**NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY CERVICAL CANCER SCREENING SUPPLEMENT**

**BACKGROUND INFORMATION**

**U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention
National Center for Health Statistics

**U.S. DEPARTMENT OF COMMERCE**
ACTING AS DATA COLLECTION AGENT FOR THE
Economics and Statistics Administration
U.S. Census Bureau

**Assurance of Confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential,
A. Hospital’s name
B. Hospital number
C. OPD Clinic name
D. Clinic number
E. AU number
F. OPD Clinic contact name
G. OPD Clinic contact telephone
H. Census contact name
I. Census contact telephone

This year the Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in hospital outpatient clinics. Please answer the following questions. We appreciate your time on this important public health concern.

**INTRODUCTION**

You have the option to complete this questionnaire on the Internet. Go to [www.cdc.gov/nhamcs](http://www.cdc.gov/nhamcs), select Cervical Cancer Supplement, enter the User ID and Password displayed, and follow the instructions.

**User ID**
**Password**

1. Which of the following methods does this clinic use to screen patients for cervical cancer? (Mark (X) all that apply.)

   a. Conventional Pap test (Definition – Smear spread on glass slide and fixed)
   b. Liquid-based cytology (Definition – Specimen suspended in liquid solution)
   c. Other – Specify

   Mark (X) the interval for routine screening.

   Yes – How often does your clinic routinely screen women using this method?
   No
   Unknown

   Continue with item 1b

   Mark (X) every 2 years
   Mark (X) every 3 years
   Mark (X) more than 3 years
   Mark (X) not routine interval recommended

   Yes – How often does your clinic routinely screen women using this method?
   No
   Unknown

   Continue with item 1c

   Mark (X) every 2 years
   Mark (X) every 3 years
   Mark (X) more than 3 years
   Mark (X) not routine interval recommended

   Yes – How often does your clinic routinely screen women using this method?
   No
   Unknown

   **USCENSUSBUREAU**
2. Does this clinic perform colposcopy?
   - Yes
   - No
   - Unknown

3a. Does this clinic ever order or collect the Human Papillomavirus (HPV) DNA test?
   - Yes – Go to item 3b
   - No – SKIP to item 3c
     - Not aware of HPV DNA test { SKIP to item 7 on page 4
     - Unknown

b. Which of the following HPV DNA tests are ordered or collected in this clinic?
   (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 { SKIP to item 4a
   - Unknown

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

   SKIP to item 7 on page 4.

4a. If a patient’s screening Pap test result is borderline or abnormal, does this clinic 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 screening 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 { SKIP to item 5a on page 3
4b. For which abnormal or borderline Pap test result would this clinic order or collect an 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 this clinic routinely recall patients to come back for a second sample collection for an HPV DNA test if their screening Pap test is abnormal or borderline (recall testing)?

- Yes – Go to item 5b
- No
- Unknown

5b. For which patients does this clinic usually order reflex HPV DNA testing? (Mark (X) all that apply.)

- Women under 30 years old
- Women 30 years old and over
- Other – Specify

6a. Does this clinic routinely order or collect an HPV DNA test along with the Pap test? (Mark (X) all that apply.)

- Women under 30 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

6b. For which patients does this clinic routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (sometimes called adjunct HPV testing or cotesting)?

- Yes – Go to item 6b
- No
- Unknown

b. For which patients does this clinic routinely order or collect an HPV DNA test along with the Pap test? (Mark (X) all that apply.)

- Women under 30 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. If this clinic were to see a woman between 30 and 60 years of age with a **CURRENT NORMAL** screening Pap test result, when would this clinic (given the following prior Pap test history and **CURRENT HPV DNA test result**) routinely recommend that she get her next Pap test? (For each of the following scenarios, mark (X) only ONE for each row.)

| Prior Pap test results in past 5 years (excluding current normal results) | Current HPV DNA test results | No follow-up needed | Less than 6 months | 6 months to less than 1 year | 1 year | 2 years | 3 years or more | Have no experience with this type of patient or test |
|---|---|---|---|---|---|---|---|---|---|
| (a) Two Consecutive Normal Pap tests | Has not had test | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (b) Two Consecutive Normal Pap tests | Negative | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (c) Two Consecutive Normal Pap tests | Positive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (d) Has not had a Pap test | Negative | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (e) Has not had a Pap test | Positive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (f) Abnormal Pap test | Negative | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| (g) Abnormal Pap test | Positive | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

8. 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 XX). The state health departments contract out the screening services to physicians and other health care providers. Is this clinic currently participating in this state or national screening program?

- [ ] Yes
- [ ] No
- [ ] Unknown

9. 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.