



## **ACHA SEXUAL HEALTH SERVICES SURVEY 2018**

### **American College Health Association**

### **Sexual Health Services Survey for Calendar Year 2017**

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 2017 (January 1 – December 31, 2017). Please answer with respect to services you provided and policies that were in place in CY2017, rather than current policies or practices.

Please submit only objective data except as specified. Please leave blank unanswerable questions or questions that are not applicable to your health services. **DEADLINE: September 15, 2018.**

Use only whole numbers in your numerical entries (no commas).

You are encouraged to print this survey prior to completing online survey to use as a worksheet. Submit the completed online survey data one time only.

## Contact and Demographics

Name of College/University:

**1) Name of person completing this survey:**

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**2) Title of person completing this survey:**

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**3) E-mail address for questions about survey entries:**

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**4) Telephone number of respondent:**

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

- \_\_\_\_\_ Total number of student medical visits to your Health Center 2017
- \_\_\_\_\_ % female visits
- \_\_\_\_\_ % male visits
- \_\_\_\_\_ % transgender or gender non-conforming visits

**7) Sexual health visits in 2017 (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="radio"/> | <input type="radio"/> |

**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>

**8) For each age group, indicate whether or not this cervical cytology screening test was provided for female persons or persons with a cervix at your health center in 2017.**

|                                                                  | 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"/> |
| None, these were not offered by our health service               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**9) Please indicate which of the following cervical disease management modalities were provided in-house at your Health Center in 2017.**

|                        | 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"/>                                                     |

**10) 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 2017? (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

**11A) Summary of all Cervical Pap test results for January 1, 2017-December 31, 2017 (Results in items Q11A through Q11G are mutually exclusive and SHOULD SUM TO EQUAL THE TOTAL REPORTED at the bottom row labeled TOTAL. Please make sure to enter data in 11A-G below so that we can calculate correct rates for each category of test result.**

- 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) :
  - 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) :
  - E. Number reported as AGC or CIS (atypical glandular cells or carcinoma in situ) :
  - F. Number reported as unsatisfactory (no dx) :
  - G. Number reported as other dx, not listed above :
- Total :
- 

**11B ) Summary of all Cervical Pap test results for January 1, 2017-December 31, 2017.**

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

### STI Testing

12) Did your health center require a provider (MD, NP, PA) visit in 2017 for STI screening (i.e. labs) in asymptomatic patients?

- Yes
- No, we do not require a provider visit for STI screening labs in asymptomatic patients
- No, STI screening was not provided for any students at our health center
- I don't know

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**12A) Please indicate which of the following STI(s) screening was provided in 2017 without requiring a visit with a provider (MD, NP, PA) for asymptomatic patients?**

|                  | Yes                   | No                    |
|------------------|-----------------------|-----------------------|
| Chlamydia        | <input type="radio"/> | <input type="radio"/> |
| Gonorrhea        | <input type="radio"/> | <input type="radio"/> |
| HIV              | <input type="radio"/> | <input type="radio"/> |
| Syphilis         | <input type="radio"/> | <input type="radio"/> |
| Other (specify): | <input type="radio"/> | <input type="radio"/> |

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**13A) Chlamydia testing**

Number of unique (unduplicated) female patients under age 26 seen at your health center in 2017. \_\_\_\_\_

**13B) Chlamydia testing**

***Note that 13B must be less than or equal to 13A***

Number of unique (unduplicated) female patients under age 26 tested for chlamydia at your health center in 2017. \_\_\_\_\_

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**14) What type of specimen did your Health Center usually/preferentially collect for chlamydia testing in females in 2017? (select one)**

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

**15) What type of specimen did your Health Center usually/preferentially collect for chlamydia testing in males in 2017? (select one)**

- Urethral swab
  - Urine
  - Varies
  - None
-



**16) 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 2017? (select one)**

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

**16A) Did your health center routinely include pharyngeal and rectal tests for chlamydia and gonorrhea when screening the following groups for STIs in 2017?**

|           | 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"/> |

**17) Which of the following statements best describes how the cost of STI screening was covered at your health service in 2017? (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) \_\_\_\_\_

**18) What types of HIV antibody tests did your Health Center usually/preferentially collect to screen for HIV in 2017? (select one)**

