

Form Approved:  
OMB No.: 0920-XXXX  
Expiration Date:

## Sexually Transmitted Infection Services at U.S. Colleges and Universities

### **Attachment 3: College Survey Screenshots**

Public reporting burden of this collection of information is estimated to average 45 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 NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Form Approved

OMB#: 0920-xxxx

Expiration Date: xx/xx/xxx

Public reporting burden of this collection of information is estimated to average 45 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 NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

## Institution Information

**1. Name of School:**

**2. Today's date (MM/DD/YYYY)?**

**3. Name of respondent completing this questionnaire:**

**4. Job Title of respondent?**

**5. Phone number (do not include hyphens):**

**6. Fax number:**

**7. E-mail:**

**8. Is your school a member of the American College Health Association?**

- Yes
- No
- Don't know/NA

## Student Health Insurance

**9. Does your school have a “student health fee” for undergraduate students (check ‘yes’ even if the fee is not mandatory or if it is part of tuition-and-fees paid by the student)?**

	Yes	No	Don't know/NA
a. For full-time U.S. students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. For part-time U.S. students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. For international students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Does the “student health fee” cover:**

	Yes	No	Don't know/NA
a. Testing symptomatic students for sexually transmitted infections(STIs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Screening asymptomatic students for STIs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**11. Is health insurance coverage mandatory for undergraduate students at your school (in addition to, or independent of, a “student health fee”)?**

	Yes	No	Don't know/NA
For full-time U.S. students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For part-time U.S. students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For international students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. What overall percentage of all students (part and full-time) have some form of health insurance? (please give us your best estimate)**

**13. Does your college sponsor/provide its own health insurance plan?**

- Yes  
 No  
 Don't Know/NA

13 - yes, please answer following questions

**14. Does the college insurance plan offered by your school cover:**

	Yes	No	Don't Know/NA
Testing symptomatic students for sexually transmitted infections (STIs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Screening asymptomatic students for STIs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**15. What overall percentage of students (part-time and/or full-time) are on the college-sponsored plan?  
(please give us your best estimate)**

**16. Are you aware of any patients who seek STI services at a service site other than your clinic to avoid high deductibles or co-pays they consider cost prohibitive?**

- Yes
- No
- Don't Know/NA

**17. How does your health center address confidentiality issues around STI/HIV screening for students who are concerned that it will show up on an explanation of benefits (EOB) received by their parents?**

## Preventive Services

### 18. How does your school provide education about HIV and AIDS?

	Yes	No	Don't Know/NA
Flyers/pamphlets/newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures as part of college classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one education in health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School affiliated social media (e.g., Facebook, Twitter, Pinterest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of orientation presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of written orientation material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School web page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch parties (video presentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness or testing campaign (e.g., Sex Week, GYT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

### 19. How does your school provide education about STIs or STDs?

	Yes	No	Don't Know/NA
Flyers/pamphlets/newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Posters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lectures as part of college classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health fairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One-on-one education in health center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School affiliated social media (e.g., Facebook, Twitter, Pinterest)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of orientation presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part of written orientation material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School web page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watch parties (video presentation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Testing event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness or testing campaign (eg Sex Week, GYT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

### 20. How are condoms made available to students at your school? (check all that apply)

- Free in open display
- Free upon request
- Nominal fee
- Vending machine
- Student health or wellness center
- Resident Halls
- Student Union
- Special events
- No Condoms are available on campus
- Other (please specify)

**21. Does your school have a Student Health Center which provides health services to students?**

- Yes
- No
- Don't Know/NA

**22. Does your school have a Wellness Center which provides health services to students?**

- Yes
- No
- Don't Know/NA

**23. Is your Wellness Center integrated with your Student Health Center?**

- Yes, they are combined programs
- No, they are separate programs or we only have one of them
- We do not have a student health or wellness center

**24. On average, how many students visit the health/wellness center per month? (Please give your best estimate)**

**25. Do you have weekend hours for your patients?**

- Yes  
 No  
 Don't know/NA

**26. Do you offer evening hours (or extended hours) for your patients?**

- Yes  
 No  
 Don't Know/NA

**27. Are students able to book appointments online?**

- Yes  
 No  
 Don't know/NA

**28. Are students able to contact a doctor or nurse via an online portal or other online method?**

- Yes  
 No  
 Don't know/NA

**29. Do you have an electronic medical records system that is used by the health centers staff?**

- Yes  
 No  
 Don't Know/NA



**30. Which of the following professional staff work at the student health center (either full or part-time)?**

	Full-time	Part-time	No	Don't know/NA
Health educator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse (RN,LPN)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician (any specialty)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physician assistant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory professional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**31. The student health/wellness center is primarily run/administered by a:**

