

# American College Health Association

## Pap Test and STI Survey for Calendar Year 2013

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. 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: August 15, 2014.**

**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 2014 data.*

1) Name of Institution:

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2) Name and title of respondent:

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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) Is your Health Center an Institutional Member of ACHA?

- Yes
- No
- Uncertain

**6) If your Health Center is an Institutional Member of ACHA, please select your regional affiliate.**

- 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

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**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) In what state is your health center located?**

- AK
- AL
- AR
- AZ
- CA
- CO
- CT
- DC
- DE
- FL
- GA
- HI
- IA

- ID
- IL
- IN
- KS
- KY
- LA
- MA
- MD
- ME
- MI
- MN
- MO
- MS
- MT
- NC
- ND
- NE
- NH
- NJ
- NM
- NV
- NY
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- VA
- VT
- WA
- WI
- WV
- WY
- UT

**13) Which best describes your role in college health?**

- Administrator
- Healthcare Provider
- Information Technology or Data Management
- Other (please specify)

If you selected other please specify

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**14) 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 2013 \_\_\_\_\_ visits  
 Percent female visits \_\_\_\_\_ percent  
 Number of student women's health related visits to your health center in 2013 \_\_\_\_\_ visits

**15) 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 (RN/LPN) \_\_\_\_\_ percent  
 Advanced Practice Nurse/NP \_\_\_\_\_ percent  
 Physician Assistant \_\_\_\_\_ percent  
 Gynecologist \_\_\_\_\_ percent  
 Other Physician \_\_\_\_\_ percent  
 Non-Provider Visits \_\_\_\_\_ percent  
 Other \_\_\_\_\_ percent

## Cervical Cancer Screening

Assumptions about standard of care are based on the 2013 "ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests" available at the link below.

ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests  
[Guidelines](#)

**16) What cervical cytology screening tests does your Health Center provide? (check all that apply)**

- Conventional slide cytology (Pap)
- Liquid-based cytology, with reflex HPV testing
- Liquid-based cytology, without reflex HPV testing
- None of these are offered by our health service

**17) What cervical disease management modalities are provided in-house? (check all that apply)**

- Colposcopy
- Laser ablation
- LEEP
- None of the above
- Other (please specify)

If you selected other please specify

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**18) What is your health center's standard recommendation for when to begin regular Pap testing? (check most common 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

**19) Summary of all Pap test results for January 1, 2013-December 31, 2013 (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.) Please make sure to enter data in both 19A and 19B-J below so that we can calculate correct rates for each category of test result. If you do not have paired data for both the # of tests done and the # of results, please leave this entire question blank.**

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)	_____	unsatisfactor y
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

**Note: the sum of Q19B-J should equal the total Q19A. If not, please recheck your data**

**20) For women under age 25, what is your health center's usual practice for management of a first screening Pap test reported as ASC-US? (check one)**

- HPV DNA test (reflex or otherwise)
- Repeat Pap in 6 months
- Repeat Pap in 12 months
- Immediate colposcopy

- Varies by provider, no standard practice

## STI Testing

**21) For which of the following populations does your health center offer routine screening for STIs? (Check all that apply)**

- Symptomatic students
- Only students with behavioral risks
- Screening based on identified demographic risks (eg MSM, women 25 and under, incarceration, geographic risks, etc.)
- Sexually active students upon request regardless of risk factors
- None of the above

**22) Does your health center routinely screen sexually active women under age 26 for chlamydia infection?**

- Yes
- No
- I don't know

**23) What type of specimen does your Health Center usually/preferentially collect for chlamydia testing in women? (check one)**

- Cervical swab
- Vaginal swab
- Urine
- Varies
- None

**24) What type of specimen does your Health Center usually/preferentially collect for chlamydia testing in men? (check one)**

- Urethral swab
- Urine
- Varies
- None

**25) 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

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## STI TEST RESULTS

*Instructions: Please make sure to enter corresponding data in questions 26-31 below so that we can calculate positivity rates by gender. If you do not collect data by gender, please report totals in the "unknown" category for each section. If you do not have paired data for both # tests done and # positive, please leave these questions blank. Do not enter zero unless the answer is numerically zero. All data applies to tests performed by your health service in calendar year 2013.*

### 26) Number of Gonorrhea tests *performed*, by gender

- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number

### 27) Number of Gonorrhea tests *positive*, by gender

- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number

### 28) Number of Chlamydia tests *performed*, by gender

- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number

### 29) Number of Chlamydia tests *positive*, by gender

- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number

### 30) HIV antibody tests *performed*, by gender

- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number

### 31) HIV antibody tests *positive* (Western blot confirmed), by gender



- a. Females \_\_\_\_\_ number
- b. Males \_\_\_\_\_ number
- c. Unknown/unspecified gender \_\_\_\_\_ number
- d. Number of these positive tests (subset of 30 b) that occurred in men who have sex with men, if known (otherwise leave blank). \_\_\_\_\_ number

