



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 2020

American College Health Association

Sexual Health Services Survey for Calendar Year 2019 with additional 2018 Prevalence Data

Thank you for taking the time to complete this survey. We have changed the name of the ACHA Pap Test and STI Survey to the Sexual Health Services Survey in an effort to be more inclusive and more accurately reflect the information collected. The ACHA Sexual Health Education 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.

All data collected in this survey is in reference to Calendar Year 2019 (January 1 – December 31, 2019). Please answer with respect to services you provided and policies that were in place in CY2019, rather than current policies or practices. If there were different policies in place between the spring and fall semesters, please reference the Fall 2019 policies. Where indicated, we are also requesting CY2018 prevalence data (January 1- December 31, 2018). **CY2018 data requests are noted in this color.**

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:

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 clinical sexual health services (e.g., PAP/STI testing, pregnancy testing, contraception, PrEP, PEP, HPV vaccinations, etc.)?

Note: If you select "No" below, the survey will end for you. Please do not select "No" unless you do not plan to complete the rest of the survey.

- Yes
- No (please provide any additional information in the box below)

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

Total number of student medical visits to your Health Center 2019

% female visits

% male visits

% transgender or gender non-conforming visits

8) Sexual health visits in 2019 (GYN exam, annual/well woman exam, STI screening/treatment, PrEP, hormone therapy, etc.) were conducted in the following clinical settings.

	Yes	No
Primary Care	<input type="radio"/>	<input type="radio"/>
Clinic dedicated to GYN or Sexual Health	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Cervical Cancer Screening

Cervical Cancer Screening and Management

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

Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests
Saslow D, Solomon D, Lawson H, et al. (2012).

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. *Journal of Lower Genital Tract Disease*, 16(3).

Massad LS, Einstein M, Huh W, et al. (2013). 2012 Updated Consensus Guidelines for the management of abnormal cervical cancer screening tests and cancer precursors. *Journal of Lower Genital Tract Disease*, 17(5); S1-27.

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

9) Does your student health center offer cervical cytology screening tests?

- Yes
- No

10) For each age group, indicate whether or not this cervical cytology screening test was offered for female persons or persons with a cervix at your health center in 2019. (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"/>

11) Please indicate which of the following cervical disease management modalities were provided in-house at your Health Center in 2019.

	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="text"/>	<input type="radio"/>	<input type="radio"/>

12) For women under age 25, 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 2019? (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

13A) Summary of all Cervical Pap test results for January 1, 2019-December 31, 2019 (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.

2019

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)	<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"/>

13B) Summary of all Cervical Pap test results for January 1, 2019-December 31, 2019. Please leave this question blank if you don't know.

2019

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

13C) Summary of all Cervical Pap test results for January 1, 2018-December 31, 2018 (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.

2018

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"/>

13D) Summary of all Cervical Pap test results for January 1, 2018-December 31, 2018. Please leave this question blank if you don't know.

2018

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

Anal Cytology

Anal Cytology Screening

**14) Did your health center provide anal cytology screening for any of the following individuals in 2019?
Select all that apply.**

2019

- Females
- Males
- Transgender
- Unknown/gender unspecified
- None, we don't perform anal cytology at our Health Center
- I don't know

14A) If yes, number of anal cytology tests performed in 2019:

2019

Number of females

Number of males

Number of transgender

Number of unknown/gender unspecified

**14B) Did your health center provide anal cytology screening for any of the following individuals in 2018?
Select all that apply.**

2018

- Females
- Males

	Male		Female		Identify as neither male or female	
	Yes	No	Yes	No	Yes	No
Gonorrhea	<input type="radio"/>	<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"/>	<input type="radio"/>
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify): <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16A) Chlamydia testing

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

2019

Number of unique (unduplicated) female patients under age 24 seen at your health center in 2019.

Number of unique (unduplicated) female patients under age 24 tested for chlamydia at your health center in 2019.

16B) Chlamydia testing

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

2018

Number of unique (unduplicated) female patients under age 24 seen at your health center in 2018.

Number of unique (unduplicated) female patients under age 24 tested for chlamydia at your health center in 2018.

