



CDC CERVICAL CANCER STUDY

Form Approved
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Follow-Up Provider Survey

Your clinic is one of several Illinois clinics serving National Breast and Cervical Cancer Early Detection Program (NBCCEDP) patients that the Centers for Disease Control and Prevention (CDC) has selected for participation in the Cx3 Study. As a health care provider in this clinic, we are inviting you to participate in a survey of clinicians being conducted for CDC by the Battelle Centers for Public Health Research and Evaluation.

In this survey, we will ask you a series of questions regarding your cervical cancer screening practices and opinions. The information provided by you and other clinicians will provide valuable information to CDC to assist them in their efforts to provide cervical cancer screening to NBCCEDP women.

- This survey has been sent to approximately 70 clinicians in 15 practices who have agreed to participate in the Cx3 Study. We need the response of every clinician to make this important study valid. You will be asked to complete a similar survey once each year over the next two years
- All answers that you give will be kept private. This is so because this study has been given a Certificate of Confidentiality. This means anything you tell us will not have to be given out to anyone, even if a court orders us to do so, unless you say it's okay. Responses will be reported only in summary form along with information from the other clinicians that participate in the survey. No personal identifiers will be included in either oral or written presentation of the study results.
- Battelle, the contractor, must maintain the link between names and participant ID numbers for tracking survey mailings, and to link your responses to all follow-up surveys. While Battelle will have the capability to link responses to individual participants, this capability will only be present until data collection is completed. At that point, the tracking file will be destroyed and there will be no way to link responses to you.
- On average, the survey will take about 30-35 minutes to complete, depending on the scope of your practice.
- Some questions about your provision of advice to patients about sexual risk, or about your practices that may differ from institutional clinical practice recommendations may cause you discomfort.
- Your participation in this survey is **voluntary**. You may choose to withdraw from the study or to skip any questions that you do not want to answer.

When you have completed the survey, please seal it in the enclosed postage-paid envelope and drop it in the mail.

Thank you for your participation in this important study.

Public reporting burden of this collection of information varies from 30 to 35 minutes with an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining 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 NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0814)

SECTION A: Personal and Professional Characteristics

In this section we ask questions that will let us describe the survey participants. **Please write in or check (✓) the best answer.**

A1. What is your date of birth?
MONTH YEAR

A2. During a typical month, approximately what percentage of your professional time do you spend in the following activities? **Please enter '0' if you spend no time in an activity.**

Providing primary care.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Providing subspecialty care.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Research.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Teaching.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Administration.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Other (Please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
TOTAL		100 %

A3. On average, how many hours per week **total** do you spend in **direct patient care** in **all** your primary care settings?
AVERAGE # OF HOURS PER WEEK

A4. On average, how many hours per week do you spend on **outpatient care** at this clinic?
AVERAGE # OF HOURS PER WEEK

A5. Approximately how many patients do you see at this clinic in a typical week?
OF PATIENTS PER WEEK

A6. Approximately what percentage of the patients you see at this clinic in a typical week are female? %
PERCENT OF PATIENTS SEEN ARE FEMALE

A7. Of your female patients, approximately what percent are in each age group? **If you see no female patients, enter '0'.**

Under age 18.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Age 18-29.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Age 30-65.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
Over age 65.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	%
TOTAL		100%

A8. Do you provide health maintenance or routine "well woman" exams to female patients over age 18 at this site?

Yes → **Please continue with Question A9.**

No

↓

STOP Please stop and mail the survey in the postage-paid envelope.

A9. In a typical week, approximately how many female patients age 18 and older do you see for health maintenance or routine "well-woman" exams? □□□□
OF FEMALE PATIENTS PER WEEK

A10. Do you personally perform or supervise the performance of Pap tests for your female patients at this site?
 Yes, I perform
 Yes, I supervise
 No

Please continue with

 **Please stop and mail the survey in the postage-paid envelope.**

SECTION B: Cervical Cancer Screening

Cervical cancer screening is defined in this survey as the periodic use of a testing procedure intended to detect the disease in patients who display no signs or symptoms of possible cancer. Please answer the following questions for the patients that you see at this clinic.

