American College Health Association Pap Test and STI Survey for Calendar Year 2007

Thank you for taking the time to complete this survey. The ACHA Sexual Health Education and Clinical Care Coalition has revised the survey to make it as concise and easy-to-follow as possible. Assumptions about standard of care are based on the new 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 numerically zero. Do not use commas in your numerical entries. DEADLINE: March 28, 2008.

ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests

New 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 anticipate few, if any, changes to this survey for next year, so we encourage you to use the current survey as a guide while tracking calendar year 2008 data.

1) Name of Institution:	
2) Name and title of respondent:	
3) E-mail address for questions about s	urvey entries:
4) Telephone number of respondent:	
5) Is your institution/Student Health Se	rvice an Institutional Member of

ACHA?	
	i Yes
	No
	Uncertain
6) Affi	liate
,,,,,	Constitution of the state of th
	Southwest College Health Association (AR, LA, NM, OK, TX)
	Southern College Health Association (AL, FL, GA, MS, NC, SC, TN) North Central College Health Association (IA, MN, ND, SD, WI)
	Central College Health Association (KS, MO, NE)
	Rocky Mountain College Health Association (CO, MT, WY)
	Mid-America College Health Association (IL, IN, KY, MI)
C	Ohio College Health Association (OH)
C	Mid-Atlantic College Health Association (DC, DE, MD, NJ, PA, VA, WV)
	New York State College Health Association (NY)
	New England College Health Association (CT, MA, ME, NH, RI, VT)
	Pacific College Health Association (AK, AZ, CA, HI, ID, NV, OR, WA, UT)
7) Inst	itutional Control:
C	Public 2-year
	Private 2-year
C	Public 4-year
C	Private 4-year
8) Cam	pus Location:
C	Urban >1,000,000 population
	Urban 100,000-1,000,000 population
	Urban < 100,000 population
C	Suburban
	Rural
0	Other (please specify)
If [,]	you selected other please specify:
<u> </u>	
9) Curr	ent academic year undergraduate student enrollment for your campus:
	No undergraduate students
	Under 1,000
	1,000 to 1,999
C	2,000 to 4,999
0	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	
C 40,000 +	
10) Current academic year gradu your campus:	ate and professional student enrollment for
○ No graduate/professional st	udents
୍ର Under 1,000	
ි 1,000 to 1,999	
C 2,000 to 4,999	
ි 5,000 to 9,999	
C 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	
C 40,000 +	
11) Special institutional attribute	es (Check all that apply):
☐ Historically Black College or	University (HBCU)
Minority Postsecondary Insti	
Hispanic Serving Institution	
☐ Tribal College and University	
☐ Alaska Native or Native Haw	aiian Serving Institution (ANNH)
Faith-based Institution	
Community College	
None listed here	•
□ Don't Know	
12) Which best describes your ro	le in college health?
C Administrator	
C Advanced Practice Clinician	← Physician
© Dietitian or Nutritionist	© Psychologist/Mental Health Provider
C Health Educator	← Social Worker
○ Nurse	© Student Affairs Administrator
○ Nurse Director	Other (please specify)
If you selected other please spe	cify:

13) Institutional demograph	nic information (Do not e	nter % sign or comma	ıs)
Number of students enro	lled at institution	stuc	dents
Percent female	Percent female		
Total number of patient r in 2007	Total number of patient medical visits to your health center in 2007		
Percent female visits		perd	cent
Number of women's healt center in 2007	th related visits to your hea	lth visit	:s
14) What percent of women following provider discipline not enter % sign)	's health visits are condes? (total should equal a	ucted by each of the oproximately 100%; d	o
Nurse	percent		
Advanced Practice Nurse	percent		
Physician Assistant	percent		
Gynecologist	percent		
Other Physician	percent		
Other	percent		
15) If you selected other ple	ease specify:		
16) What women's health mapply)	odalities are offered in-	nouse? (check all that	
☐ Conventional slide cyton ☐ Liquid-based cytology ☐ Liquid-based cytology ☐ Colposcopy	without reflex HPV testing	☐ Cryotherapy ☐ Laser ☐ LEEP ☐ Other (please specify)
If you selected other pleas	se specify:		
17) Do you routinely docume	ent patient's age at first	intercourse?	

18) What is your usual recommendation for when to begin regular Pap

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testing? (check usual practice)

- C 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 2007

The following questions pursue separate, but overlapping lines of inquiry. Question 19 is looking for results of Pap tests performed during the 2007 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 probably beyond the scope of most tracking systems.

19) Summary of all Pap test results for January 1, 2007-December 31, 2007 (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 endocervica	al

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
- C Immediate colposcopy
- C 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)	١
--	-----	-----	--------	---------	----	------------	---

- © Repeat Pap in 4-6 months
- C Repeat Pap in 12 months
- © Immediate colposcopy
- © Varies by provider, no standard practice

EVALUATION OF ASC-US PAPS

Questions 22-30 refer to ASC-US Paps worked up during the 2007 calendar year. The index Pap may have been performed in the previous calendar year. Some of the results entered for question 19 this year will not appear in questions 22-30 until next year.