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

**19) Did your Health Center offer PrEP (Pre-Exposure Prophylaxis) in CY 2017?**

- Yes
  - No
  - I don't know
- 

**19A) For those who prescribed PrEP in CY 2017, what percent were the following:**

Men who have sex with men : \_\_\_\_\_

Heterosexual men : \_\_\_\_\_

Heterosexual women : \_\_\_\_\_

People who inject drugs : \_\_\_\_\_

Other (please specify) : \_\_\_\_\_

Total : \_\_\_\_\_

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**19B) For those patients who were initiated on PrEP in 2017, what percent returned for a 3-month follow-up appointment:**

- 0-24%
  - 25-49%
  - 50-74%
  - 75-99%
  - 100%
- 

**19C) For those not prescribing PrEP in 2017, 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) \_\_\_\_\_
- 

**20) Did your Health Center offer non-occupational PEP (Post-Exposure Prophylaxis) in 2017?**

- Yes
  - No
  - I don't know
-

**21) What laboratory test did your Health Center usually/preferentially use to diagnose genital herpes infection in 2017? (select one):**

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

**22) What type of test did your Health Center usually/preferentially use for the diagnosis of trichomoniasis infection in women in 2017? (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**

**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 year 2017.**

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**23) Number of Gonorrhea tests performed, by sex in 2017**

\_\_\_\_\_ Females  
\_\_\_\_\_ Males  
\_\_\_\_\_ Transgender  
\_\_\_\_\_ Unknown/unspecified gender

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**24) Number of Gonorrhea tests positive, by sex in 2017**

\_\_\_\_\_ Females  
\_\_\_\_\_ Males  
\_\_\_\_\_ Transgender  
\_\_\_\_\_ Unknown/unspecified gender

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**25) Number of Chlamydia tests performed, by sex in 2017**

\_\_\_\_\_ Females  
\_\_\_\_\_ Males  
\_\_\_\_\_ Transgender  
\_\_\_\_\_ Unknown/unspecified gender

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**26) Number of Chlamydia tests positive, by sex in 2017**

\_\_\_\_\_ Females  
\_\_\_\_\_ Males  
\_\_\_\_\_ Transgender  
\_\_\_\_\_ Unknown/unspecified gender

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**27) HIV antibody tests performed, by sex in 2017**

\_\_\_\_\_ Females  
\_\_\_\_\_ Males  
\_\_\_\_\_ Transgender  
\_\_\_\_\_ Unknown/unspecified gender

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**28) HIV antibody tests positive, by sex in 2017**

- \_\_\_\_\_ Females
  - \_\_\_\_\_ Males
  - \_\_\_\_\_ Transgender
  - \_\_\_\_\_ Unknown/unspecified gender
- 

**29) Syphilis tests performed, by sex in 2017**

- \_\_\_\_\_ Females
  - \_\_\_\_\_ Males
  - \_\_\_\_\_ Transgender
  - \_\_\_\_\_ Unknown/unspecified gender
- 

**30) Syphilis tests positive, by sex in 2017**

- \_\_\_\_\_ Females
  - \_\_\_\_\_ Males
  - \_\_\_\_\_ Transgender
  - \_\_\_\_\_ Unknown/unspecified gender
-

**31) Herpes viral culture or PCR tests performed in 2017 (genital sites only):**

\_\_\_\_\_ Females

\_\_\_\_\_ Males

\_\_\_\_\_ Individuals who do not identify as either male or female

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**32) Herpes viral culture or PCR tests performed in 2017 for females (genital sites only):**

**Please double check that your total in 32 is equal to or less than the total you reported for females in 31.**

Total number positive for HSV-2 : \_\_\_\_\_

Total number positive for HSV-1 : \_\_\_\_\_

Total number positive type unknown : \_\_\_\_\_

Total : \_\_\_\_\_

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**33) Herpes viral culture or PCR tests performed in 2017 for males (genital sites only):**

**Please double check that your total in 33 is equal to or less than the total you reported for males in 31.**

Total number positive for HSV-2 : \_\_\_\_\_

Total number positive for HSV-1 : \_\_\_\_\_

Total number positive type unknown : \_\_\_\_\_

Total : \_\_\_\_\_

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**34) Herpes viral culture or PCR tests performed in 2017 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 31.**

Total number positive for HSV-2 : \_\_\_\_\_

Total number positive for HSV-1 : \_\_\_\_\_

Total number positive type unknown : \_\_\_\_\_

Total : \_\_\_\_\_

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**35) How many patients did your Health Center diagnose with trichomoniasis in 2017?**

\_\_\_\_\_ Patients

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**36) How many patients did your Health Center diagnose with bacterial vaginosis in 2017?**