B1. During a typical month, for how many **asymptomatic, average-risk** female patients do you personally perform Pap tests for cervical cancer screening? It is not necessary to provide an exact number. Your best estimate is all we need. □□□□
PER MONTH

B2. During a typical month, approximately what percentage of your patients that receive Pap testing are identified with any abnormal or borderline cervical cytology? □□□□ %
PERCENT OF PATIENTS

B3. For female patients who have a Pap test showing ASC-US, and fall into one of the categories below, please indicate what you would typically do. **Please ✓ one box on each line.**

	Manage in my own practice	Refer to another practitioner
a. Premenopausal, < 30 years old.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Premenopausal, ≥ 30 years old.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Postmenopausal.....	<input type="checkbox"/>	<input type="checkbox"/>

B4. Do you or other providers perform cervical colposcopy **at this clinic**?
 Yes, I provide colposcopy at this clinic
 No, another clinician provides colposcopy at this clinic
 No, patients must be referred to another care facility

B5. When screening for cervical cancer in average-risk women, for what proportion of patients do you use each of the following cytology methods? **Please enter '0' if you do not use the method.**

Conventional Pap test (smear spread on glass slide and fixed).....	_ _ _	%
Liquid-based Pap test, such as ThinPrep or SurePath (specimen suspended in liquid solution).....	_ _ _	%
Other (Please specify): _____	_ _ _	%
TOTAL		100 %

B6. Does your decision to use a conventional versus a liquid-based Pap test depend on: **For each row, please ✓ only one.**

	Yes	No
a. The patient's age?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. The patient's type of health insurance coverage?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. The ease of using the same sample for doing an HPV DNA test with liquid-based cytology?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The ease of using the same sample for doing other molecular tests (for example can do GC/CT now with liquid-based cytology)?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Accuracy (higher sensitivity, lower specificity with liquid-based cytology)?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Unsatisfactory smears (lower unsatisfactory smears with liquid-based cytology)?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Laboratory preference?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Clinic policy?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Cost of the test?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. ACOG or other guidelines?.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Pharmaceutical marketing?.....	<input type="checkbox"/>	<input type="checkbox"/>

B7. How often do you routinely screen asymptomatic average-risk women in the following age groups for cervical cancer? **For each row, please ✓ only one.**

	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
a. 20 years old and under.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 21–29 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. 30 years old and over.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. How do you determine when to start routine cervical cancer screening?
Please ✓ all that apply.

- By Age
 - <18
 - 18–20
 - 21
 - 22–29
 - >29
- By onset of sexual activity – Specify number of year(s) after onset of sexual activity
- Neither

B9. When your female patients come in for well-woman visits, do you typically advise them on when to return for their next routine visit?

- No → **Please continue with Question B10.**
- Yes

A. How do you normally do this? Please ✓ all that apply.	<input type="checkbox"/> During the visit, verbally <input type="checkbox"/> During the visit, written or printed on a reminder or appointment card <input type="checkbox"/> After the visit, in a letter or email <input type="checkbox"/> After the visit, through a phone call
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B10. Do you send patients a letter, email, or grant them access to a personalized website to notify them of their NORMAL Pap test result?

- No → **Please continue with Question B11.**
- Yes

A. Does this correspondence mention when they should return for their next routine visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are the reminders for the patients involved in the Cx3 study different in any way from those not in the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No

B11. Do you send patients a letter, email, or grant them access to a personalized website to notify them of their NEGATIVE HPV test result?

