10. Will your practice’s cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?

Mark (X) all that apply.

- Yes
- No - SKIP to item 14

11. How often will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females?

Mark (X) all that apply.

- annually
- every 2–3 years
- every 4–5 years
- greater than every 5 years
- will not be screening fully HPV vaccinated females
- unknown

12. How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? Mark (X) one.

- annually
- every 2–3 years
- every 4–5 years
- greater than every 5 years
- will not be screening fully HPV vaccinated females
- unknown

13. Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?

Mark (X) one.

- yes
- no

14. Please indicate to what extent you agree, disagree, or are unsure with each statement. Please respond to both a and b.

Mark (X) Agree/Disagree/Unsure.

a. There will be fewer numbers of abnormal Pap tests among vaccinated females.

b. There will be fewer referrals for colposcopy among vaccinated females.

15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Is this practice currently participating in this state or national screening program?

Mark (X) yes, no, or unknown.

16. For purposes of this survey, which of the following categories describe your profession? – Mark (X) only ONE.

- physician
- physician assistant
- nurse practitioner
- nurse midwife
- registered nurse
- other office staff

CLOSING STATEMENT

Thank you for completing this special survey. We appreciate your time and cooperation.
b. Which of the following HPV DNA tests are ordered or collected in your practice? – Mark (X) all that apply.

- High risk (HR) HPV DNA test
- Low risk (LR) HPV DNA test
- Not aware there was a high risk or low risk HPV DNA test
- Type-specific HPV DNA test
- Unknown

c. Why is the HPV DNA test not ordered or collected in your practice? – Mark (X) all that apply.

- My practice does not see the types of patients for whom the HPV DNA test is indicated.
- The patients in my practice have timely access to colposcopy.
- The labs affiliated with my practice do not offer the HPV DNA test.
- The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.
- The HPV DNA test is not reimbursed or covered by my priority at my practice.
- Assessing patients’ HPV infection status is not a priority at my practice.
- My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.
- The HPV DNA test is not a reimbursed or covered priority at my practice.
- Not notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable, angry, or upset.

Skip to item 7 on page 3.

4a. If a patient’s Pap test result is borderline or abnormal, does your practice routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)

- Yes – Go to item 4b
- No
- Unknown

b. For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? – Mark (X) all that apply.

- ASC-US (atypical squamous cells of undetermined significance)
- ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
- LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
- HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
- AGC (atypical glandular cells)

5a. Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?

- Yes – Go to item 5b
- No
- Unknown

b. For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test?

- Women under 21 years old
- Women 21 years old to 29 years old
- Women 30 years old and over
- Women who request the test for cervical cancer screening
- Women who request the test to check their HPV infection status
- Other – Specify

6a. Does your practice routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?

- Yes – Go to item 6b
- No
- Unknown

b. For which patients does your practice routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? – Mark (X) all that apply.

- Women under 21 years old
- Women 21 years old to 29 years old
- Women 30 years old and over
- Women who request the test for cervical cancer screening
- Women who request the test to check their HPV infection status
- Other – Specify

7. Given the following screening histories, when would your practice recommend that a woman between 30 and 69 years of age return for her next Pap test?

<table>
<thead>
<tr>
<th>Prior Pap test results in past 5 years (excluding current normal results)</th>
<th>Current Pap test result</th>
<th>For each of the following scenarios, mark (X) only ONE for each row.</th>
<th>Have no experience with this type of patient or test</th>
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</table>
3a. Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?  
Mark (X) all that apply.  
1. Yes – Go to item 3b  
2. No – SKIP to item 3c  
3. Not aware of HPV DNA test – SKIP to item 9 on page 4  
4. Unknown – SKIP to item 4a

b. Which of the following HPV DNA tests are ordered or collected in your practice? Mark (X) all that apply.  
1. High risk (HR) HPV DNA test  
2. Low risk (LR) HPV DNA test  
3. Not aware there was a high risk or low risk HPV DNA test  
4. Type-specific HPV DNA test  
5. Unknown

c. Why is the HPV DNA test not ordered or collected in your practice? – Mark (X) all that apply.  
1. My practice does not see the types of patients for whom the HPV DNA test is indicated.  
2. The patients in my practice have timely access to colposcopy.  
3. The labs affiliated with my practice do not offer the HPV DNA test.  
4. The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.  
5. The HPV DNA test is not reimbursed or covered by health plans or health systems.  
6. The patients in my practice have timely access to examination methods to manage patients for whom the HPV DNA test is indicated.  
7. My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.  
8. The HPV DNA test is not a reimbursed or covered service for most patients in my practice.  
9. Discussing cervical cancer screening in the context of an STD is avoided in my practice.  
10. Notifying or counseling patients about positive HPV DNA test results would take too much time.  
11. Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.  
12. Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.

