

American College Health Association

Pap Test and STI Survey for Calendar Year 2011

Thank you for taking the time to complete this survey. The ACHA Sexual Health Education and Clinical Care Coalition recently updated 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. **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 actually numerically zero. Do not use commas in your numerical entries. DEADLINE: May 31, 2012.**

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 also encourage you to use the current survey as a guide while tracking calendar year 2012 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 Student Health Service an Institutional Member of ACHA?

- Yes
- No
- Uncertain

6) In which affiliate are you/would you be a member?

- Southwest College Health Association (AR, LA, NM, OK, TX; Mexico, Central America, South America)
- Southern College Health Association (AL, FL, GA, MS, NC, PR, SC, TN, VI; Africa, Caribbean)
- North Central College Health Association (IA, MN, ND, SD, WI; Canadian members in Manitoba and Nunavut)
- Central College Health Association (KS, MO, NE)
- Rocky Mountain College Health Association (CO, MT, WY; Canadian members in Saskatchewan)
- Mid-America College Health Association (IL, IN, KY, MI; Canadian members in Ontario)
- Ohio College Health Association (OH)
- Mid-Atlantic College Health Association (DC, DE, MD, NJ, PA, VA, WV; Greenland, Europe)
- New York State College Health Association (NY)
- New England College Health Association (CT, MA, ME, NH, RI, VT; Canadian members in New Foundland and Labrador, New Brunswick, Nova Scotia, Prince Edward Island, and Quebec)
- Pacific College Health Association (AK, AZ, CA, HI, ID, NV, OR, UT, WA; Asia, Australia, New Zealand, and Canadian members in Alberta, British Columbia, Northwest Territories, and the Yukon)

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
- 10,000 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 +

10) Current academic year graduate and professional student enrollment for your campus:

- No graduate/professional students
- Under 1,000
- 1,000 to 1,999
- 2,000 to 4,999
- 5,000 to 9,999
- 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?

- | | |
|---|---|
| <input type="radio"/> Administrator | <input type="radio"/> Nurse Director |
| <input type="radio"/> Advanced Practice Clinician | <input type="radio"/> Pharmacist |
| <input type="radio"/> Dietitian or Nutritionist | <input type="radio"/> Physician |
| <input type="radio"/> Health Educator | <input type="radio"/> Psychologist/Mental Health Provider |
| <input type="radio"/> HIM/QI | <input type="radio"/> Social Worker |
| <input type="radio"/> Laboratorian | <input type="radio"/> Student Affairs Administrator |
| <input type="radio"/> Nurse | <input type="radio"/> 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 student medical visits to your health center in 2011	visits
Percent female visits	percent
Number of student women's health related visits to your health center in 2011	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
Non-Provider Visits	percent
Other	percent

15) If you selected other please specify:

[Go to next question](#)

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Cervical Cancer Screening

Assumptions about standard of care are based on the 2006 "ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests" available at the link below.

ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests
[Guidelines](#)

16) What cervical cytology screening tests do you provide? (check all that apply)

- Conventional slide cytology (Pap)
- Liquid-based cytology, with reflex HPV testing
- Liquid-based cytology, without reflex HPV testing
- None of these are offered by our health service

17) What cervical disease management modalities are provided in-house? (check all that apply)

- Colposcopy
- Cervicography
- Cryotherapy
- Laser ablation
- LEEP
- None of the above
- Other (please specify)

If you selected other please specify:

18) What is your standard recommendation for when to begin regular Pap testing? (check most common 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

The following questions pursue separate, but overlapping lines of inquiry. Question 19 is looking for results of Pap tests performed during the 2011 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 perhaps beyond the scope of many tracking systems.

19) Summary of all Pap test results for January 1, 2011-December 31, 2011 (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.) Please make sure to enter data in both 19A and 19B-J below so that we can calculate correct rates for each category of test result. If you do not have paired data for both the # of tests done and the # of results, please leave this entire question blank.