- No → **Please continue with Question B12.**
- Yes

A. Does this correspondence mention when they should return for their next routine visit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Are the reminders for the patients involved in the Cx3 study different in any way from those not in the study?	<input type="checkbox"/> Yes <input type="checkbox"/> No

- B12. Do you flag your patients' medical records in any way to indicate which patients are part of the Cx3 study? Yes No

SECTION C: Risk Assessment/Management

- C1. Please indicate the extent to which you agree or disagree with the following statements regarding the importance of an annual health maintenance or "well woman" exam. **For each row, please ✓ only one.**

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. In addition to seeing a patient for acute illnesses and chronic medical problems, an annual exam is necessary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. An annual exam improves detection of subclinical illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. An annual exam improves patient-physician relationships.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. An annual exam is expected by most patients. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. An annual exam is covered by many insurance plans.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. An annual exam is of little or no proven value. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. An annual exam is recommended by national organizations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. An annual exam provides a valuable time to counsel on preventive health behaviors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C2. Do you routinely perform or refer asymptomatic non-pregnant female patients for the following examinations and laboratory tests during health maintenance or "well woman" exams? **For each row, please ✓ only one.**

Examinations	Yes	No	Depends on circumstances or patient
a. Height/Weight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blood Pressure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Clinical breast exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mammogram referral in women 40+ years old..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pap smear.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. EKG.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Fecal Occult Blood Test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Treadmill Cardiogram.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Urinalysis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Laboratory Tests	Yes	No	Depends on circumstances or patient
j. CBC/Hgb/Hct.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Blood Glucose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Lipid Panel.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Kidney Function.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Liver Function.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Thyroid Function.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Please indicate how often you take each approach to assess a patient's risk of cervical cancer during a health maintenance or "well woman" exam.
For each row, please ✓ only one.

	Never	Some- times	Half the Time	Usually	Always
a. I rely on cues (e.g., appearance, social situation, lifestyle, etc.) that the patient may be at increased risk and ask specific questions if it seems appropriate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I rely primarily on the patient's Pap test history to identify patients who may be at increased risk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I pursue a discussion of risks for all patients in certain demographic groups that may be at increased risk (e.g., on the basis of age, marital status, race).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Regardless of apparent risk, I ask specific questions to see if the patient engages in behaviors that put her at increased risk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I ask questions about sexual and behavioral risk as a routine part of the patient history.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I depend on my professional intuition or judgment to identify patients who may be at increased risk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I depend on my knowledge of each patient to identify patients who may be at increased risk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C4. Approximately how many female patients do you see with any STD (including HIV) in a typical month? **Enter '0' if none.**

OF PATIENTS PER MONTH

D5. Please indicate the extent to which you agree or disagree with the following statements.
For each row, please ✓ only one.

Conducting HPV testing along with Pap testing for routine screening in women over age 30 :	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. is not needed because my patients have timely access to colposcopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. helps me determine the appropriate future screening intervals for the patient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. is not needed because most of my patients have 3+ prior normal Pap tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. would necessitate a difficult discussion with the patient about HPV as an STD.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. helps me determine a plan for follow-up if the Pap result is abnormal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. is costly to patients because it is not a covered service for most patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. takes too much of my time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. does not provide any more useful information than the Pap test alone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. helps me explain cervical cancer risk to patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. gives me a more complete understanding of a patient's current state of health and risk for disease.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. is the best way to screen for cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. is only needed for high risk patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. is a test my patients would not want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. would be an extra burden for my office staff.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D6. Please indicate the extent to which you feel that the following individuals or entities encourage or discourage you to conduct HPV testing along with Pap testing for routine screening in women over age 30. **For each row, please ✓ only one.**

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. Your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your colleagues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your professional specialty organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National health organizations (e.g., ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional journals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The administration in your practice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7. Please indicate the extent to which you agree or disagree with the following statements.
For each row, please ✓ only one.

Discussing with patients the results of a positive HPV DNA test and a normal Pap test would:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. make many patients feel uncomfortable, upset or angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. reduce the willingness of patients to seek care from me in the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. increase the likelihood that patients will return for repeat Pap screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. distract attention from cervical cancer prevention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. raise patients' concerns about confidentiality of care issues (e.g., privacy of medical records, bills being sent home).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. raise patients' concerns about partner fidelity...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. make me feel uncomfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. take too much time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. assure patients they are getting the best standard of care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. be too complex for most patients to understand.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. encourage patients to talk openly about sexual health with their partners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D8. Please indicate the extent to which you agree or disagree with the following statements.
For each row, please ✓ only one.