Skip to item 7 on page 3.

4a. If a patient’s Pap test result is borderline or abnormal, does your practice routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.  
Mark (X) all that apply.  
1. Yes – Go to item 4b  
2. No – Go to item 5a

b. For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? Mark (X) all that apply.  
1. ASC-US (atypical squamous cells of undetermined significance)  
2. ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)  
3. LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)  
4. HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)  
5. AGC (atypical glandular cells)

For which patients does your practice usually order reflex HPV DNA testing? – Mark (X) all that apply.  
1. Women under 21 years old  
2. Women 21 years old to 29 years old  
3. Women 30 years old and over  
4. Women who request the test for cervical cancer screening  
5. Women who request the test to check their HPV infection status  
6. Other – Specify

Skip to item 5a.

5a. Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test result is abnormal or borderline (recal testing)?  
Mark (X) all that apply.  
1. Yes – Go to item 5b  
2. No – Go to item 6a on page 3  
3. Unknown – SKIP to item 6a on page 3

b. For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?  
Mark (X) all that apply.  
1. ASC-US (atypical squamous cells of undetermined significance)  
2. ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)  
3. LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)  
4. HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)  
5. AGC (atypical glandular cells)

6a. Does your practice routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?  
Mark (X) all that apply.  
1. Yes – Go to item 6b  
2. No – Go to item 7

b. For which patients does your practice routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? Mark (X) all that apply.  
1. Women under 21 years old  
2. Women 21 years old to 29 years old  
3. Women 30 years old and over  
4. Women who request the test for cervical cancer screening  
5. Women who request the test to check their HPV infection status  
6. Other – Specify

For which patients does your practice usually order or collect an HPV DNA test along with the Pap test? Mark (X) all that apply.  
1. Women under 21 years old  
2. Women 21 years old to 29 years old  
3. Women 30 years old and over  
4. Women who request the test for cervical cancer screening  
5. Women who request the test to check their HPV infection status  
6. Other – Specify

Skip to item 7.

7. Given the following screening histories, when would you practice recommend that a woman between 30 and 60 years of age return for her next Pap test?  

<table>
<thead>
<tr>
<th>Prior Pap test results in past 5 years</th>
<th>Current Pap test result</th>
<th>No follow-up needed</th>
<th>Less than 6 months</th>
<th>6 months to less than 1 year</th>
<th>1 year</th>
<th>2 years</th>
<th>3 years or more</th>
<th>Have no experience with this type of patient or test</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Two consecutive normal Pap tests</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(b) Two consecutive normal Pap tests</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(c) Two consecutive normal Pap tests</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>0</td>
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<td>(d) Has not had a Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
<td>0</td>
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<td>(e) Abnormal Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
<td>0</td>
<td>0</td>
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<tr>
<td>(f) Abnormal Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
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<tr>
<td>(g) Abnormal Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>No</td>
<td>No</td>
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8. How often does your practice use an HPV test to determine who should get the HPV vaccine? Mark (X) only one.  
1. Rarely or never  
2. Sometimes  
3. Usually  
4. Always or almost always  
5. Do not recommend the HPV vaccine – SKIP to item 10
9. As it relates to the HPV vaccine, how often does your practice –
   Mark (X) only ONE for each row.
   a. Use the number of sexual partners to determine who should get the HPV vaccine?
      Rarely or never  Sometimes  Usually  Always or almost always  Unknown/Not applicable  Do not ask
   b. Perform a Pap test to determine who should get the HPV vaccine?
   c. Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?
   d. Recommend the HPV vaccine to females with a positive HPV test?

10. Will your practice’s cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?
   Yes  No – SKIP to item 14

11. How often will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females?
   Mark (X) all that apply.
   a. By age
      At the same age as non-HPV vaccinated females – Specify age
      At a later age – Specify age
   b. By onset of sexual activity – How many years since onset of sexual activity?
   c. Will not be screening fully HPV vaccinated females
   d. Unknown

12. How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? Mark (X) one.
   a. Annually
   b. Every 2–3 years
   c. Every 4–5 years
   d. Greater than every 5 years
   e. Not applicable

13. Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?
   Yes  No

14. Please indicate to what extent you agree, disagree, or are unsure with each statement. Please respond to both a and b.
   a. There will be fewer numbers of abnormal Pap tests among vaccinated females.
   b. There will be fewer referrals for colposcopy among vaccinated females.

15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Is this practice currently participating in this state or national screening program?
   Yes  No – Continue with item 1b

16. For purposes of this survey, which of the following categories describe your profession? – Mark (X) only ONE.
   a. Physician
   b. Physician assistant
   c. Registered nurse
   d. Other office staff

CLOSING STATEMENT
Thank you for completing this special survey. We appreciate your time and cooperation.