

2) Title of person completing this survey:

3) E-mail address for questions about survey entries:

4) Telephone number of respondent:

5) Which best describes your primary role in college health?

- Administrator
- Healthcare Provider
- Information Technology or Data Management
- Health Education/Promotion Professional
- Other (please specify)

6) Does your student health center provide ANY clinical sexual health services (e.g., PAP/STI testing, pregnancy testing, contraception, PrEP, PEP, HPV vaccinations, etc.)?

- Yes
- No

This question only appears if Yes is selected in question 6.

6A) Does your student health center provide the following clinical sexual health services?

| | Yes | No |
|---------------------------|-----------------------|-----------------------|
| Cervical cancer screening | <input type="radio"/> | <input type="radio"/> |
| STI/HIV testing | <input type="radio"/> | <input type="radio"/> |
| Pregnancy testing | <input type="radio"/> | <input type="radio"/> |
| Contraception | <input type="radio"/> | <input type="radio"/> |
| PrEP | <input type="radio"/> | <input type="radio"/> |
| PEP | <input type="radio"/> | <input type="radio"/> |
| HPV vaccinations | <input type="radio"/> | <input type="radio"/> |

This question only appears if No is selected in question 6.

6B) Does your student health center provide any clinical health services?

- Yes
- No

This question only appears if Yes is selected in question 6B.

6C) What clinical services does your health center provide?

This question only appears if No is selected in question 6B.

6D) How do students access clinical care at your institution?

Note: The survey will skip to question 24 for anyone who selects No to question 6

7) College Health Center demographic information (for the percentages enter a whole number only)

| | |
|---|---|
| Total number of student medical visits to your Health Center 2020 | <input style="width: 60px; height: 25px;" type="text"/> |
| % Female visits | <input style="width: 60px; height: 25px;" type="text"/> |
| % Male visits | <input style="width: 60px; height: 25px;" type="text"/> |
| % Transgender or Non-binary visits | <input style="width: 60px; height: 25px;" type="text"/> |

Pap Test Results

This section only appears if cervical cancer screening is selected in question 6A

Surveillance

8A) Summary of all Cervical Pap test results for January 1, 2020–December 31, 2020 (Results in items A through G are mutually exclusive and SHOULD SUM TO EQUAL THE TOTAL REPORTED at the bottom row

labeled TOTAL. Please make sure to enter data in A-G below so that we can calculate correct rates for each category of test result.

A. Number reported as normal

B. Number reported as ASC-US (atypical squamous cells of undetermined significance)

C. Number reported as LSIL (low-grade squamous intraepithelial lesion)

D. Number reported as ASC-H, Low-grade, cannot exclude high-grade or HSIL or CIS (atypical squamous cells: cannot exclude high-grade, high-grade squamous intraepithelial lesion)

E. Number reported as AGC or CIS (atypical glandular cells or carcinoma in situ)

F. Number reported as unsatisfactory (no dx)

G. Number reported as other dx, not listed above

Total

**8B) Summary of all Cervical Pap test results for January 1, 2020-December 31, 2020.
Please leave this question blank if you don't know.**

Number reported with no endocervical cells present (with any dx above)

STI/HIV Positivity

This section only appears if STI/HIV testing is selected in question 6A

Instructions: Please make sure to enter corresponding data in questions below so that we can calculate positivity rates by sex.

For sex, use sex assigned at birth for those not identifying as Transgender or Non-binary. If you do not collect data by sex, please report totals in the “unknown” category for each infection. The number of positive test results must always be equal to or less than the number of tests done for each infection. All data applies to tests performed by your health service in calendar year 2020. We must have both the numerator (number of positives) and denominator (number tested) to calculate the positivity rate. If you only have data for positive STI tests without the number of students tested, we will not be able to use your data. Please leave number of positive STI tests blank if you cannot provide the number of students tested.

9) Chlamydia testing

Note that bottom number must be less than or equal to the top number

Number of unique (unduplicated) female patients under age 25 seen at your health center.

Number of unique (unduplicated) female patients under age 25 tested for chlamydia at your health center.

10A) Number of Gonorrhea tests performed, by sex in 2020

| | |
|----------------------------|----------------------|
| Females | <input type="text"/> |
| Males | <input type="text"/> |
| Transgender or Non-binary | <input type="text"/> |
| Unknown/unspecified gender | <input type="text"/> |

10B) Number of Gonorrhea tests positive, by sex in 2020

| | |
|----------------------------|----------------------|
| Females | <input type="text"/> |
| Males | <input type="text"/> |
| Transgender or Non-binary | <input type="text"/> |
| Unknown/unspecified gender | <input type="text"/> |

11A) Number of Chlamydia tests performed, by sex in 2020

| | |
|----------------------------|----------------------|
| Females | <input type="text"/> |
| Males | <input type="text"/> |
| Transgender or Non-binary | <input type="text"/> |
| Unknown/unspecified gender | <input type="text"/> |

