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?
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:
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  
Nurse  
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
Percent female
Total number of student medical visits to your health center in 2009
Percent female visits
Number of student women's health related visits to your health center in 2009

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
Advanced Practice Nurse
Physician Assistant
Gynecologist
Other Physician
Non-Provider Visits
Other

15) If you selected other please specify:

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
Laser
LEEP
None of these are offered
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

Go to next question

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American College Health Association

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
   __________________________ 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"] 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
B. Number of these followed-up with HPV DNA testing
C. Number of these followed-up with repeat cytology
D. Number of these followed-up with colposcopy (equal to Q25)
E. Number of these for which outcome is unknown
F. Number of these followed-up with other modalities

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

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

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

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
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 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
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 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
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results 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
B. Number of these CIN 1
C. Number of these CIN 2 OR 3
D. Number of these results 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 [ ]
Total number positive [ ]

If available by gender, (otherwise leave blank)

42) Chlamydia tests performed in 2009 for women

Number of tests performed [ ]
Number positive [ ]

43) Chlamydia tests performed in 2009 for men

Number of tests performed [ ]
Number positive [ ]

44) Gonorrhea tests performed in 2009

Total number of tests performed [ ]
Total number positive [ ]

If available by gender, (otherwise leave blank)

45) Gonorrhea tests performed in 2009 for women

Number of tests performed [ ]
Number positive [ ]

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):

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of herpes viral culture or PCR tests done</td>
<td></td>
</tr>
<tr>
<td>Total number positive for HSV-2</td>
<td></td>
</tr>
<tr>
<td>Total number positive for HSV-1</td>
<td></td>
</tr>
<tr>
<td>Total number positive type unknown</td>
<td></td>
</tr>
</tbody>
</table>

If available by gender, (otherwise leave blank)
53) Herpes viral culture or PCR tests performed in 2009 for women (genital sites only):

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of herpes viral culture or PCR tests done</td>
<td></td>
</tr>
<tr>
<td>Number positive for HSV-2</td>
<td></td>
</tr>
<tr>
<td>Number positive for HSV-1</td>
<td></td>
</tr>
<tr>
<td>Number positive type unknown</td>
<td></td>
</tr>
</tbody>
</table>

54) Herpes viral culture or PCR tests performed in 2009 for men (genital sites only):

<table>
<thead>
<tr>
<th>Test Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of herpes viral culture or PCR tests done</td>
<td></td>
</tr>
<tr>
<td>Number positive for HSV-2</td>
<td></td>
</tr>
<tr>
<td>Number positive for HSV-1</td>
<td></td>
</tr>
<tr>
<td>Number positive type unknown</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Number female</td>
<td></td>
</tr>
<tr>
<td>Number male</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Number female</td>
<td></td>
</tr>
<tr>
<td>Number male</td>
<td></td>
</tr>
</tbody>
</table>
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.

Thank you for taking the time to complete this survey.