

American College Health Association

Pap Test and STI Survey for Calendar Year 2010

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: April 29, 2011.**

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 2011 data.

1) Name of Institution:

2) Name and title of respondent:

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

4) Telephone number of respondent:

5) Is your Student Health Service an Institutional Member of ACHA?

- Yes
 No
 Uncertain

6) In which affiliate are you/would you be a member?

- Southwest College Health Association (AR, LA, NM, OK, TX; Mexico, Central America, South America)
 Southern College Health Association (AL, FL, GA, MS, NC, PR, SC, TN, VI; Africa, Caribbean)
 North Central College Health Association (IA, MN, ND, SD, WI; Canadian members in Manitoba and Nunavut)
 Central College Health Association (KS, MO, NE)
 Rocky Mountain College Health Association (CO, MT, WY; Canadian members in Saskatchewan)
 Mid-America College Health Association (IL, IN, KY, MI; Canadian members in Ontario)
 Ohio College Health Association (OH)
 Mid-Atlantic College Health Association (DC, DE, MD, NJ, PA, VA, WV; Greenland, Europe)
 New York State College Health Association (NY)
 New England College Health Association (CT, MA, ME, NH, RI, VT; Canadian members in New Foundland and Labrador, New Brunswick, Nova Scotia, Prince Edward Island, and Quebec)
 Pacific College Health Association (AK, AZ, CA, HI, ID, NV, OR, UT, WA; Asia, Australia, New Zealand, and Canadian members in Alberta, British Columbia, Northwest Territories, and the Yukon)

7) Institutional Control:

- Public 2-year
 Private 2-year

- Public 4-year
- Private 4-year

8) Campus Location:

- Urban >1,000,000 population
- Urban 100,000-1,000,000 population
- Urban < 100,000 population
- Suburban
- Rural
- Other (please specify)

If you selected other please specify:

9) Current academic year undergraduate student enrollment for your campus:

- No undergraduate students
- Under 1,000
- 1,000 to 1,999
- 2,000 to 4,999
- 5,000 to 9,999
- 10,000 to 14,999
- 15,000 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 39,999
- 40,000 +

10) Current academic year graduate and professional student enrollment for your campus:

- No graduate/professional students
- Under 1,000
- 1,000 to 1,999
- 2,000 to 4,999
- 5,000 to 9,999
- 10,000 to 14,999
- 15,000 to 19,999
- 20,000 to 24,999
- 25,000 to 29,999
- 30,000 to 39,999
- 40,000 +

11) Special institutional attributes (Check all that apply):

- Historically Black College or University (HBCU)
- Minority Postsecondary Institution (MPI)
- Hispanic Serving Institution (HSI)
- Tribal College and University (TCU)
- Alaska Native or Native Hawaiian Serving Institution (ANNH)
- Faith-based Institution
- Community College
- None listed here
- Don't Know

12) Which best describes your role in college health?

- Administrator
- Nurse Director

- Advanced Practice Clinician
- Pharmacist
- Dietitian or Nutritionist
- Physician
- Health Educator
- Psychologist/Mental Health Provider
- HIM/QI
- Social Worker
- Laboratorian
- Student Affairs Administrator
- Nurse
- Other (please specify)

If you selected other please specify:

13) Institutional demographic information (Do not enter % sign or commas)

Number of students enrolled at institution		students
Percent female		percent
Total number of student medical visits to your health center in 2010		visits
Percent female visits		percent
Number of student women's health related visits to your health center in 2010		visits

14) What percent of women's health visits are conducted by each of the following provider disciplines? (total should equal approximately 100%; do not enter % sign)

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

15) If you selected other please specify:

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Cervical Cancer Screening

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.

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

16) What cervical cytology screening tests do you provide? (check all that apply)

- Conventional slide cytology (Pap) Liquid-based cytology, without reflex HPV testing
 Liquid-based cytology, with 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 LEEP
 Cervicography None of the above
 Cryotherapy Other (please specify)
 Laser ablation

If you selected other please specify:

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

- Yes No

19) What is your 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

The following questions pursue separate, but overlapping lines of inquiry. Question 20 is looking for results of Pap tests performed during the 2010 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.

