

American College Health Association

Pap Test and STI Survey for Calendar Year 2009

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. 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. 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: April 30, 2010.

ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests
[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 also encourage you to use the current survey as a guide while tracking calendar year 2010 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 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?

- Administrator
- Advanced Practice Clinician
- Dietitian or Nutritionist
- Health Educator
- HIM/QI
- Nurse Director
- Pharmacist
- Physician
- Psychologist/Mental Health Provider
- Social Worker

- Laboratorian
- Student Affairs Administrator
- Nurse
- 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 2009 visits
- Percent female visits percent
- Number of student women's health related visits to your health center in 2009 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:

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

- Conventional slide cytology
- Laser
- Liquid-based cytology without reflex HPV testing
- LEEP
- Liquid-based cytology with reflex HPV testing
- None of these are offered
- Colposcopy
- Other (please specify)

Cryotherapy

If you selected other please specify:

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

Yes No

18) What is your current 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

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Pap Test and STI Survey for Calendar Year 2009

The following questions pursue separate, but overlapping lines of inquiry. Question 19 is looking for results of Pap tests performed during the 2009 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, 2009-December 31, 2009 (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 | <input type="text"/> | total tests |
| B. Number reported as normal | <input type="text"/> | normal |
| C. Number reported as ASC-US | <input type="text"/> | ASC-US |
| D. Number reported as ASC-H | <input type="text"/> | ASC-H |
| E. Number reported as LSIL | <input type="text"/> | LSIL |
| F. Number reported as HSIL | <input type="text"/> | HSIL |
| G. Number reported as CIS | <input type="text"/> | CIS |
| H. Number reported as AGC | <input type="text"/> | AGC |
| I. Number reported as unsatisfactory (no dx) | <input type="text"/> | unsatisfactory |
| J. Number reported as other dx, not listed above | <input type="text"/> | other |
| K. Number reported with no endocervical cells present (with any dx above) | <input type="text"/> | 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"] 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

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

22) 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 2009 calendar year | <input type="text"/> | ASC-US |
| B. Number of these followed-up with HPV DNA testing | <input type="text"/> | HPV DNA |
| C. Number of these followed-up with repeat cytology | <input type="text"/> | repeat |
| D. Number of these followed-up with colposcopy | <input type="text"/> | colposcopy (equal to Q25) |
| E. Number of these for which outcome is unknown | <input type="text"/> | unknown |
| F. Number of these followed-up with other modalities | <input type="text"/> | other |

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

- | | | |
|---|----------------------|------------------|
| A. Number of first ASC-US Paps followed-up with HPV DNA testing | <input type="text"/> | HPV DNA |
| B. Number of these positive for high-risk HPV types | <input type="text"/> | positive H-R HPV |

24) 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 | <input type="text"/> | repeat |
| B. Number of these abnormal (greater than or equal to ASC-US) | <input type="text"/> | abnormal |

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. For mixed reports for a given student, count the highest severity result.

25) Number referred for colposcopy as primary mode of evaluation for first

ASC-US

number (equal to Q22D)

26) Of those referred for colposcopy as primary mode of evaluation for first ASC-US (The sum of Q26 A-D should equal Q25)

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

27) Number referred for colposcopy because of positive high-risk HPV (+HR HPV DNA test)

number

28) Of those referred for colposcopy because of positive high-risk HPV (+HR HPV DNA test) (The sum of Q28 A-D should equal Q27)

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

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

number

30) Of those referred for colposcopy because greater than or equal to repeat ASC-US (The sum of Q30 A-D should equal Q29)

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

31) Number referred for colposcopy for other indication

number

32) Of those referred for colposcopy because other indication (The sum of Q32 A-D should equal Q31)

- | | | |
|---|----------------------|--------------------|
| A. Number of these normal | <input type="text"/> | normal |
| B. Number of these CIN 1 | <input type="text"/> | CIN 1 |
| C. Number of these CIN 2 OR 3 | <input type="text"/> | CIN 2 OR 3 |
| D. Number of these results unknown/incomplete | <input type="text"/> | unknown/incomplete |

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

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

If you selected other please specify:

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STI Testing

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

Yes No

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

Yes No

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

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

If you selected other please specify:

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

Yes No

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

Cervical swab Vaginal swab Urine Varies None

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

Urethral swab Urine Varies None

40) 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

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

41) Chlamydia tests performed in 2009

Total number of tests performed number

Total number positive number

If available by gender, (otherwise leave blank)

42) Chlamydia tests performed in 2009 for women

Number of tests performed number

Number positive number

43) Chlamydia tests performed in 2009 for men

Number of tests performed number

Number positive number

44) Gonorrhea tests performed in 2009

Total number of tests performed number

Total number positive number

If available by gender, (otherwise leave blank)

45) Gonorrhea tests performed in 2009 for women

Number of tests performed number

Number positive number

46) Gonorrhea tests performed in 2009 for men

Number of tests performed number

Number positive number

47) HIV antibody tests performed in 2009

Total number of tests performed number

Total number positive (Western blot confirmed) number

48) Do you offer HIV antibody tests that are:

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

49) 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:

50) Syphilis tests performed in 2009

Total number of tests performed number

Total number positive (TP-PA/FTA confirmed) number

51) 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:

52) Herpes viral culture or PCR tests performed in 2009 (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)

53) Herpes viral culture or PCR tests performed in 2009 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

54) Herpes viral culture or PCR tests performed in 2009 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

55) How many patients did you diagnose with trichomoniasis in 2009?

number

56) How many DOSES of HPV vaccine were administered by your health service in 2009?

Total Number number
Number female number
Number male number

57) How many individual (unduplicated) STUDENTS received HPV vaccine from your health service in 2009?

Total Number number
Number female number
Number male number

Contraception Services/Pregnancy Testing

58) 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

59) 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

60) 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 No, not offered, referred elsewhere

61) Do you track pregnancy test result data?

- Yes No Do not offer pregnancy tests

62) If yes, would you be willing to provide pregnancy test result data in future surveys?

- Yes No Unsure

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
- Abortion services provided on-site
- No services are provided

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

64) Did your health center participate in the 2009 GYT "Get Yourself Tested" campaign?

Yes No

65) If so, did your health center offer any free/reduced cost STD/HIV testing in April 2009?

Yes No

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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