\_\_\_\_\_ Patients

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**37) Number of unduplicated patients diagnosed with genital warts in 2017:**

\_\_\_\_\_ Females

\_\_\_\_\_ Males

\_\_\_\_\_ Transgender

\_\_\_\_\_ Unknown/unspecified gender

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**38) Did your health center provide anal cytology screening for any of the following individuals in 2017? Check all that apply.**

Females

Males

Transgender

Unknown/gender unspecified

None, we don't perform anal cytology at our Health Center

I don't know

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**39) If yes, number of anal cytology tests performed in 2017:**

- \_\_\_\_\_ Number of females
  - \_\_\_\_\_ Number of males
  - \_\_\_\_\_ Number of transgender
  - \_\_\_\_\_ Number of unknown/gender unspecified
- 

**40) Did providers (MD, NP, PA) at your Health Center prescribe hormone therapy for transgender patients in 2017?**

- Yes
  - No
  - I don't know
- 

**40A) In 2017, we offered the following hormone therapy for transgender patients:**

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

**40B) What were barriers to prescribing hormone therapy for transgender patients in 2017? (please select all that apply)**

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

**41) Did 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 in 2017?**

|                        | Yes; it was legal in our state and prescribed by providers | No; it was legal in our state and permitted per clinic policy, but not prescribed by providers | No; it was legal in our state but not permitted per clinic policy | No, EPT was 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 (please specify) | <input type="radio"/>                                      | <input type="radio"/>                                                                          | <input type="radio"/>                                             | <input type="radio"/>                           | <input type="radio"/> |

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

**“In 2017, 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

**43) In 2017, did your state law allow students to have their explanation of benefit (EOB) forms sent directly to them?**

- Yes
- No
- I don't know

**44) Regarding STIs and patient confidentiality concerns, please indicate which of the following procedures were used in your center between January 1 and December 31, 2017.**

|                                                                                                                                                                                            | 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"/> |
| 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"/> |

**45) Other procedures that your center employed in 2017 to ensure confidentiality related to STI testing, screening, or treatment:**

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**46) On which of the following topics did your health center provide information to students in 2017? 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) \_\_\_\_\_

**47) Was OTC Emergency Contraception (Plan B) available through your Student Health Service in 2017?**

- 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
- 

**48) Was prescription Emergency Contraception (Ella) provided through your Student Health Service in 2017?**

- 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
- 

**49) Was copper IUD for Emergency Contraception (Paragard) provided through your Student Health Service in 2017?**

- 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
-

**50A) Please answer the following questions about the availability of safer sex products and contraceptive methods through your Student Health Service in 2017:**

| OTC Items                                                                  | How were the following items made available to students in 2017? |                       |                            |                                |
|----------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------|----------------------------|--------------------------------|
|                                                                            | 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"/>          |



**RX/Patient-administered methods**

|                                              | Was the medication/device prescribed by SHS provider in 2017? |                       | Was the medication/device dispensed from the SHS in 2017? |                       |
|----------------------------------------------|---------------------------------------------------------------|-----------------------|-----------------------------------------------------------|-----------------------|
|                                              | 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"/> |

**RX/Provider-administered methods**

|                                              | Was the medication/device/procedure provided at the SHS in 2017? |                       | Were interested students referred off-campus for this medication/device/procedure in 2017? |                       |
|----------------------------------------------|------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------|-----------------------|
|                                              | 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<br>(Implanon/Nexplanon)             | <input type="radio"/>                                            | <input type="radio"/> | <input type="radio"/>                                                                      | <input type="radio"/> |
| Intrauterine devices<br>(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"/> |

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**51) For pregnancy tests performed at your health center between January 1, 2017 to December 31, 2017 (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

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**52) For students with a positive pregnancy test, what services were available from your Health Center in 2017?**

|                                           | 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"/>                  |

**53) In 2017, 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
- No
- I don't know

**54) Did your organization's (electronic) health record provide standard options for collecting BOTH the patient's gender identity and sex assigned at birth in 2017? (Free-form notes would not count.)**

- Yes
  - No
  - I don't know
- 

**55) Did your organization's (electronic) health record provide standard options for collecting the patient's sexual orientation in 2017? (free-form notes, and questions about sexual behaviors would not count.)**

- Yes
- No
- I don't know

**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.**

**Once the survey closes, data will be compiled and sent to the email address provided in the survey. The results will subsequently be posted on the ACHA website.**

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