

Attachment R

OMB No. 0920-0278  
Form NHAMCS-906  
Cervical Cancer Screening Supplement

On the burden notice:

- The expiration date of 5/31/2007 will be updated upon receipt of OMB approval
- The mailstop address will be changed from MS E-11 to MS D-74

NOTE: No items were modified, added, or deleted.

# NATIONAL HOSPITAL AMBULATORY MEDICAL CARE SURVEY CERVICAL CANCER SCREENING SUPPLEMENT

**NOTICE** – Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA(0920-0278).

**Assurance of Confidentiality** – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used by persons engaged in and for the purpose of the survey and will not be disclosed or released to other persons or used for any other purpose without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

## BACKGROUND INFORMATION

0010 <b>A.</b> Hospital's name	0015 <b>B.</b> Hospital number
0020 <b>C.</b> OPD Clinic name	0025 <b>D.</b> Clinic type ( <i>Mark (X) only ONE</i> ) 1 <input type="checkbox"/> OB/GYN      2 <input type="checkbox"/> GM
0030 <b>E.</b> AU number	0035 <b>F.</b> OPD Clinic contact name
	<b>G.</b> OPD Clinic contact telephone
	Area code   Number
0040 <b>H.</b> Census contact name	0045 <b>I.</b> Census contact telephone
	Area code   Number

### INTRODUCTION

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.

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.*)

*Mark (X) the interval for routine screening.*

**a.** Conventional Pap test  
(*Definition – Smear spread on glass slide and fixed*)

0055 1  Yes – How often does your clinic routinely screen women using this method? →  
2  No  
3  Unknown } *Continue with item 1b*

Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
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**b.** Liquid-based cytology  
(*Definition – Specimen suspended in liquid solution*)

0060 1  Yes – How often does your clinic routinely screen women using this method? →  
2  No  
3  Unknown } *Continue with item 1c*

**c.** Other – *Specify* ↴

5005

0065 1  Yes – How often does your clinic routinely screen women using this method? →  
2  No  
3  Unknown

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**2.** Does this clinic perform colposcopy?

- 0050
- 1  Yes
  - 2  No
  - 3  Unknown

**3a.** Does this clinic ever order or collect the Human Papillomavirus (HPV) DNA test?

- 0070
- 1  Yes – *Go to item 3b*
  - 2  No – *SKIP to item 3c*
  - 3  Not aware of HPV DNA test
  - 4  Unknown
- } *SKIP to item 7 on page 4*

**b.** Which of the following HPV DNA tests are ordered or collected in this clinic?  
(Mark (X) all that apply.)

- 0075
- 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  Unknown
- } *SKIP to item 4a*

**c.** Why is the HPV DNA test not ordered or collected in this clinic?  
(Mark (X) all that apply.)

- 0080
- 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.)

- 0085
- 1  Yes – *Go to item 4b*
  - 2  No
  - 3  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.)

- 0090
- 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)

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

- 0095
- 1  Women under 30 years old
  - 2  Women 30 years old and over
  - 3  Other – Specify ↴

5010

**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)?

- 0100
- 1  Yes – Go to item 5b
  - 2  No
  - 3  Unknown
- } SKIP to item 6a

**b.** For which abnormal or borderline Pap test result would this clinic practice recall a patient for an HPV DNA test?  
(Mark (X) all that apply.)

- 0105
- 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 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)?

- 0110
- 1  Yes – Go to item 6b
  - 2  No
  - 3  Unknown
- } SKIP to item 7 on page 4

**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.)

- 0115
- 1  Women under 30 years old
  - 2  Women 30 years old and over
  - 3  Women who request the test for cervical cancer screening
  - 4  Women who request the test to check their HPV infection status
  - 5  Other – Specify ↴

5015

**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?

Prior Pap test results in past 5 years (excluding current normal results)	Current HPV DNA test results	<i>(For each of the following scenarios, mark (X) only ONE for each row.)</i>						
		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
0120 <b>(a)</b> Two Consecutive Normal Pap tests	Has not had test	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0125 <b>(b)</b> Two Consecutive Normal Pap tests	Negative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0130 <b>(c)</b> Two Consecutive Normal Pap tests	Positive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0135 <b>(d)</b> Has not had a Pap test	Negative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0140 <b>(e)</b> Has not had a Pap test	Positive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0145 <b>(f)</b> Abnormal Pap test	Negative	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0150 <b>(g)</b> Abnormal Pap test	Positive	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**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 XV). 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?

- 0155 1  Yes  
 2  No  
 3  Unknown

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

- 0160 1  Physician  
 2  Physician assistant/Nurse practitioner/Nurse midwife  
 3  Registered nurse  
 4  Other office staff

**CLOSING STATEMENT**

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