11B) Number of Chlamydia tests positive, by sex in 2020

| | |
|----------------------------|----------------------|
| Females | <input type="text"/> |
| Males | <input type="text"/> |
| Transgender or Non-binary | <input type="text"/> |
| Unknown/unspecified gender | <input type="text"/> |

12A) HIV antibody tests performed, by sex in 2020

| | |
|---------|----------------------|
| Females | <input type="text"/> |
| Males | <input type="text"/> |

Transgender or Non-binary

Unknown/unspecified gender

12B) HIV antibody tests positive, by sex in 2020

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

13A) Syphilis tests performed, by sex in 2020

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

13B) Syphilis tests positive, by sex in 2020

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

14A) Herpes viral culture or PCR tests performed in 2020 (genital sites only):

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

14B) Herpes viral culture or PCR tests positive for HSV-1, by sex in 2020 (genital sites only):

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

14C) Herpes viral culture or PCR tests positive for HSV-2, by sex in 2020 (genital sites only):

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

14D) Herpes viral culture or PCR tests positive for type unknown, by sex in 2020 (genital sites only):

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

15) How many patients did your Health Center diagnose with trichomoniasis in 2020?

16) How many patients did your Health Center diagnose with bacterial vaginosis in 2020?

17) Number of unduplicated patients diagnosed with genital warts in 2020:

Females

Males

Transgender or Non-binary

Unknown/unspecified gender

Pregnancy

This section only appears if pregnancy testing is selected in question 6A

18) For pregnancy tests performed at your health center between January 1, 2020 to December 31, 2020 (in-house or sent out, either urine or blood):

Please double check that your number of positive tests is not greater than the number of tests performed.

Number performed

Number positive

Cervical Cancer Screening

This section only appears if cervical cancer screening is selected in question 6A

General Practice

Cervical cancer screening and management assumptions about standard of care are based on the following:

Saslow D, Solomon D, Lawson HW, et al. American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening guidelines for the prevention and early detection of cervical cancer. Am J Clin Pathol 2012;137:516–42.

Perkins RB, Guido RS, Castle PE, Chelmow D, Einstein MH, Garcia F, Huh WK, Kim JJ, Moscicki AB, Nayar R, Saraiya M, Sawaya GF, Wentzensen N, Schiffman M; 2019 ASCCP Risk-Based Management Consensus Guidelines Committee. 2019 ASCCP Risk-Based Management Consensus Guidelines for Abnormal Cervical Cancer Screening Tests and Cancer Precursors. J Low Genit Tract Dis. 2020 Apr;24(2):102-131.

Huh WK, Ault KA, Chelmow D, et al. Use of primary high-risk human papillomavirus testing for cervical cancer screening: interim clinical guidance. Gynecol Oncol 2015;136:178–82.

US Preventive Services Task Force, Curry SJ, Krist AH, Owens DK, et al. Screening for cervical cancer: US preventive services task force recommendation statement. JAMA 2018;320:674–86.

For more information go to: <http://www.asccp.org/asccp-guidelines>

19) For each age group, indicate whether or not this cervical cancer screening test was offered for female persons or persons with a cervix at your health center in 2020. (Note that there are 3 questions for each row. Please provide a response for all 3 age groups in each row)

| | Ages 21-24 | | Ages 25-29 | | Ages 30-65 | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Yes | No | Yes | No | Yes | No |
| Conventional slide | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Liquid-based cytology, alone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Liquid-based cytology with reflex HPV testing for ASC-US or LSIL | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Liquid-based cytology with HPV "co-testing" | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HPV testing alone | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

20) Please indicate which of the following cervical disease management modalities were provided in-house at your Health Center in 2020.

| | Provided at our Health Center | Not provided at our Health Center (patients referred to outside provider) |
|------------------------|-------------------------------|---|
| Colposcopy | <input type="radio"/> | <input type="radio"/> |
| Cryotherapy | <input type="radio"/> | <input type="radio"/> |
| Laser ablation/LEEP | <input type="radio"/> | <input type="radio"/> |
| Other (please specify) | <input type="radio"/> | <input type="radio"/> |
| <input type="text"/> | | |

21) For patients under age 25 who were assigned female at birth, what was your Health Center's usual practice for management of a first screening Pap test reported as atypical squamous cells of undetermined significance (ASC-US) in 2020? (select one)

- HPV DNA test (reflex or otherwise)
- Repeat Pap in 6 months
- Repeat Pap in 12 months
- Immediate colposcopy
- Varied by provider, no standard practice
- Don't know

STI Testing

With the exception of question 24, this section only appears if STI/HIV testing is selected in question 6A

22) For chlamydia and gonorrhea, did your health center routinely provide pharyngeal tests for anyone who performed oral sex on a penis?

