



## **American College Health Association Pap Test and STI Survey for Calendar Year 2014**

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.

**DEADLINE: September 16, 2015.**

- NAVIGATE WITH THE MOUSE OR PRESS THE TAB KEY AFTER EACH ENTRY. DO NOT USE THE ENTER KEY.
- DO NOT USE COMMAS IN YOUR NUMERICAL ENTRIES.
- IF YOU ARE UNABLE TO GO THROUGH A PAGE BREAK SCROLL UP, AND LOOK FOR THE FOLLOWING: Please enter valid numbers.

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 2015 data.

PS1 Contact and Demographics 1) Name of Institution:

PS2 2) Name and title of respondent:

PS3 3) E-mail address for questions about survey entries:

PS4 4) Telephone number of respondent:

PS5 5) Is your Health Center an Institutional Member of ACHA?

- Yes
- No
- Uncertain

PS6 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)
- 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)
- Rocky Mountain College Health Association (CO, MT, WY; Canadian members in Saskatchewan)

PS7 7) Institutional Control:

- Public 2-year
- Private 2-year
- Public 4-year
- Private 4-year

PS8 8) Campus Location:

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

PS9 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 +

PS10 10) Current academic year graduate and professional 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 +

PS11 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

PS12 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
- Outside U.S.

PS13 13) Which best describes your role in college health?

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

PS14 14) Institutional demographic information (for the percents enter a Whole number e.g. 60.5) .Skin

.CS .SumInput, .Skin .CS .SumTotal { white-space: nowrap; width: 10em !important; display: inline-block; }

\_\_\_\_\_ Number of students enrolled at institution

\_\_\_\_\_ Percent female

\_\_\_\_\_ Total number of student medical visits to your health center in 2014

\_\_\_\_\_ Percent female visits

\_\_\_\_\_ Number of student women's health related visits to your health center in 2014

PS15 15) What percent of women's health visits (e.g., pap test), are conducted by each of the following provider disciplines? (total should equal approximately 100%, enter a Whole number e.g. 10.5)

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

PS16 16) Women's health visits (as defined above) are conducting in the following clinic settings:

- Primary Care
- Dedicated to Women's Health/GYN clinics
- Both
- Other (please specify) \_\_\_\_\_

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. <http://www.asccp.org/ConsensusGuidelines/tabid/7436/Default.aspx> ASCCP Consensus Guidelines for the Management of Women with Abnormal Cervical Cancer Screening Tests

PS17 17) 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

PS18 18) What cervical disease management modalities are provided in-house? (check all that apply)

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

PS19 19) What is your health center's standard recommendation for when to begin regular Pap testing? (check most common practice)

- Three years after first intercourse
- Age 18
- Age 21
- At onset of sexual activity
- Varies by provider, no standard practice
- Don't know

PS20 20) Summary of all Pap test results for January 1, 2014-December 31, 2014 (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
- \_\_\_\_\_ B. Number reported as normal
- \_\_\_\_\_ C. Number reported as ASC-US
- \_\_\_\_\_ D. Number reported as ASC-H
- \_\_\_\_\_ E. Number reported as LSIL
- \_\_\_\_\_ F. Number reported as HSIL
- \_\_\_\_\_ G. Number reported as CIS
- \_\_\_\_\_ H. Number reported as AGC
- \_\_\_\_\_ I. Number reported as unsatisfactory (no dx)
- \_\_\_\_\_ J. Number reported as other dx, not listed above
- \_\_\_\_\_ K. Number reported with no endocervical cells present (with any dx above)

Note: the sum of Q20B-J should equal the total Q20A. If not, please recheck your data

PS21 21) 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
- Don't know

PS22 STI Testing22) 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 (e.g., MSM, women 25 and under, incarceration, geographic risks, etc.)
- Sexually active students upon request regardless of risk factors
- None of the above

PS23 23) Does your health center routinely screen sexually active women under age 26 for chlamydia infection?

- Yes
- No
- I don't know

PS24 24) 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

PS25 25) What type of specimen does your Health Center usually/preferentially collect for chlamydia testing in men? (check one)

- Urethral swab
- Urine
- Varies
- None

PS26 26) 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) \_\_\_\_\_

STI TEST RESULTS Instructions: Please make sure to enter corresponding data in questions 27-32 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 2014.