- Nurse
- Nurse Practitioner
- Physician
- Physician's Assistant
- Health care administrator (MBA, MMM, etc.)
- Other (please specify)

**32. Which of the following services are available to students at the student health/wellness center?**

	Yes	No	Don't Know/NA
Health education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnosis and/or treatment of STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OB/GYN services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contraceptive services (e.g. family planning clinic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long acting reversible contraceptives (e.g. IUD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency contraceptives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pregnancy testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Patient-delivered partner therapy for any STI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Triage/referral to other clinics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rx dispensing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. Who primarily offers STI services on your campus?**

- Student Health Center
- Wellness Center
- Local Health Department
- Outside organization (other than the health department)
- I don't know

## Services for Sexually Transmitted Diseases

**34. Does the student health center screen and/or test students for any STI (including HIV)?**

- Yes  
 No  
 Don't know/NA

**34 - No or don't know/na, please answer the following question**

**35. Please identify possible reasons why the student health center does not evaluate students for STI's.**

	Yes	No	Don't Know/NA
No or insufficient qualified staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Time constraints of existing staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not covered by student health insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conflicting with core principles of the institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No perceived need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close proximity to public STI clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify)			
<input type="text"/>			

**36. What type of lab do you contract with to conduct your STI testing (not including HIV) ? (check all that apply)**

- Commercial Lab (Labcorp, Quest)
- Public Health Lab
- In-House
- Community clinic or hospital lab
- Other (please specify)

**37. What type of lab do you contract with to conduct your HIV testing (not including STI)? (check all that apply)**

- Commercial Lab (Labcorp, Quest)
- Public Health Lab
- In-House
- Community clinic or hospital lab
- Other (please specify)

**38. Which of the following statements best describe how the cost of STI screening is covered at you health service center?**

- 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 students (there is never a cost to the patient or their insurance)
- None of the above or not applicable
- Other (please specify)

**39. Do you offer "express" testing for STIs (i.e. testing without counseling or seeing a physician)?**

- Yes
- No
- Don't know/NA

**40. Do you offer routine STI screening for asymptomatic men and women?**

- Yes
- No
- Don't know/NA

## Partner Management

**41. How does your health center manage notification of sex partners of infected students (i.e. informing sex partners of infected students that they have been exposed to an STI and advising them to seek care)?**

- Ask the student to notify their partner(s)
- Health services staff notify partners and arrange evaluation or treatment
- Refer the case to the health department only (no other follow up)
- Health center staff do not take any action on partner notification
- Don't Know

## 41 - Health services staff notify partners and arrange evaluation or treatm...

**42. For which STIs?**

- Chlamydia
- Herpes Simplex Virus
- Gonorrhea
- HIV/AIDS
- Trichomoniasis
- Hepatitis B
- Syphilis

**43. Are partner testing and treatment provided only to those partners who are students at the school themselves?**

- Yes
- No
- Don't Know/NA

**44. In the state in which your health center is located, is expedited partner therapy (aka, EPT, patient delivered therapy) legal for 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

Expedited Partner Therapy or EPT is the practice of allowing infected patients to bring single-dose oral medications or prescriptions for chlamydia or gonorrhea to their sex partners before seeking evaluation.

## HIV & STI Testing

**45. Which of the following tests do you offer STI screening of asymptomatic students as appropriate for risk (check all that apply)?**

- Chlamydia
- Herpes simplex virus
- Gonorrhea
- HIV/AIDS
- Trichomoniasis
- Hepatitis B
- Syphilis
- None
- Other (please specify)

**46. Does the student health center offer testing for HIV?**

- Yes
- No
- Don't Know

## 46 - Yes, please answer the following questions

**47. Which kind of HIV testing is offered?**

- Anonymous
- Confidential
- Both anonymous and confidential

**48. What types of HIV antibody tests do you offer? (check all that apply)**

- Standard test, blood
- Standard test, oral fluid
- Rapid test, blood
- Rapid test, oral fluid
- None
- Other (please specify)