- Yes
- Yes, only for men who have sex with men (MSM)
- No

23) For chlamydia and gonorrhea, did your health center routine provide rectal tests for anyone who received anal sex (penis-in-anus)?

- Yes
- Yes, only for men who have sex with men (MSM)
- No

This question appears for all respondents. The survey will end after question 24 for anyone who selected No to question 6

24) Does your health center organize STI/HIV testing events in outreach settings across campus (i.e., residence hall, student center, library, or other location)?

- Yes
- No

Questions 24A through 24D appear for anyone who selected Yes to question 24

24A) How often are such events during the academic year?

- Once per academic year
- Once per academic term (i.e., quarter or semester)
- Once per month during the academic year
- More than once per month during the academic year

24B) Who conducts the testing during these events?

- Health center staff
- Community organization or local health department
- Both health center staff and community organization/local health department

24C) What tests are offered during these events?

- Chlamydia
- Gonorrhea
- HIV
- Syphilis

24D) Are the tests free during these events?

- Yes, all tests are free
- Yes, some tests are free
- No, none of the tests are free

This question only appears if Yes, some tests are free is selected in question 24D

24E) Which tests are free during these events?

- Chlamydia
- Gonorrhea
- HIV
- Syphilis

25) Does your health center provide anonymous HIV testing on campus?

- Yes, services are provided by health center staff
- Yes, services are provided by a community organization/local health department
- No, but we refer to community organizations/local health departments that provide anonymous HIV testing
- No, anonymous testing is illegal in our state

26) Which of the following statements best describes how the cost of STI/HIV screening was covered at your health service in 2020?

| | Visits and screenings are covered with no cost-sharing for all students by a mandatory student health fee | Visits and screenings are covered with no cost-sharing for all students by a fund other than a mandatory health fee | Visits and screenings are only covered for students with the university-sponsored health insurance plan | Visits and screenings are only covered for students who have an insurance plan that covers them | Visits and screenings are never covered (all students must pay out of pocket) |
|-----------|---|---|---|---|---|
| Chlamydia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Gonorrhea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| HIV | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Syphilis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Contraception

This section only appears if contraception is selected in question 6A

27) Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2020?

- Yes, for free
- Yes, at some cost
- Yes, both free and at some cost
- No, it was not available for students through our Student Health Service

28) Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2020?

- Yes, it was prescribed by our clinicians and dispensed through SHS
- Yes, it was prescribed by our clinicians but not dispensed through SHS
- No, it was not prescribed by our clinicians nor dispensed through SHS

29) Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2020?

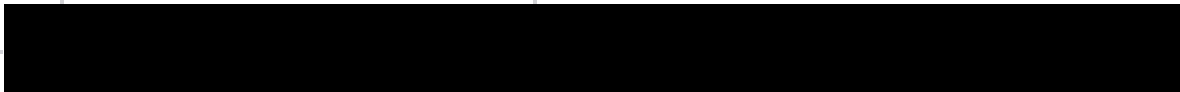
- Yes, it was provided through our SHS for Emergency Contraception
- No, it was not provided through our SHS for Emergency Contraception; patients are referred to outside provider
- No, it was not provided through our SHS for Emergency Contraception and patients are not referred to outside provider

30) RX/Patient-administered methods (Note that there are 2 questions for each row. Please provide a response for both questions in each row)

| | Was the medication/device prescribed by SHS provider in 2020? | | Was the medication/device dispensed from the SHS in 2020? | |
|--|---|-----------------------|---|-----------------------|
| | Yes | No | Yes | No |
| Cervical Cap | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contraceptive Patch | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Contraceptive Ring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diaphragm | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oral contraceptives (combined and mini pill) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

31) RX/Provider-administered methods (Note that there are 2 questions for each row. Please provide a response for both questions in each row)

| | |
|--|--|
| Was the medication/device/procedure provided at the SHS in 2020? | Were interested students referred off-campus for this medication/device/procedure in 2020? |
|--|--|



| | Yes | No | Yes | No |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Depo Provera | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Essure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Implants (Implanon/Nexplanon) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Intrauterine devices (hormonal or copper) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Tubal Ligation | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Vasectomy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

32) For students with a positive pregnancy test, what services were available from your Health Center in 2020?

| | Yes | No | No, not permitted due to legal limitations in our state | No, not permitted due to school policy |
|---|-----------------------|-----------------------|--|---|
| "All options" counseling and education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Limited counseling and education | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Referral for adoption services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Referral for abortion services | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Referral for prenatal care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Medical abortion services provided at SHS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prenatal care provided at SHS | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The End

Contact [Christine Kukich](#) at ACHA for specific questions about this survey. Thank you for taking the time to complete this survey.

When you hit the "submit" button below, your responses will be recorded and a summary of your submission will be displayed. You may download a PDF of your submission for your records.