American College Health Association

Pap Test and STI Survey for Calendar Year 2007

Thank you for taking the time to complete this survey. The ACHA Sexual Health Education and Clinical Care Coalition has revised the survey to make it as concise and easy-to-follow as possible. Assumptions about standard of care are based on the new 2006 "ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests" available at the link below. 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. Please submit only objective data except as specified. Please leave blank unanswerable questions or questions that are not applicable to your health services. Enter 0 if the answer is numerically zero. Do not use commas in your numerical entries. DEADLINE: March 28, 2008.

ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests
New Guidelines

NOTE: PLEASE NAVIGATE WITH THE MOUSE OR PRESS THE TAB KEY AFTER EACH ENTRY. DO NOT USE THE ENTER KEY.

Please print this survey prior to filling out the online survey and use as a worksheet. There are three separate sections to print out. Submit the completed online survey data one time only. We anticipate few, if any, changes to this survey for next year, so we encourage you to use the current survey as a guide while tracking calendar year 2008 data.

1) Name of Institution:


2) Name and title of respondent:


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


4) Telephone number of respondent:


5) Is your institution/Student Health Service an Institutional Member of
ACHA?

- Yes
- No
- Uncertain

6) Affiliate

- Southwest College Health Association (AR, LA, NM, OK, TX)
- Southern College Health Association (AL, FL, GA, MS, NC, SC, TN)
- North Central College Health Association (IA, MN, ND, SD, WI)
- Central College Health Association (KS, MO, NE)
- Rocky Mountain College Health Association (CO, MT, WY)
- Mid-America College Health Association (IL, IN, KY, MI)
- Ohio College Health Association (OH)
- Mid-Atlantic College Health Association (DC, DE, MD, NJ, PA, VA, WV)
- New York State College Health Association (NY)
- New England College Health Association (CT, MA, ME, NH, RI, VT)
- Pacific College Health Association (AK, AZ, CA, HI, ID, NV, OR, WA, UT)

7) Institutional Control:

- Public 2-year
- Private 2-year
- Public 4-year
- Private 4-year

8) Campus Location:

- Urban >1,000,000 population
- Urban 100,000-1,000,000 population
- Urban < 100,000 population
- Suburban
- Rural
- Other (please specify)

If you selected other please specify: __________________________

9) Current academic year undergraduate student enrollment for your campus:

- No undergraduate students
- Under 1,000
- 1,000 to 1,999
- 2,000 to 4,999
- 5,000 to 9,999
10) Current academic year graduate and professional student enrollment for your campus:

- 10,000 to 14,999
- 15,000 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 39,999
- 40,000 +

11) Special institutional attributes (Check all that apply):

- Historically Black College or University (HBCU)
- Minority Postsecondary Institution (MPI)
- Hispanic Serving Institution (HSI)
- Tribal College and University (TCU)
- Alaska Native or Native Hawaiian Serving Institution (ANNH)
- Faith-based Institution
- Community College
- None listed here
- Don’t Know

12) Which best describes your role in college health?

- Administrator
- Advanced Practice Clinician
- Dietitian or Nutritionist
- Health Educator
- Nurse
- Nurse Director
- Pharmacist
- Physician
- Psychologist/Mental Health Provider
- Social Worker
- Student Affairs Administrator
- Other (please specify)

If you selected other please specify:

13) Institutional demographic information (Do not enter % sign or commas)

| Number of students enrolled at institution | students |
| Percent female | percent |
| Total number of patient medical visits to your health center in 2007 | visits |
| Percent female visits | percent |
| Number of women's health related visits to your health center in 2007 | visits |

14) What percent of women’s health visits are conducted by each of the following provider disciplines? (total should equal approximately 100%; do not enter % sign)

| Nurse | percent |
| Advanced Practice Nurse | percent |
| Physician Assistant | percent |
| Gynecologist | percent |
| Other Physician | percent |
| Other | percent |

15) If you selected other please specify:

[Blank space]

16) What women's health modalities are offered in-house? (check all that apply)

- Conventional slide cytology
- Liquid-based cytology without reflex HPV testing
- Liquid-based cytology with reflex HPV testing
- Colposcopy
- Cryotherapy
- Laser
- LEEP
- Other (please specify)

If you selected other please specify:

[Blank space]

17) Do you routinely document patient's age at first intercourse?

