



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 2022**

### **American College Health Association**

### **Sexual Health Services Survey for Calendar Year 2022**

Thank you for taking the time to complete this survey. The ACHA Sexual Health 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.

All data collected in this survey is in reference to Calendar Year 2022 (January 1 – December 31, 2022). Please answer with respect to services you provided and policies that were in place in CY2022, rather than current policies or practices. If there were different policies in place between the spring and fall semesters, please reference the Fall 2022 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](#).

Contact Christine Kukich at [ckukich@acha.org](mailto:ckukich@acha.org) for specific questions about this survey.

#### **Contacts and Demographics**

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**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 testing, STI/HIV 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"/> |



	Does your electronic medical record capture the following categories?		Does your SHS have the ability to run reports based on the following categories?		Does your SHS run reports based on the following categories?	
	Yes	No	Yes	No	Yes	No
Gender identity (i.e., man, woman, transgender, nonbinary, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race/ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual orientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

- Yes
- No

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

**6E) What clinical services does your health center provide?**

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

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

**7) How many student medical visits did your health center have in 2022? (Please include both in-person and virtual/telemedicine visits)**

Total number of student medical visits to your Health Center 2022

**7B) How many of these visits were virtual/telemedicine?**

Number of virtual/telemedicine visits

### **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, 2022-December 31, 2022 (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	<input type="text" value="0"/>
B. Number reported as ASC-US (atypical squamous cells of undetermined significance)	<input type="text" value="0"/>
C. Number reported as LSIL (low-grade squamous intraepithelial lesion)	<input type="text" value="0"/>
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)	<input type="text" value="0"/>
E. Number reported as AGC or CIS (atypical glandular cells or carcinoma in situ)	<input type="text" value="0"/>
F. Number reported as unsatisfactory (no dx)	<input type="text" value="0"/>
G. Number reported as other dx, not listed above	<input type="text" value="0"/>
Total	<input type="text" value="0"/>

**8B) Summary of all Cervical Pap test results for January 1, 2022-December 31, 2022. 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.**

**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 2022. 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) patients assigned female at birth under age 25 seen at your health center.

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

### 10) Gonorrhea testing

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

Total number of Gonorrhea tests performed

Total number of Gonorrhea tests positive

### 11) Chlamydia testing

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

Total number of Chlamydia tests performed

Total number of Chlamydia tests positive

### 12) HIV antibody testing

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

Total number of HIV antibody tests performed

Total number of HIV antibody tests positive

### 13) Syphilis testing

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

Total number of Syphilis tests performed

Total number of Syphilis tests positive

### 14) Herpes viral culture or PCR testing

Total number of PCR tests performed

Total number of positive **HSV-1** tests

Total number of positive **HSV-2** tests

Total number of positive **type unknown** tests

**15) How many patients did your Health Center diagnose with trichomoniasis in 2022?**

**16) How many patients did your Health Center diagnose with bacterial vaginosis in 2022?**

**17) Number of unduplicated patients diagnosed with genital warts in 2022:**

### **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, 2022 to December 31, 2022 (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

**18B) Does your electronic medical record have the ability to report the outcome of a pregnancy (i.e., the pregnancy was continued to live birth, the pregnancy resulted in miscarriage, the pregnancy was terminated)?**

- Yes
- No

**This question only appears if Yes is selected in question 18B**

**18C) Do you or someone in your Student Health Services know how to access pregnancy outcome data in your electronic medical record?**

- Yes
- No





	Ages 21-24		Ages 25-29		Ages 30-65	
	Yes	No	Yes	No	Yes	No
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 2022.**

	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 2022? (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 routinely provide rectal tests for anyone who received anal sex (penis-in-anus)?**

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

**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

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

**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 2022?**

	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 2022?

- 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 2022?

- 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 2022?

- 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 2022?		Was the medication/device dispensed from the SHS in 2022?	
	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Was the medication/device prescribed by SHS provider in 2022?		Was the medication/device dispensed from the SHS in 2022?	
	Yes	No	Yes	No
(combined and mini pill)				

**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 2022?		Were interested students referred off-campus for this medication/device/procedure in 2022?	
	Yes	No	Yes	No
Shot (i.e., Depo Provera)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (i.e., Nexplanon, Implanon)	<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 2022?**

**Counseling: Patient education, guidance, and support.**

**Referral: Directing the patient to another office or specialist where they can receive services. This can be done through a specific order or a discussion.**

	Yes	No	No, not permitted due to legal limitations in our state	No, not permitted due to school policy	Decline to answer
Counseling for adoption services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling for abortion services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling for prenatal care	<input type="radio"/>	<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"/>	<input type="radio"/>
Referral for abortion services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No	No, not permitted due to legal limitations in our state	No, not permitted due to school policy	Decline to answer
Referral for prenatal care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication abortion services provided at SHS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical abortion services provided at SHS	<input type="radio"/>	<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"/>	<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.**