20) Summary of all Pap test results for January 1, 2010-December 31, 2010 (Results in items Q20B through Q20J are mutually exclusive and SHOULD SUM TO EQUAL THE TOTAL REPORTED in Q20A. Question 20K is independent of diagnosis and should not be included in the sum.) Please make sure to enter data in both 20A and 20B-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	_____	

H. Number reported as AGC	_____	CIS
I. Number reported as unsatisfactory (no dx)	_____	AGC
J. Number reported as other dx, not listed above	_____	unsatisfactory
K. Number reported with no endocervical cells present (with any dx above)	_____	other
		no endocervical cells

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 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

22) 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

23) 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 2010 calendar year	_____	ASC-US
B. Number of these followed-up with HPV DNA testing	_____	HPV DNA
C. Number of these followed-up with repeat cytology	_____	repeat
D. Number of these followed-up with colposcopy	_____	colposcopy (equal to Q26)
E. Number of these for which outcome is unknown	_____	unknown
F. Number of these followed-up with other modalities	_____	other

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

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

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

Results of colposcopy performed for ASC-US Paps (by indication: First ASC-US, positive high-risk HPV, repeat ASC-US, other) Please enter here only colposcopy for which ASC-US was the primary Pap abnormality. For mixed reports for a given student, count the highest severity result.

26) Number referred for colposcopy as primary mode of evaluation for first ASC-US

_____ number (equal to Q23D)

27) Of those referred for colposcopy as primary mode of evaluation for first ASC-US (The sum of Q27 A-D should equal Q26)

- | | | |
|--|----------------------|--------------------|
| A. Number of these normal | <input type="text"/> | normal |
| B. Number of these low grade lesions (CIN 1) | <input type="text"/> | CIN 1 |
| C. Number of these high grade lesions (CIN 2 or 3) | <input type="text"/> | CIN 2 OR 3 |
| D. Number of these with other diagnosis not listed | <input type="text"/> | not listed |
| E. Number of these results unknown/incomplete | <input type="text"/> | unknown/incomplete |

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

number

29) Of those referred for colposcopy because of positive high-risk HPV (+HR HPV DNA test) (The sum of Q29 A-D should equal Q28)

- | | | |
|--|----------------------|--------------------|
| A. Number of these normal | <input type="text"/> | normal |
| B. Number of these low grade lesions (CIN 1) | <input type="text"/> | CIN 1 |
| C. Number of these high grade lesions (CIN 2 or 3) | <input type="text"/> | CIN 2 OR 3 |
| D. Number of these with other diagnosis not listed | <input type="text"/> | not listed |
| E. Number of these results unknown/incomplete | <input type="text"/> | unknown/incomplete |

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

number

31) Of those referred for colposcopy because greater than or equal to repeat ASC-US (The sum of Q31 A-D should equal Q30)

- | | | |
|--|----------------------|--------------------|
| A. Number of these normal | <input type="text"/> | normal |
| B. Number of these low grade lesions (CIN 1) | <input type="text"/> | CIN 1 |
| C. Number of these high grade lesions (CIN 2 or 3) | <input type="text"/> | CIN 2 OR 3 |
| D. Number of these with other diagnosis not listed | <input type="text"/> | not listed |
| E. Number of these results unknown/incomplete | <input type="text"/> | unknown/incomplete |

32) Number referred for colposcopy for other indication

number

33) Of those referred for colposcopy because other indication (The sum of Q33 A-D should equal Q32)

- | | | |
|--|----------------------|--------------------|
| A. Number of these normal | <input type="text"/> | normal |
| B. Number of these low grade lesions (CIN 1) | <input type="text"/> | CIN 1 |
| C. Number of these high grade lesions (CIN 2 or 3) | <input type="text"/> | CIN 2 OR 3 |
| D. Number of these with other diagnosis not listed | <input type="text"/> | not listed |
| E. Number of these results unknown/incomplete | <input type="text"/> | unknown/incomplete |

34) 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

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

Yes No

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

Yes No

37) 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: _____

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

Yes No

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

Cervical swab Vaginal swab Urine Varies None

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

Urethral swab Urine Varies None

41) 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

Instructions: Please make sure to enter corresponding data in questions 42, 43, 44, and 45 below so that we can calculate positivity rates by gender and by site. If you do not collect data at this level of detail, please report total tests 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.

42) Number of Gonorrhea tests performed, by specimen collection site

- a. Female cervix number
- b. Female urine number
- c. Female vaginal swab (ie, pt collected) number
- d. Female pharynx number
- e. Female rectal number
- f. Female site unknown or other number
- g. Male urine or urethral swab number
- h. Male pharynx number
- i. Male rectal number
- j. Male site unknown or other number
- k. Unknown/unspecified site and sex number

43) Number of Gonorrhea tests positive, by specimen collection site

- a. Female cervix number
- b. Female urine number
- c. Female vaginal swab (ie, pt collected) number
- d. Female pharynx number
- e. Female rectal number
- f. Female site unknown or other number
- g. Male urine or urethral swab number
- h. Male pharynx number
- i. Male rectal number
- j. Male site unknown or other number
- k. Unknown/unspecified site and sex number

44) Number of Chlamydia tests performed, by specimen collection site

- a. Female cervix number
- b. Female urine number
- c. Female vaginal swab (ie, pt collected) number
- d. Female pharynx number
- e. Female rectal number
- f. Female site unknown or other number
- g. Male urine or urethral swab number
- h. Male pharynx number
- i. Male rectal number
- j. Male site unknown or other number
- k. Unknown/unspecified site and sex number