17A) What type of specimen did your Health Center usually/preferentially collect for chlamydia testing in females in 2019? (select one)

- Cervical swab
- Vaginal swab-Patient collected
- Vaginal swab-Clinician collected
- Urine
- Varies
- None

17B) What type of specimen did your Health Center usually/preferentially collect for chlamydia testing in males in 2019? (select one)

- Urethral swab
- Urine
- Varies
- None

17C) What type of specimen did your Health Center usually/preferentially collect for chlamydia testing in individuals who do not identify as male or female in 2019? (select one)

- Cervical swab
- Vaginal swab-Patient collected
- Vaginal swab-Clinician collected
- Urethral swab
- Urine
- Varies
- None

18) Did your health center routinely include pharyngeal and rectal tests for chlamydia and gonorrhea when screening the following groups for STIs in 2019? (Note that there are 4 questions for each row. Please provide a response for all 4 groups in each row)

	Men who have sex with men		Women who have sex with women		Women who have sex with men		Men who have sex with women	
	Yes	No	Yes	No	Yes	No	Yes	No
Chlamydia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19) Which of the following statements best describes how the cost of STI screening was covered at your health service in 2019? (select one)

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

20) What types of HIV antibody tests did your Health Center usually/preferentially collect to screen for HIV in 2019? (select one)

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

21) Does your health center have providers that prescribe PrEP (Pre-Exposure Prophylaxis) when indicated?

- Yes
- No
- I don't know

21A) For those who prescribed PrEP in CY 2019, what percent were the following:

Please be sure your total is either 0% or 100%.

Men who have sex with men	<input type="text" value="0"/>	%
Heterosexual men	<input type="text" value="0"/>	%
Heterosexual women	<input type="text" value="0"/>	%
People who inject drugs	<input type="text" value="0"/>	%
Other (please specify) <input type="text"/>	<input type="text" value="0"/>	%
Total	<input type="text" value="0"/>	%

21B) For those patients who were initiated on PrEP in 2019, what percent returned for a 3-month follow-up appointment:

- 0-24%
- 25-49%
- 50-74%
- 75-99%

100%

21C) For those not prescribing PrEP in 2019, what were the barriers to prescribing: (please select all that apply)

- Lack of training/knowledge
- Lack of administrative support
- We don't prescribe any medications
- Religious objections
- Other (please specify)

22) Did your Health Center offer non-occupational PEP (Post-Exposure Prophylaxis) in 2019?

- Yes
- No
- I don't know

23) What laboratory test did your Health Center usually/preferentially use to diagnose genital herpes infection in 2019? (select one):

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

24) What type of test did your Health Center usually/preferentially use for the diagnosis of trichomoniasis infection in women in 2019? (select one)

- Microscopy (wet prep)
- Culture
- Antigen detection (e.g. OSOM or Affirm)
- PCR or other NAAT (e.g. APTIMA or Amplicor)
- Other (please specify)

STI Test Results

STI Test Results

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. 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 years 2019 or 2018. For each question, 2019 data is followed by the same question for 2018 data (in red). All items are labeled with the year they refer to. 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.

25A) Number of Gonorrhea tests performed, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

25B) Number of Gonorrhea tests positive, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

26A) Number of Gonorrhea tests performed, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

26B) Number of Gonorrhea tests positive, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

27A) Number of Chlamydia tests performed, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

27B) Number of Chlamydia tests positive, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

28A) Number of Chlamydia tests performed, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

28B) Number of Chlamydia tests positive, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

29A) HIV antibody tests performed, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

29B) HIV antibody tests positive, by sex in 2019

2019

Females

Males

Transgender

Unknown/unspecified gender

30A) HIV antibody tests performed, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

30B) HIV antibody tests positive, by sex in 2018

2018

<input type="text" value="0"/>	Females
<input type="text" value="0"/>	Males
<input type="text" value="0"/>	Transgender
<input type="text" value="0"/>	Unknown/unspecified gender

31A) Syphilis tests performed, by sex in 2019

2019

<input type="text" value="0"/>	Females
<input type="text" value="0"/>	Males
<input type="text" value="0"/>	Transgender
<input type="text" value="0"/>	Unknown/unspecified gender