**49. Do you routinely screen sexually active women under age 25 for chlamydia infection?**

- Yes
- No
- Don't Know/NA

**50. For patients who test positive for chlamydia, do you provide follow-up testing for chlamydia reinfection?**

- Yes
- No
- Don't Know/NA

**51. Does the clinical laboratory providing diagnostic services use nucleic amplification tests to detect chlamydia?**

- Yes
- No
- Don't know/NA

**52. What type of specimen is usually/preferentially collected for chlamydia testing in women?**

- Cervical swab
- Vaginal swab
- Urine
- Varies
- None

**53. Does your health center offer female patients the option of a self-collected vaginal swab?**

- Yes
- No
- Don't know/NA

**54. Does the student health center offer testing for gonorrhea?**

- Yes
- No
- Don't Know/NA

**55. What is the standard treatment used in your health center for positive cases of gonorrhea?**

- Ceftriaxone plus Azithromycin or Doxycycline
- Ceftriaxone alone
- Other cephalosporins
- Quinolone
- Azithromycin
- Doxycycline
- Amoxicillin
- Other antibiotic (s)
- Referred out

**56. Do you include pharyngeal tests for gonorrhea when screening (men who have sex with men) MSM for STIs?**

- Yes
- No
- Don't know

**57. Do you include rectal tests for gonorrhea and chlamydia when screening MSM for STIs?**

- Yes
- No
- Don't know

**58. What is the average time for health services to receive a chlamydia/gonorrhea result from the laboratory?**

- < 24 hours
- 1 - 2 days
- > 2 days

**59. Would your health center be interested in a 90 minute (or less) chlamydia/gonorrhea diagnostic test?**

- Yes
- No
- Don't know/NA

**60. Does the student health center offer testing for trichomoniasis?**

- Yes
- No
- Don't know/NA

**61. Does the student health center offer serology testing for asymptomatic Herpes Simplex Virus?**

- Yes
- No
- Don't know/NA

**62. Is testing for syphilis routinely done during an evaluation for an STI?**

- Yes
- No
- Don't know/NA
- Only if risk factor identified

**62 - Yes/Risk Factor, Please answer the following question**

**63. What type of syphilis test do you use for routine screening?**

- RPR
- VDRL
- EIA

**HPV Vaccine**

**64. Does the student health center offer HPV vaccine?**

- Yes
- No
- Don't know/NA

**HPV Vaccine Insurance**

**65. Does the university's student health insurance plan cover the cost of HPV vaccine?**

- Yes
- No
- Don't know/NA



## 65 - Yes, please answer the following questions

**66. If yes to question 65, whom does coverage apply to?**

- Females only
- Males and females
- Don't know/NA

**67. Does the student health center provide reminders for doses 2 and 3?**

- Yes
- No
- Don't know/NA

**68. Which of the following groups are being offered HPV vaccination at the student health center?**

	Yes	No	Don't know/NA
Any female student 21 years or younger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any male student 21 years or younger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any gay or bisexual male (or any man who has sex with men) student 26 years or younger, not previously vaccinated, requesting vaccination?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Technical Assistance

*We would like to understand what kind of help you receive from your local health department to support STI and HIV prevention activities on campus?*

**69. Please select the best possible response to complete the following statement: "Our health department provides greatest support in regard to..."**

- HIV screening and testing
- STI screening and testing
- Equal amount of support
- My health department offers no support

**70. What additional STI/HIV-related help would you like to receive from the health department?**

## Referral Questions Page

**71. Do you have a mechanism to refer students to off-campus health care providers?**

- Yes  
 No  
 Don't Know/NA

**71 - Yes, please answer the following question**

**72. If yes to questions 71, what off-campus health care provider do you commonly refer students to for sexual health care? (check all that apply)**

- Community health center  
 Public health Clinic  
 Family planning clinic  
 Private doctor's office or HMO  
 Urgent care clinic  
 Other (please specify)

**71 - No or don't know/NA, please answer the following question**

**73. If no or don't know/NA to question 71, what are the reasons for not having a mechanism to refer students to outside health care providers? (check all that apply)**

- No or insufficient qualified staff  
 Time constraints of existing staff  
 Lack of funds  
 No perceived need  
 Close proximity to public clinic  
 Other (please specify)

**74. If there was an opportunity to partner with a federally qualified health center or community health center for sexual and reproductive health care, would you be interested in learning more?**

- Yes
- No

**75. If there was an opportunity to improve referrals for sexual and reproductive health care, would you be interested in learning more?**

- Yes
- No

**76. Please feel free to share any comments, thoughts or questions you may have regarding this survey and/or college health services on your campus.**

You are now done with the survey. Thank you very much for your time and cooperation.