45) Number of Chlamydia tests positive, by specimen collection site

- a. Female cervix number
- b. Female urine number
- c. Female vaginal swab (ie, pt collected) number
- d. Female pharynx

- number
- e. Female rectal number
- f. Female site unknown or other number
- g. Male urine or urethral swab number
- h. Male pharynx number
- i. Male rectal number
- j. Male site unknown or other number
- k. Unknown/unspecified site and sex number

46) HIV antibody tests performed in 2010

- Total number of tests performed number
- Total number positive (Western blot confirmed) number
- Number positive that occurred in men who have sex with men, if known number

47) Do you offer HIV antibody tests that are:

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

48) 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:

49) What type of syphilis test do you use for routine screening? (check one, primary test)

- RPR
- VDRL
- EIA

50) Syphilis tests performed in 2010

- 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 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 2010 (genital sites only):

Total number of herpes viral culture or PCR tests done	_____	number
Total number positive for HSV-2	_____	number
Total number positive for HSV-1	_____	number
Total number positive type unknown	_____	number

If available by gender, (otherwise leave blank)

53) Herpes viral culture or PCR tests performed in 2010 for women (genital sites only):

Number of herpes viral culture or PCR tests done	_____	number
Number positive for HSV-2	_____	number
Number positive for HSV-1	_____	number
Number positive type unknown	_____	number

54) Herpes viral culture or PCR tests performed in 2010 for men (genital sites only):

Number of herpes viral culture or PCR tests done	_____	number
Number positive for HSV-2	_____	number
Number positive for HSV-1	_____	number
Number positive type unknown	_____	number

55) What type of test(s) do you 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)

56) How many patients did you diagnose with trichomoniasis in 2010?

_____ number

57) Number of unduplicated patients diagnosed with genital warts in 2010:

Number of female PATIENTS	_____	number
Number of male PATIENTS	_____	number
Number of unspecified PATIENTS	_____	number

58) Number of total clinic visits for treatment of genital warts in 2010:

Number of female VISITS	_____	number
Number of male VISITS	_____	number
Number of unspecified VISITS	_____	number

59) Do you provide anal cytology screening for persons at increased risk [e.g., HIV-infected Men who have sex with men (MSM)]?

- Yes
- No

60) If yes, number of anal cytology tests performed in 2010:

Number of females number
Number of males number

61) How many DOSES of HPV vaccine were administered by your health service in 2010?

Total Number number
Number female number
Number male number

62) How many individual (unduplicated) STUDENTS received HPV vaccine from your health service in 2010?

Total Number number
Number female number
Number male number

63) Do you collect data about the number or proportion of positive STI tests that occur in men who have sex with men (MSM) for any of these diseases? (check all that apply)

- Gonorrhea
- Chlamydia
- Syphilis
- HIV
- Hepatitis B
- Hepatitis A
- None/no MSM data collected

64) Do you include pharyngeal and rectal tests for gonorrhea when screening MSM for STIs?

- Yes
- No
- N/A

65) Do you include rectal testing for chlamydia when screening MSM for STIs?

- Yes
- No
- N/A

66) For which of the following STIs are providers at your health service permitted to provide Expedited Partner Therapy (EPT)? (check all that apply)

- Gonorrhea
- Chlamydia
- Trichomoniasis
- Other
- None of these

67) Which of the following statements best describes your health service's use of EPT?

- Legal in our state, and utilized by our providers (sometimes or often)
- Legal in our state, but not utilized by our providers (never or rarely)
- Not legal in our state or otherwise prohibited by rule or policy
- Don't know the status of EPT utilization in our health service

Contraception Services/Pregnancy Testing

68) 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

69) 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

70) 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 (in-house or sent out)
 No, not offered, referred elsewhere

71) For pregnancy tests performed at your health center (in-house or sent out, either urine or blood):

Number done	<input type="text"/>	number done
Number positive	<input type="text"/>	number positive

72) 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 spring.

73) Did you experience an increase in STD testing clients seen at your health service in April 2010? (compared to previous months or years)

- Yes No Unknown

74) Did your health center participate in the 2010 GYT "Get Yourself Tested" campaign?

- Yes No Unknown

75) If you answered yes to Q74, did your health center offer any free/reduced cost STI/HIV testing in April

2010?

Yes No Unknown

**Contact P. Davis Smith, MD, for specific questions at the following e-mail address:
pdsmith@wesleyan.edu**

Thank you for taking the time to complete this survey. Once the survey closes, data will be compiled and sent to the email address provided here in the survey. The results will subsequently be posted on the ACHA website.

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Submit Survey

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