Discussing with patients the results of a positive HPV DNA test and an abnormal Pap test would:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. make many patients feel uncomfortable, upset or angry.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. reduce the willingness of patients to seek care from me in the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. increase the likelihood that patients will return for repeat Pap screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. distract attention from cervical cancer prevention.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. raise patients' concerns about confidentiality of care issues (e.g., privacy of medical records, bills being sent home).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. raise patients' concerns about partner fidelity...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. make me feel uncomfortable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. take too much time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussing with patients the results of a positive HPV DNA test and an abnormal Pap test would:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
i. assure patients they are getting the best standard of care.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. be too complex for most patients to understand.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. encourage patients to talk openly about sexual health with their partners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D9. If you order an HPV DNA test along with a Pap test, how often would you:
For each row, please ✓ only one.

	Never	Some-times	Half the Time	Usually	Always
a. Tell the patient that you are ordering an HPV DNA test?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Explain to the patient the purpose of an HPV DNA test in relation to the Pap test?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Explain to the patient that the HPV DNA test detects a sexually transmitted infection?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Discuss with the patient how HPV DNA test results may determine when she will need to be screened for cervical cancer again?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION E: Screening Interval Questions

E1. Imagine that you are responsible for determining the plan of care for a woman who is **35 years old** and has received the cervical cancer screening results listed below. For each scenario, please indicate the cervical cancer screening interval you would be **most likely** to recommend for her next test.
For each row, please ✓ only one.

	Next Cervical Cancer Screening Interval				
	Sooner than 1 year	1 year	2 years	3 years	More than 3 years
a. Normal Pap this visit, no HPV test, no previous Pap record.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Normal Pap this visit, no HPV test, normal Pap 1 year ago.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Normal Pap this visit, no HPV test, normal Pap 1 and 2 years ago.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Normal Pap this visit, Negative HPV test this visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Normal Pap this visit, Positive HPV test this visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E2. Imagine that you are responsible for determining the plan of care for a woman who is **35 years old** and has received the cervical cancer screening results listed below. For each scenario, please indicate: (1) whether or not you would order a colposcopy; and (2) if you would not order a colposcopy, or if the colposcopy was negative, when you would recommend the patient have her next Pap test. **For each row, please ✓ only one.**

Would you perform or order a colposcopy?	Yes	No
a. ASC-US Pap, No HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>
b. ASC-US Pap, Negative HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>
c. ASC-US Pap, Positive HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>
d. LSIL Pap.....	<input type="checkbox"/>	<input type="checkbox"/>

If you would not order a colposcopy, or if the colposcopy was negative, when would you recommend the patient have her next Pap test?	Pap sooner than 1 year	Next Pap in 1 year	Next Pap in more than 1 year
a. ASC-US Pap, No HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ASC-US Pap, Negative HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ASC-US Pap, Positive HPV test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. LSIL Pap.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about your attitudes regarding extending cervical cancer screening intervals.

E3. Deciding to extend the cervical cancer screening interval to 3 or more years because a woman over age 30 had received 3 **normal Pap results** the last 5 years would be: **For each row, please ✓ only one.**

	Extremely	Quite	Neither	Quite	Extremely	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easy
Beneficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmful

E4. Deciding to extend the cervical cancer screening interval to 3 or more years because a woman over age 30 had received a **normal Pap result** and **negative HPV test** would be: **For each row, please ✓ only one.**

	Extremely	Quite	Neither	Quite	Extremely	
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bad
Difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easy
Beneficial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harmful

E5. For a 30 year old **with 3 normal Pap results in the past 5 years**, please indicate the extent to which you

agree or disagree with the following statements about extending the screening interval to 3 or more years between tests. **For each row, please ✓ only one.**