31B) Syphilis tests positive, by sex in 2019

2019

<input type="text" value="0"/>	Females
<input type="text" value="0"/>	Males
<input type="text" value="0"/>	Transgender
<input type="text" value="0"/>	Unknown/unspecified gender

32A) Syphilis tests performed, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

32B) Syphilis tests positive, by sex in 2018

2018

Females

Males

Transgender

Unknown/unspecified gender

33) Herpes viral culture or PCR tests performed in 2019 (genital sites only):

2019

Females

Males

Individuals who do not identify as either male or female

34) Total Herpes viral culture or PCR tests performed in 2019 (genital sites only):

2019

Total number positive for HSV-2

Total number positive for HSV-1

Total number positive type unknown

Total

35A) Herpes viral culture or PCR tests performed in 2019 for females (genital sites only):

Please double check that your total in 35 is equal to or less than the total you reported for females in 33.

2019

Total number positive for HSV-2

Total number positive for HSV-1

Total number positive type unknown

Total

35B) Herpes viral culture or PCR tests performed in 2019 for males (genital sites only):

Please double check that your total in 36 is equal to or less than the total you reported for males in 33.

2019

Total number positive for HSV-2

Total number positive for HSV-1

Total number positive type unknown

Total

35C) Herpes viral culture or PCR tests performed in 2019 for individuals who do not identify as either male or female (genital sites only):

Please double check that your total in 34 is equal to or less than the figure you reported for those who do not identify as either male or female in 33.

2019

Total number positive for HSV-2

Total number positive for HSV-1

Total number positive type unknown

Total

0

36) Herpes viral culture or PCR tests performed in 2018 (genital sites only):

2018

0

Females

0

Males

0

Individuals who do not identify as either male or female

37) Total Herpes viral culture or PCR tests performed in 2018 (genital sites only):

2018

Total number positive for HSV-2

0

Total number positive for HSV-1

0

Total number positive type unknown

0

Total

0

38A) Herpes viral culture or PCR tests performed in 2018 for females (genital sites only):

Please double check that your total in 35A is equal to or less than the total you reported for females in 33.

2018

Total number positive for HSV-2

0

Total number positive for HSV-1

0

Total number positive type unknown

0

Total

0

38B) Herpes viral culture or PCR tests performed in 2018 for males (genital sites only):

Please double check that your total in 36A is equal to or less than the total you reported for males in 33.

2018

Total number positive for HSV-2

0

Total number positive for HSV-1

0

Total number positive type unknown

0

Total

0

38C) Herpes viral culture or PCR tests performed in 2018 for individuals who do not identify as either male or female (genital sites only):

Please double check that your total in 34 is equal to or less than the figure you reported for those who do not identify as either male or female in 33.

2018

Total number positive for HSV-2

0

Total number positive for HSV-1

0

Total number positive type unknown

0

Total

0

39A) How many patients did your Health Center diagnose with trichomoniasis in 2019?

2019

0

Patients

39B) How many patients did your Health Center diagnose with trichomoniasis in 2018?

2018

0

Patients

40A) How many patients did your Health Center diagnose with bacterial vaginosis in 2019?

2019

Patients

40B) How many patients did your Health Center diagnose with bacterial vaginosis in 2018?

2018

Patients

41A) Number of unduplicated patients diagnosed with genital warts in 2019:

2019

Females

Males

Transgender

Unknown/unspecified gender

41B) Number of unduplicated patients diagnosed with genital warts in 2018:

2018

Females

Males

Transgender

Unknown/unspecified gender

Other Health Promotion Practices

42) Did providers (MD, NP, PA) at your Health Center prescribe hormone therapy for transgender patients in 2019?

- Yes
- No
- I don't know

42A) In 2019, we offered the following hormone therapy for transgender patients:

- Initiated therapy only
- Initiated and continued therapy
- Continued therapy only

42B) What were barriers to prescribing hormone therapy for transgender patients in 2019? (please select all that apply)

- Lack of training/knowledge
- Lack of administrative support
- We don't prescribe any medications
- Religious objections
- Other (please specify)

43) Do the laws in the state your Health Center is located and your health center's policy permit providers to provide expedited partner therapy (EPT) for treatment of any of the following STIs?