PS27 27) Number of Gonorrhea tests performed, by gender

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



PS28 28) Number of Gonorrhea tests positive, by gender

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

PS29 29) Number of Chlamydia tests performed, by gender

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

PS30 30) Number of Chlamydia tests positive, by gender

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

PS31 31) HIV antibody tests performed, by gender

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

PS32 32) HIV antibody tests positive (Western blot confirmed), by gender

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

PS33 33) Does your Health Center offer HIV antibody tests that are:

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

PS34 34) 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) \_\_\_\_\_

PS35 35) 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) \_\_\_\_\_

PS36 36) What type of syphilis test does your Health Center use for routine screening? (check one)

- RPR
- VDRL
- EIA

PS37 37) Syphilis tests performed in 2014

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

\_\_\_\_\_ Total number positive (TP-PA/FTA confirmed)

PS38 38) 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) \_\_\_\_\_

PS39 39) Herpes viral culture or PCR tests performed in 2014 (genital sites only):

\_\_\_\_\_ Total number of herpes viral culture or PCR tests done

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

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

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

PS40 40) Herpes viral culture or PCR tests performed in 2014 for women (genital sites only):

\_\_\_\_\_ Total number of herpes viral culture or PCR tests done

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

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

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

PS41 41) Herpes viral culture or PCR tests performed in 2014 for men (genital sites only):

\_\_\_\_\_ Total number of herpes viral culture or PCR tests done

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

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

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

PS42 42) 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)

PS43 43) How many patients did your Health Center diagnose with trichomoniasis in 2014?

\_\_\_\_\_ number

PS44 44) How many patients did your Health Center diagnose with bacterial vaginosis in 2014?

\_\_\_\_\_ number

PS45 45) Number of unduplicated patients diagnosed with genital warts in 2014:

\_\_\_\_\_ Number of female PATIENTS

\_\_\_\_\_ Number of male PATIENTS

\_\_\_\_\_ Number of unspecified PATIENTS

PS46 46) Number of total clinic visits for treatment of genital warts in 2014:

\_\_\_\_\_ Number of female PATIENTS

\_\_\_\_\_ Number of male PATIENTS

\_\_\_\_\_ Number of unspecified PATIENTS

PS47 47) 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

PS48 48) If yes, number of anal cytology tests performed in 2014:

\_\_\_\_\_ Number of females

\_\_\_\_\_ Number of males

\_\_\_\_\_ Number of unknown/gender unspecified

PS49 49) 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

PS50 50) 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

PS51 51) 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

PS52 52) 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) \_\_\_\_\_

PS53 53) 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

PS54 54) Which best describes how safer sex supplies are offered to students from your health center.

	For free	Some cost	Don't offer
Lubrication	<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"/>
Latex, or non-latex gloves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Male condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Female condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cervical cap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sponge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diaphragm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Contraception Services/Pregnancy Testing and Education Which of the following contraception services does your health center provide to students? (check all that apply)

PS55 55) Education Offered

- Abstinence
- Contraception
- Emergency Contraception
- Fertility awareness methods
- General family planning
- Identity and Sexual Orientation
- Safer Sex
- STI prevention
- Other (please specify) \_\_\_\_\_

PS56 56) Contraception Provision: Does your health center prescribe, dispense, administer or refer for any of the following contraceptive methods.

	Prescription		Dispensation		Administration/Insertion		Refer to outside Provider	
	Yes	No	Yes	No	Yes	No	Yes	No
Contraceptive Patch	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depo Provera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Implant (Implanon or Nexplanon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrauterine device (Copper)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intrauterine device (hormonal)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency Contraception	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>
Oral/dental dams	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>

PS57 57) 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

PS58 58) For pregnancy tests performed at your health center between January 1, 2014 to December 31, 2014 (in-house or sent out, either urine or blood):

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

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

PS59 59) 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.

PS60 60) Did your health center experience an increase in STI testing clients seen at your health service in April 2014? (compared to previous months or years)

- Yes
- No
- Unknown

PS61 61) Did your health center participate in the 2014 GYT "Get Yourself Tested" campaign?

- Yes
- No
- Unknown

PS62 62) Did your health center offer any free/reduced cost STI/HIV testing in April 2014?

- 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.