Extending the screening interval to 3 or more years between tests:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. would result in the patient not visiting annually for other screening tests that are recommended.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. would put me and my practice at risk for liability if the patient's next result is abnormal...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. would put the patient at increased risk for cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. would help reduce health care costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. would increase patient concerns about missing cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. would take too much of my time to explain to the patient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. would reduce patient worries about acquiring cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. would result in higher rates of cervical precancer (CIN 2/3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. would cause patients to lose contact with the medical care system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. would decrease care provided to the patient....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E6. Please indicate the extent to which you feel that the following individuals or entities encourage or discourage you to extend the screening interval to 3 or more years between tests for a 30 year old **with 3 normal Pap results in the past 5 years**. **For each row, please ✓ only one.**

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. Your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your colleagues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your professional specialty organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National health organizations (e.g., ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional journals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The administration in your practice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E7. For a 30 year old **with a normal Pap result and a negative HPV test**, please indicate the extent to which you agree or disagree with the following statements about extending the screening interval to 3 or more years between tests. **For each row, please ✓ only one.**

Extending the screening interval to 3 or more years between tests:	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. would result in the patient not visiting annually for other screening tests that are recommended.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. would put me and my practice at risk for liability if the patient's next result is abnormal...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. would put the patient at increased risk for cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. would help reduce health care costs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. would increase patient concerns about missing cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. would take too much of my time to explain to the patient.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. would reduce patient worries about acquiring cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. would result in higher rates of cervical precancer (CIN 2/3).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. would cause patients to lose contact with the medical care system.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. would decrease care provided to the patient....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E8. Please indicate the extent to which you feel that the following individuals or entities encourage or discourage you to extend the screening interval to 3 or more years between tests for a 30 year old **with a normal Pap result and a negative HPV test**. **For each row, please ✓ only one.**

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. Your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your colleagues.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your professional specialty organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. National health organizations (e.g., ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Professional journals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The administration in your practice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E9. To what extent do you consider the following factors in deciding whether or not to extend the cervical cancer screening interval for a woman **over age 30**?
For each row, please ✓ only one.

	Not at all	Some	A great deal
a. Patient age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Race/ethnicity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Current number of sexual partners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Lifetime number of sexual partners.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cigarette smoking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Current Pap test results.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. History of abnormal test results.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Current HPV status.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Income.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. History of regular Pap screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Educational level.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Likelihood of the patient not returning for future screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Immune system status (e.g. HIV/AIDS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Number of children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Using birth control for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Language barrier.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. STD History.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Diethylstilbestrol (DES) exposure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Type of insurance coverage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: HPV Vaccine

F1. Do you currently recommend the HPV vaccine? Yes No → **Skip to Question F3.**

F2. Do you plan on recommending the HPV vaccine? Yes No → **Skip to Question F4.**

F3. What age group(s) do you recommend patients get the HPV vaccine?
Please ✓ all that apply.

- Females 9-12 years of age
- Females 13-26 years of age
- Females 27 years of age and older
- Males 9-12 years of age
- Males 13-26 years of age
- Males 27 years of age and older

**Skip to
Question
F5.**

F4. Please indicate the reason(s) why you do NOT plan on recommending the HPV vaccine.
Please ✓ all that apply.

- Not a large proportion of recommended age group in my practice
 - Concern that it encourages sexual promiscuity
 - Not wanting to convince parents/patients to accept vaccine
 - Awkwardness of conversation that HPV is sexually transmitted
 - Concern about safety of the vaccine
 - Awaiting final study results to better assess benefits and harms
 - Concern about vaccinated women failing to get screened
 - Concern about thiomersal in vaccine
 - Concern about decreased efficacy in population that has been exposed to HPV (e.g., sexually active)
 - Concern that the office schedule is too crowded to accommodate additional visits
 - Insurance reimbursement issues
 - Up-front costs to purchase vaccine
 - Concern regarding the storage and administration protocol of vaccine
 - Other (Please specify): _____
- _____

F5. As it relates to the HPV vaccine, how often do you:
For each row, please ✓ only one.