- Yes  - No

18) What is your usual recommendation for when to begin regular Pap
testing? (check usual practice)

- Three years after first intercourse or age 21, whichever comes first
- Age 18
- Age 21
- At onset of sexual activity
- Varies by provider, no standard practice

Go to next question

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The following questions pursue separate, but overlapping lines of inquiry. Question 19 is looking for results of Pap tests performed during the 2007 calendar year. Ideally, these would represent only screening Paps (as opposed to Paps done to follow up a prior abnormal result on a given patient), but it is recognized that this level of detail is probably beyond the scope of most tracking systems.

19) Summary of all Pap test results for January 1, 2007-December 31, 2007 (Results in items Q19B through Q19J are mutually exclusive and should sum to equal the total reported in Q19A. Question 19K is independent of diagnosis and should not be included in the sum.)

A. Total number of Pap tests done

B. Number reported as normal

C. Number reported as ASC-US

D. Number reported as ASC-H

E. Number reported as LSIL

F. Number reported as HSIL

G. Number reported as CIS

H. Number reported as AGC

I. Number reported as unsatisfactory (no dx)

J. Number reported as other dx, not listed above

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

20) What is your usual practice for management of a screening Pap test reported as Atypical Squamous Cell of Undetermined Significance (ASC-US) Pap test [hereafter "first ASC-US"] for women age 20 or younger? (check one)

- HPV DNA test (reflex or otherwise)
- Repeat Pap in 4-6 months
- Repeat Pap in 12 months
- Immediate colposcopy
- Varies by provider, no standard practice

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21) What is your usual practice for management of a screening Pap test reported as Atypical Squamous Cell of Undetermined Significance (ASC-US) Pap test [hereafter "first ASC-US"] for women age 21 or older? (check one)

- HPV DNA test (reflex or otherwise)
- Repeat Pap in 4-6 months
- Repeat Pap in 12 months
- Immediate colposcopy
- Varies by provider, no standard practice

EVALUATION OF ASC-US PAPS

Questions 22-30 refer to ASC-US Paps worked up during the 2007 calendar year. The index Pap may have been performed in the previous calendar year. Some of the results entered for question 19 this year will not appear in questions 22-30 until next year.

22) Evaluation of screening Paps read as Atypical Squamous Cells of Undetermined Significance (ASC-US)

A. Total number of first ASC-US Paps reported in the survey period

B. Number of first ASC-US cases followed-up with HPV DNA testing

B1. HPV DNA

B2. Number of first ASC-US cases positive for high-risk HPV types

C. Number of first ASC-US cases followed-up with repeat cytology in 4-6 months

C1. Repeat

C2. Number of these abnormal (greater than or equal to ASC-US)

D. Number of first ASC-US cases followed-up with colposcopy

D1. Colposcopy (equal to Q23)

E. Number of first ASC-US cases where outcome is unknown

F. Number of first ASC-US cases followed-up with other modalities

Results of colposcopy performed for ASC-US Paps (by indication: First ASC-US, positive high-risk HPV, repeat ASC-US, other) Please enter here only colposcopy for which ASC-US was the primary Pap abnormality.
23) Number referred for colposcopy as primary mode of evaluation for first ASC-US

_________ number (equal to Q22D)

24) Of those referred for colposcopy as primary mode of evaluation for first ASC-US (The sum of Q24 A-D should equal Q23)

A. Number of these normal
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results unknown/incomplete

25) Number referred for colposcopy because of positive High-Risk HPV (+HR HPV DNA test)

_________ number

26) Of those referred for colposcopy because of positive High-Risk HPV (+HR HPV DNA test) (The sum of Q26 A-D should equal Q25)

A. Number of these normal
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results unknown/incomplete

27) Number referred for colposcopy because greater than or equal to repeat ASC-US

_________ number

28) Of those referred for colposcopy because greater than or equal to repeat ASC-US (The sum of Q28 A-D should equal Q27)

A. Number of these normal
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results unknown/incomplete

29) Number referred for colposcopy for other indication

_________ number

30) Of those referred for colposcopy because other indication (The sum of Q30
A-D should equal Q29)

A. Number of these normal
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results unknown/incomplete

31) How do you track Pap tests, colposcopy, and biopsy results? (check all that apply)

☐ Logbook
☐ Tickler file
☐ Lab service provider generated prompts
☐ Electronic medical record
☐ Computerized tracking program
☐ No tracking system in place
☐ Other (please specify)

If you selected other please specify:

________________________________________________________________________

__________________________________________
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STI Testing

32) Do you offer routine STI screening for asymptomatic women?