**32) Does your Health Center offer HIV antibody tests that are:**

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

**33) What types of HIV antibody tests does your Health Center 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

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**34) Which specific HIV assays are available for screening or diagnostic testing in your health service? (check all that apply)**

- HIV 1/2 antibody test
- HIV p24 antigen/HIV antibody combo test
- HIV pDNA or RNA test qualitative "PCR" test
- HIV RNA quantitative/viral load test
- None
- Other (please specify)

If you selected other please specify

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**35) What type of syphilis test does your Health Center use for routine screening? (check one)**

- RPR
- VDRL
- EIA

**36) Syphilis tests performed in 2013**

Total number of tests performed \_\_\_\_\_ number

Total number positive (TP-PA/FTA confirmed) \_\_\_\_\_ number  
Number positive that occurred in men who have sex with men, if known (otherwise leave blank) \_\_\_\_\_ number

**37) What laboratory tests does your Health Center 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

**38) Herpes viral culture or PCR tests performed in 2013 (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)**

**39) Herpes viral culture or PCR tests performed in 2013 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

**40) Herpes viral culture or PCR tests performed in 2013 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

**41) What type of test(s) does your Health Center use for the diagnosis of**

**trichomoniasis infection in women? (check all that apply)**

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

**42) How many patients did your Health Center diagnose with trichomoniasis in 2013?**

\_\_\_\_\_number

**43) How many patients did your Health Center diagnose with bacterial vaginosis in 2013?**

\_\_\_\_\_number

**44) Number of unduplicated patients diagnosed with genital warts in 2013:**

Number of female PATIENTS	_____number
Number of male PATIENTS	_____number
Number of unspecified PATIENTS	_____number

**45) Number of total clinic visits for treatment of genital warts in 2013:**

Number of female VISITS	_____number
Number of male VISITS	_____number
Number of unspecified VISITS	_____number

**46) Does your health center provide anal cytology screening for any of the following individuals? Check all that apply.**

- Women
- Men
- Unknown/gender unspecified
- None, we don't perform anal cytology at our health center
- I don't know

**47) If yes, number of anal cytology tests performed in 2013:**

Number of females	_____number
Number of males	_____number
Number of unknown/gender unspecified number	_____number

**48) Does your health center include pharyngeal and rectal tests for gonorrhea when screening MSM for STIs?**

- Yes
- No

- Male screening is not performed at our health center

**49) Does your health center include rectal testing for chlamydia when screening MSM for STIs?**

- Yes
- No
- Male screening is not performed at our health center

**50) In the state in which your health center is located, is expedited partner therapy (EPT) legal for treatment of STIs?**

- EPT is legal for at least one STI
- EPT is of uncertain legality
- EPT is not legal for any STI
- I don't know

**51) Does your health center's policy permit providers to provide expedited partner therapy (EPT) for treatment of any of the following STIs? (Check all that apply)**

- EPT is not permitted for any STI
- Chlamydia
- Gonorrhea
- Trichomoniasis
- I don't know
- Other (please specify)

If you selected other please specify

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**52) Which of the following best describes your health center's use of EPT?**

- EPT is used by our providers
- EPT is not used by our providers
- I don't know

**53) Which best describes how safer sex supplies are offered to students from your health center.**

	For free	For nominal fee	At cost	Don't offer
Lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex, or non-latex dams (i.e., dental or oral dams)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex, or non-latex gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Contraception						
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sponge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condoms	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
Essure	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

**56) START Contraception Provision: Does your health center prescribe, dispense, administer or refer for any of the following contraceptive methods.**

	Prescription- Yes	Prescription- No	Dispensation- Yes	Dispensation- No	Administration/Insertion- Yes	Administration/Insertion- No
Contraceptive Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraceptive Ring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depo Provera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implant (Implanon or Explanon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
START Oral contraceptives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device (Copper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intrauterine device (hormonal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sponge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tubal ligation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vasectomy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**57) 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
- I don't know

**58) Does your Health Center offer pregnancy testing? (choose one that applies to most/all tests)**

- Yes, provider performed (in-house)
- Yes, laboratory performed (in-house or sent out)
- No, not offered, referred elsewhere

**59) For pregnancy tests performed at your health center between January 1, 2013 to December 31, 2013 (in-house or sent out, either urine or blood):**

Number done \_\_\_\_\_  
Number positive \_\_\_\_\_

**60) 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
- Medical abortion services provided on-site
- No services are provided

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

**61) Did your health center experience an increase in STI testing clients seen at your health service in April 2013? (compared to previous months or years)**

- Yes
- No
- Unknown

**62) Did your health center participate in the 2013 GYT "Get Yourself Tested" campaign?**

- Yes
- No
- Unknown

**63) Did your health center offer any free/reduced cost STI/HIV testing in April 2013?**

- Yes
- No
- Unknown

**Contact Heather Eastman-Mueller, Ph.D., CHES, CSE for specific questions at the following e-mail address:  
[eastmanmuellerh@health.missouri.edu](mailto:eastmanmuellerh@health.missouri.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.**