A. Total number of Pap tests done	total tests
B. Number reported as normal	normal
C. Number reported as ASC-US	ASC-US
D. Number reported as ASC-H	ASC-H
E. Number reported as LSIL	LSIL
F. Number reported as HSIL	HSIL
G. Number reported as CIS	CIS
H. Number reported as AGC	AGC

- | | |
|---|-----------------------|
| I. Number reported as unsatisfactory (no dx) | unsatisfactory |
| J. Number reported as other dx, not listed above | other |
| K. Number reported with no endocervical cells present (with any dx above) | no endocervical cells |

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"]? (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

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

- | | |
|--|------------|
| A. Total number of first ASC-US Paps worked-up during 2011 calendar year | ASC-US |
| B. Number of these followed-up with HPV DNA testing | HPV DNA |
| C. Number of these followed-up with repeat cytology | repeat |
| D. Number of these followed-up with colposcopy | colposcopy |
| E. Number of these for which outcome is unknown | unknown |
| F. Number of these followed-up with other modalities | other |

22) First ASC-US Paps followed-up with HPV DNA testing

- | | |
|---|------------------|
| A. Number of first ASC-US Paps followed-up with HPV DNA testing | HPV DNA |
| B. Number of these positive for high-risk HPV types | positive H-R HPV |

23) First ASC-US cases followed-up with repeat cytology in 4-6 months

- | | |
|--|----------|
| A. Number of first ASC-US cases followed-up with repeat cytology in 4-6 months | repeat |
| B. Number of these abnormal (greater than or equal to ASC-US) | abnormal |

[Previous Page](#)

[Go to next question](#)

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Pap Test and STI Survey for Calendar Year 2011

STI Testing

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

- Yes
- No

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

- Yes
- No

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

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Chlamydia | <input type="checkbox"/> HIV |
| <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Syphilis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Trichomoniasis |
| <input type="checkbox"/> Hepatitis C | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Other (please specify) |

If you selected other please specify:

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

- Yes
- No

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

- Cervical swab
- Vaginal swab
- Urine
- Varies
- None

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

- Urethral swab
- Urine
- Varies
- None

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

- All tests/visits are charged to the patient or their insurance (there is always a cost to the patient or their insurance)
- Some tests/visits are charged but others are free (there is sometimes a cost to the patient or their insurance)
- All tests/visits are free to the student (there is never a cost to the patient or their insurance)
- None of the above or not applicable
- Other (please specify)

If you selected other please specify:

STI TEST RESULTS

Instructions: Please make sure to enter corresponding data in questions 31, 32, 33, 34, 35, and 36 below

so that we can calculate positivity rates by gender. If you do not collect data by gender, please report totals in the "unknown" category for each section. If you do not have paired data for both # tests done and # positive, please leave these questions blank. Do not enter zero unless the answer is numerically zero. All data applies to tests performed in calendar year 2011.

31) Number of Gonorrhea tests *performed*, by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number

32) Number of Gonorrhea tests *positive*, by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number

33) Number of Chlamydia tests *performed*, by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number
- d. Number of these performed tests (subset of 33 b) that occurred in men who have sex with men, if known (otherwise leave blank). number

34) Number of Chlamydia tests *positive*, by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number
- d. Number of these positive tests (subset of 34 b) that occurred in men who have sex with men, if known (otherwise leave blank). number

35) HIV antibody tests *performed*, by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number

36) HIV antibody tests *positive* (Western blot confirmed), by gender

- a. Females number
- b. Males number
- c. Unknown/unspecified gender number
- d. Number of these positive tests (subset of 36 b) that occurred in men who have sex with men, if known (otherwise leave blank). number

37) Do you offer HIV antibody tests that are:

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

38) 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: _____

39) Which specific HIV assays are available for screening or diagnostic testing in your health service? (check all that apply)