22) Evaluation of screening Paps read as Atypical Squamous Cells of Undetermined Significance (ASC-US)

A. Total number of first ASC-US Paps reported in the survey period	Q22B1+Q2	ASC-US (equal to sum of 2C1+Q22D+Q22E+Q22F)
B1. Number of first ASC-US cases followed-up with HPV DNA testing		HPV DNA
B2. Number of first ASC-US cases positive for high-risk HPV types		+ HR HPV
C1. Number of first ASC-US cases followed-up with repeat cytology in 4-6 months		repeat
C2. Number of these abnormal (greater than or equal to ASC-US)		abnormal
D. Number of first ASC-US cases followed-up with colposcopy		colposcopy (equal to Q23)
E. Number of first ASC-US cases where outcome is unknown		unknown
F. Number of first ASC-US cases followed-up with other modalities		other

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*.

23) Number referred for colposcopy as primary n ASC-US	node of evaluation for first
number (equal to Q22D)	
24) Of those referred for colposcopy as primary r ASC-US (The sum of Q24 A-D should equal Q23)	mode of evaluation for first
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
25) Number referred for colposcopy because of p HPV DNA test)	ositive High-Risk HPV (+HR
number	
26) Of those referred for colposcopy because of p HPV DNA test) (The sum of Q26 A-D should equa	
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 greates	ater than or equal to repeat
number	
28) Of those referred for colposcopy because grean ASC-US (The sum of Q28 A-D should equal Q27)	ater than or equal to repeat
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 for other indi	ication
number	

30) Of those referred for colposcopy because other indication (The sum of ${\tt Q30}$

https://websurveyor.net/wsb.dll

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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) How do you track Pap tests, colposcopy, and that apply)	biopsy results? (check all
☐ Logbook	
☐ Tickler file	
☐ Lab service provider generated prompts	
☐ Electronic medical record	
☐ Computerized tracking program	
☐ No tracking system in place	
Other (please specify)	
If you selected other please specify:	
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STI Testing
32) Do you offer routine STI screening for asymptomatic women?
C Yes C No
33) Do you offer routine STI screening for asymptomatic men?
○ Yes ○ No
34) Which of the following tests do you offer for STI screening of asymptomatic students, as appropriate for risk? (check all that apply)
□ Chlamydia □ Syphilis
☐ Gonorrhea ☐ Trichomoniasis
☐ Hepatitis B ☐ None of the above
☐ Herpes ☐ Other (please specify) ☐ HIV
If you selected other please specify:
35) Do you routinely screen sexually active women under age 26 for chlamydia infection?
↑ Yes ↑ No
36) What type of specimen do you usually/preferentially collect for chlamydia testing in women? (check one)
C Cervical swab C Vaginal swab C Urine C Varies C None
37) What type of specimen do you usually/preferentially collect for chlamydia testing in men? (check one)
○ Urethral swab ○ Urine ○ Varies ○ None
38) Which of the following statements best describes how the cost of STI testing is covered at your health service? (check one)
© Not applicable/STI testing is not provided by our health service

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○ STI testing is provided to students free of charge (covered public funding, etc)	by health fee,	
Students are charged for lab tests but not the clinic visit		
C Students are charged for both lab tests and the clinic visit		
C Charges apply for some tests, but others (e.g. HIV) are pro	ovided for free	
ි Other (please specify)		
If you selected other please specify:		
STI TEST RESULTS		
Please enter confirmed numbers, not estimates. Leave blank questions or where questions are not applicable. Enter 0 if the numerically zero.		e
39) Chlamydia tests performed in 2007		
Total number of tests performed number		
Total number positive number		
If available by gender, (otherwise leave blank) 40) Chlamydia tests performed in 2007 for women		
Number of tests performed number		
Number positive number		
41) Chlamydia tests performed in 2007 for men		
Number of tests performed number		
Number positive number		
42) Gonorrhea tests performed in 2007		
Total number of tests performed number		
Total number positive number		
If available by gender, (otherwise leave blank) 43) Gonorrhea tests performed in 2007 for women		
Number of tests performed number		

number

44) Gonorrhea tests performed in 2007 for men

Number positive

Number of tests performed number Number positive number 45) HIV antibody tests performed in 2007 Total number of tests performed number Total number positive (Western blot confirmed) number 46) Do you offer HIV antibody tests that are: Anonymous Confidential ○ Both C HIV tests are not offered 47) 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: 48) Syphilis tests performed in 2007 Total number of tests performed number Total number positive (TP-PA/FTA confirmed) number 49) What laboratory tests do you use to diagnose genital herpes infection? (check all that apply): ☐ Viral culture PCR Type specific serology Antigen tests ☐ Tzank smears Other (please specify)

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If you selected other please specify:

50) Herpes viral culture or PCR tests performed	in 2007 (genital sites only):
Total number of herpes viral culture or PCR test	s 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) 51) Herpes viral culture or PCR tests performed sites only):	in 2007 for women (genital
Number of herpes viral culture or PCR tests don	e number
Number positive for HSV-2	number
Number positive for HSV-1	number
Number positive type unknown	number
52) Herpes viral culture or PCR tests performed only):	in 2007 for men (genital sites
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
53) How many patients did you diagnose with tri	chomoniasis in 2007?
number	
54) How many DOSES of HPV vaccine were admin service in 2007?	nistered by your health
number	
55) How many individual (unduplicated) STUDEN from your health service in 2007?	ITS received HPV vaccine
number	

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.

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Submit Survey

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