	Rarely or never	Sometimes	Usually	Always or almost always	Unknown/ not applicable/ Do not ask
a. Use HPV test to determine who should get the HPV vaccine?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Perform a Pap test to determine who should get the HPV vaccine?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US higher)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Recommend the HPV vaccine to females with a positive HPV test?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use the number of sexual partners to determine who should get the HPV vaccine?...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F6. How will/do you determine when to start routine cervical cancer screening for fully HPV vaccinated females?
Please ✓ all that apply.

- By Age
 - At same age as non-HPV vaccinated females – Specify age.....|_|_|
 - At a later age – Specify age.....|_|_|
 - Other (specify):
- By onset of sexual activity – Specify number of year(s) after onset of sexual activity.....|_|_|
- We will not be screening fully HPV vaccinated females
- Unknown

F7. How often will/do you routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine?
Please ✓ only one.

- Annually
- Every 2-3 years
- Every 4-5 years
- Greater than every 5 years
- Will not be screening fully HPV vaccinated females
- Unknown

F8. Will/Do you use the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?

- Yes
- No
- Don't Know
- Will not be screening fully HPV vaccinated females

F9. During the past month, did any of your patients ask if they or their daughters could or should be **vaccinated** against HPV?

- Yes
- Approximately how many in the past month?..... # PATIENTS
- No

F10. Please indicate whether you agree, disagree, or are unsure with each statement.
For each row, please ✓ only one.

Vaccinating female patients will result in:

- a. Fewer numbers of abnormal Pap tests among vaccinated females.....
- b. Fewer referrals for colposcopy among vaccinated females.....
- c. Fewer CIN results.....

	Agree	Disagree	Unsure
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: Education/Guidelines

G1. Do you personally follow published guidelines for cervical cancer screening and management?

- Yes
- No
- Don't know/not sure } Skip to Question G2.

A. Which guidelines for cervical cancer screening and management do you follow?
Please ✓ all that apply.

- U.S. Preventive Services Task Force
- American Cancer Society
- American College of Obstetricians and Gynecologists
- American Academy of Family Physicians
- American College of Physicians
- National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- American Society for Colposcopy and Cervical Pathology (ASCCP)
- Other (Please specify): _____

G2. Has this clinic implemented guidelines for cervical cancer screening and management?

Yes

No

Don't know/not sure

Skip to Question G3.

A. Which guidelines for cervical cancer screening and management has the clinic implemented?

Please ✓ all that apply.

U.S. Preventive Services Task Force

American Cancer Society

American College of Obstetricians and Gynecologists

American Academy of Family Physicians

American College of Physicians

National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

American Society for Colposcopy and Cervical Pathology (ASCCP)

Other (Please specify): _____

B. Do you have access to these practice guidelines in an electronic format (such as a web site or computer information system)?

Please ✓ one box on each line.

1. At the point of care (e.g., exam room).....

Yes

No

2. At your desk or a work station, away from the point of care.....

G3. Did you participate in any CME on cervical cancer screening in the past year?

Yes

No

Don't Know

Skip to Question G5.

G4. How many CME credits for cervical cancer screening did you receive in the past year?

□ □ □ □

OF CME CREDITS

G5. Are you aware of, and have you ever referred a patient to, any of the following sources for cancer information?

For each row, please ✓ only one.

Aware and referred

Aware of it, never referred

Not aware of it

Not sure

a. The 1-800-4-CANCER Cancer Information Service telephone line.....

b. The www.cancer.gov National Cancer Institute web site.....

c. The www.cdc.gov Centers for Disease Control and Prevention web site.....

d. Other (Please specify): _____

G6. Do you currently provide patients with any educational materials (e.g., brochures, fact sheets) regarding cervical cancer screening?

- Yes, I provide information to all women
- Yes, but only to some women (Please specify): _____
- No

G7. Do you have a mechanism to remind you that a patient is due for cervical cancer screening?
Please ✓ all that apply.

- Yes, special notation or flag in patient's chart
- Yes, computer prompt or computer-generated flow sheet
- Yes, I routinely look it up in the medical record at the time of the visit
- Yes, other mechanism (Please specify): _____
- No
- Don't Know

**Thank you for your participation in this study.
Please mail the survey in the postage-paid envelope.**

COMMENTS: _____