- HIV 1/2 antibody test
- HIV p24 antigen/HIV antibody combo test
- HIV pDNA or RNA test qualitative "PCR" test
- HIV RNA quantitative/viral load test
- None
- Other (please specify)

If you selected other please specify: _____

40) What type of syphilis test do you use for routine screening? (check one, primary test)

- RPR
- VDRL
- EIA

41) Syphilis tests performed in 2011

Total number of tests performed	number
Total number positive (TP-PA/FTA confirmed)	number
Number positive that occurred in men who have sex with men, if known	number

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

- Viral culture
- PCR
- Type specific serology (antibody testing)
- Antigen tests
- Tzank smears
- Other (please specify)

If you selected other please specify: _____

43) Herpes viral culture or PCR tests performed in 2011 (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)

44) Herpes viral culture or PCR tests performed in 2011 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

- Chlamydia
- Syphilis
- HIV
- Hepatitis B
- Hepatitis A
- None/no MSM data collected

55) Do you include pharyngeal and rectal tests for gonorrhea when screening MSM for STIs?

- Yes
- No
- Male screening is not performed at our health center

56) Do you include rectal testing for chlamydia when screening MSM for STIs?

- Yes
- No
- Male screening is not performed at our health center

57) For which of the following STIs are providers at your health service permitted to provide Expedited Partner Therapy (EPT)? (check all that apply)

- Gonorrhea
- Chlamydia
- Trichomoniasis
- Other/don't know
- None of these

58) Which of the following statements best describes your health service's use of EPT?

- Legal in our state, and utilized by our providers (sometimes or often)
- Legal in our state, but not utilized by our providers (never or rarely)
- Not legal in our state or otherwise prohibited by rule or policy
- Don't know the status of EPT utilization in our health service

Contraception Services/Pregnancy Testing

59) Which of the following contraception services do you provide to students on-site in your health center? (check all that apply)

- Education and advice regarding general family planning or contraception
- Prescription of oral contraceptives
- Dispensation of oral contraceptives
- Insertion of intrauterine devices/systems (IUDs)
- Administration of injectable contraception (e.g., Depo-Provera)
- Prescription or dispensing of other hormonal contraception (transdermal patch, intravaginal ring, etc)
- Administration/insertion of intradermal contraception (e.g., Implanon)
- Dispensation of condoms for free
- Sale of condoms
- Prescription of other barrier methods (e.g., diaphragm, cervical cap)
- Dispensation of other barrier methods (e.g., diaphragm, cervical cap, or sponge)
- Performance of vasectomies
- Education regarding recommended fertility awareness methods
- Dispensation, prescription, or sale of emergency contraception
- None, no contraception services are provided on site

60) If none of the above, does your health center refer to outside providers (family planning clinic, local physician, etc.) for some or all services?

- Yes
- No

61) Do you offer pregnancy testing at your health center? (choose one that applies to most/all tests)

- Yes, provider performed (in-house)
- Yes, laboratory performed (in-house or sent out)
- No, not offered, referred elsewhere

62) For pregnancy tests performed at your health center (in-house or sent out, either urine or blood):

Number done	number done
Number positive	number positive

63) For students with a positive pregnancy test, what services are available from your health center? (check all that apply)

- "All options" counseling and education
- Limited counseling and education
- Referral for adoption services
- Referral for abortion services
- Referral for prenatal care
- Prenatal care services provided on-site
- Medical abortion services provided on-site
- No services are provided

These last questions refer to your health center's participation in national STD Awareness Month activities last spring.

64) Did you experience an increase in STD testing clients seen at your health service in April 2011? (compared to previous months or years)

- Yes
- No
- Unknown

65) Did your health center participate in the 2011 GYT "Get Yourself Tested" campaign?

- Yes
- No
- Unknown

66) If you answered yes to Q64, did your health center offer any free/reduced cost STI/HIV testing in April 2011?

- Yes
- No
- Unknown

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.

[Previous Page](#)

[Submit Survey](#)