	Yes; it is permitted and prescribed by providers	No; it is permitted but not prescribed by providers	No; it is legal in our state but not permitted per clinic policy	No, EPT is not legal in our state for this STI	I Don't Know
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"/>
Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trichomoniasis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>					

44) What is your level of agreement with the following statement?

“In 2019, patients at our health or wellness center regularly voiced concerns that their parent(s) may find out that they received testing, screening, or treatment for a sexually transmitted infection (STI), including HIV.”

- Strongly agree
- Agree
- Neutral/Indifferent
- Disagree
- Strongly disagree

45) In 2019, did your state law allow students to have their explanation of benefit (EOB) forms sent directly to them?

- Yes
- No
- I don't know

46) Regarding STIs and patient confidentiality concerns, please indicate which of the following procedures were used in your center between January 1 and December 31, 2019.

	Yes	No	I don't know
We offered anonymous and/or confidential HIV testing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We referred patients to other health care providers that offered confidential screening, testing, or treatment for free or reduced cost.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student health fees covered STI/HIV testing, screening, and/or treatment services, so there was no additional cost to students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We (or another university office) hosted at least one campus testing event that offered free and anonymous and/or confidential testing. (e.g., Get Yourself Talking, Get Yourself Tested).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patients could pay for testing, screening, or treatment out of pocket to avoid having an explanation of benefits (EOB) form generated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Yes	No	I don't know
We did not generate EOB forms as we do not bill third-party health insurance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We billed third-party health insurance using more general billing codes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We explained to patients that receiving any testing, screening, or treatment was not confidential and may be revealed on EOB forms that are sent to insurance policy holders.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EOB forms were sent directly to students' local addresses.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
We did not have any of the above procedures in place.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47) Other procedures that your center employed in 2019 to ensure confidentiality related to STI testing, screening, or treatment:

48) On which of the following topics did your health center provide information to students in 2019? This includes any clinical service, health education sessions, etc. (Check all that apply)

- Abstinence
- Consent
- Contraception
- Emergency Contraception
- External (male) condom use
- Fertility awareness methods
- General family planning/Preconception
- Healthy Relationships
- Gender Identity and Sexual Orientation
- Internal (female) condom use
- Sexual assault awareness/prevention
- STI/HIV prevention
- Other (please specify)

49) Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2019?

- 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

50) Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2019?

- 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 or dispensed through SHS

51) Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2019?

- 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

Please answer the following questions about the availability of safer sex products and contraceptive methods through your Student Health Service in 2019:

52A) OTC Items

How were the following items made available to students in 2019?

	For free	At some cost	Both free and at some cost	Item not available to students
Female (internal) condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latex, or non-latex dams (i.e., dental or oral dams)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Latex, or non-latex gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lubricant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male (external) condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spermicides (suppositories, foams, jellies and vaginal contraceptive film)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52B) 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 2019?		Was the medication/device dispensed from the SHS in 2019?	
	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"/>

52C) 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 2019?		Were interested students referred off-campus for this medication/device/procedure in 2019?	
	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"/>

53A) For pregnancy tests performed at your health center between January 1, 2019 to December 31, 2019 (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.

2019

Number performed

Number positive

53B) For pregnancy tests performed at your health center between January 1, 2018 to December 31, 2018 (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.

2018

Number performed

Number positive

54) For students with a positive pregnancy test, what services were available from your Health Center in 2019?

Yes	No	No, not permitted due to legal limitations in our state	No, not permitted due to school policy
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	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"/>

55) In 2019, did your health center use chaperones (a person who serves as a witness for both a patient and the medical provider) as a safeguard for all parties during sensitive medical examinations or procedures?

- Yes, for all patients during sensitive medical examinations or procedures
- Yes, for some patients during sensitive medical examinations or procedures (please specify)
- No, we do not use chaperones for any examinations or procedures
- I don't know

56) Did your organization's (electronic) health record provide standard options for collecting BOTH the patient's gender identity and sex assigned at birth in 2019? (Free-form notes would not count.)

- Yes
- No
- I don't know

57) Did your organization's (electronic) health record provide standard options for collecting the patient's sexual orientation in 2019? (free-form notes, and questions about sexual behaviors would not count.)

- Yes
- No
- I don't know

The End

Contact [Mary Hoban](#) 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.

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