☐ Yes  ☐ No

33) Do you offer routine STI screening for asymptomatic men?

☐ Yes  ☐ No

34) Which of the following tests do you offer for STI screening of asymptomatic students, as appropriate for risk? (check all that apply)

☐ Chlamydia  ☐ Syphilis
☐ Gonorrhea  ☐ Trichomoniasis
☐ Hepatitis B  ☐ None of the above
☐ Herpes  ☐ Other (please specify)
☐ HIV

If you selected other please specify:

35) Do you routinely screen sexually active women under age 26 for chlamydia infection?

☐ Yes  ☐ No

36) What type of specimen do you usually/preferentially collect for chlamydia testing in women? (check one)

☐ Cervical swab  ☐ Vaginal swab  ☐ Urine  ☐ Varies  ☐ None

37) What type of specimen do you usually/preferentially collect for chlamydia testing in men? (check one)

☐ Urethral swab  ☐ Urine  ☐ Varies  ☐ None

38) Which of the following statements best describes how the cost of STI testing is covered at your health service? (check one)

☐ Not applicable/STI testing is not provided by our health service

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STI testing is provided to students free of charge (covered by health fee, public funding, etc)
- Students are charged for lab tests but not the clinic visit
- Students are charged for both lab tests and the clinic visit
- Charges apply for some tests, but others (e.g. HIV) are provided for free
- Other (please specify)

If you selected other please specify:

STI TEST RESULTS

Please enter confirmed numbers, not estimates. Leave blank unanswerable questions or where questions are not applicable. Enter 0 if the answer is numerically zero.

39) Chlamydia tests performed in 2007

Total number of tests performed number
Total number positive number

If available by gender, (otherwise leave blank)

40) Chlamydia tests performed in 2007 for women

Number of tests performed number
Number positive number

41) Chlamydia tests performed in 2007 for men

Number of tests performed number
Number positive number

42) Gonorrhea tests performed in 2007

Total number of tests performed number
Total number positive number

If available by gender, (otherwise leave blank)

43) Gonorrhea tests performed in 2007 for women

Number of tests performed number
Number positive number

44) Gonorrhea tests performed in 2007 for men
Number of tests performed [number]
Number positive [number]

45) HIV antibody tests performed in 2007

Total number of tests performed [number]
Total number positive (Western blot confirmed) [number]

46) Do you offer HIV antibody tests that are:

- Anonymous
- Confidential
- Both
- HIV tests are not offered

47) What types of HIV antibody tests do you offer? (check all that apply)

- Standard test, blood
- Standard test, oral fluid
- Rapid test, blood
- Rapid test, oral fluid
- None
- Other (please specify)

If you selected other please specify:

48) Syphilis tests performed in 2007

Total number of tests performed [number]
Total number positive (TP-PA/FTA confirmed) [number]

49) What laboratory tests do you use to diagnose genital herpes infection? (check all that apply):

- Viral culture
- PCR
- Type specific serology
- Antigen tests
- Tzanck smears
- Other (please specify)

If you selected other please specify:
50) Herpes viral culture or PCR tests performed in 2007 (genital sites only):

    Total number of herpes viral culture or PCR tests done [ ] number
    Total number positive for HSV-2 [ ] number
    Total number positive for HSV-1 [ ] number
    Total number positive type unknown [ ] number

If available by gender, (otherwise leave blank)
51) Herpes viral culture or PCR tests performed in 2007 for women (genital sites only):

    Number of herpes viral culture or PCR tests done [ ] number
    Number positive for HSV-2 [ ] number
    Number positive for HSV-1 [ ] number
    Number positive type unknown [ ] number

52) Herpes viral culture or PCR tests performed in 2007 for men (genital sites only):

    Number of herpes viral culture or PCR tests done [ ] number
    Number positive for HSV-2 [ ] number
    Number positive for HSV-1 [ ] number
    Number positive type unknown [ ] number

53) How many patients did you diagnose with trichomoniasis in 2007?

    [ ] number

54) How many DOSES of HPV vaccine were administered by your health service in 2007?

    [ ] number

55) How many individual (unduplicated) STUDENTS received HPV vaccine from your health service in 2007?

    [ ] number

Contact P. Davis Smith, MD, for specific questions at the following e-mail address: pdsmith@wesleyan.edu

Thank you for taking the time to complete this survey. Once the survey closes, data will be compiled and sent to the email
address provided here in the survey. The results will subsequently be posted on the ACHA website.

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