

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

Attachment 3: College Survey

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NATIONAL SURVEY OF U.S. COLLEGES

This survey should be completed by the person at your academic institution who has the most knowledge of and access to information about health services. The questionnaire will take approximately 35-50 minutes to complete. Make sure to answer all questions, and to mark in the "don't know/Not Applicable (NA)" columns if information is not available to you.

Name of school: _____ Today's date ____/____/____

Name of respondent completing this questionnaire

Job title of respondent _____

Phone: () ____ - _____ Fax () ____ - _____ E-mail: _____

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)?
 - a. For full-time U.S. students
Yes No Don't know/NA
 - b. For part-time U.S. students
Yes No Don't know/NA
 - c. For international students
Yes No Don't know/NA

- 10. Does the "student health fee" cover:
 - a. Testing symptomatic students for sexually transmitted infections (STI's)?
Yes No Don't know/NA

 - b. Screening asymptomatic students for STI's?
Yes No Don't know/NA

- 11. Is health insurance coverage mandatory for undergraduate students at your school (in addition to, or independent of, a "student health fee")?
 - a. For full-time U.S. students
Yes No Don't know/NA

 - b. For part-time U.S. students
Yes No Don't know/NA

 - c. For international students
Yes No Don't know/NA

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

If no or don't know, skip to question 18.

14. Does the college insurance plan offered by your school cover...
 a. Testing symptomatic students for sexually transmitted infections (STI's)?
Yes No Don't know/NA
 b. Screening asymptomatic students for STI's?
Yes No Don't know/NA
15. What overall percentage of students (part and full-time) is 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? [open ended]

Preventive Services

18. How does your school provide education about HIV and AIDS?
- | | Yes | No | Don't know/
NA |
|---|--------------------------|--------------------------|--------------------------|
| a. Flyers/pamphlets/newsletters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Posters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lectures as part of college classes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Health fairs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. One-on-one education in health center | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. School affiliated social media
(e.g., Facebook, Twitter, Pinterest) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Peer education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Part of orientation presentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Part of written orientation material | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. School web page | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Watch parties (video presentation) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Testing event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. Awareness or testing campaign
(e.g. Sex Week, GYT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Other: _____ | | | |

19. How does your school provide education about STI's or STDs?
- | | Yes | No | Don't know/
NA |
|---------------------------------|--------------------------|--------------------------|--------------------------|
| a. Flyers/pamphlets/newsletters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Posters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- c. Lectures as part of college classes
- d. Health fairs
- e. One-on-one education in health center
- f. School affiliated social media
(e.g., Facebook, Twitter, Pinterest)
- g. Peer education
- h. Part of orientation presentation
- i. Part of written orientation material
- j. School web page
- k. Watch parties (video presentation)
- l. Testing event
- m. Awareness or testing campaign
(e.g. Sex Week, GYT)
- n. Other: _____

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

- a. Free in open display
- b. Free upon request
- c. Nominal fee
- d. Vending machine
- e. Student health or wellness center
- f. Resident Halls
- g. Student Union
- h. Special events
- i. No condoms are available on campus
- j. Other: _____

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?

- a. Yes, they are combined programs
- b. No, they are separate programs or we only have one
- c. We do not have a Student Health Center or Wellness Center

If c, skip to question 33.

Health Services Information

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 patients?

- Yes No Don't know/NA

26. Do you offer evening hours (or extended hours) for 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 patient 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?

	Full-time	Part-time	No	Don't know/NA
a. Health educator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse (RN, LPN)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physician (any specialty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Physician Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Laboratory professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental Health provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

	Yes	No	Don't know/NA
a. Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnosis and/or treatment of STI's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. OB/GYN services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Contraceptive services (e.g. family planning clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Long Acting Reversible Contraceptives (e.g. IUD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Emergency Contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Patient-delivered partner therapy for any STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Triage/referral to other clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Rx dispensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- a. Student Health Center
b. Wellness Center
c. Local Health Department
d. Outside organization (other than the health department)
e. I don't know

If c, d, or e, skip to Referral questions page.

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

If Yes, skip to question 36.

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

	Yes	No	Don't know/NA
a. No or insufficient qualified staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Time constraints of existing staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Not covered by student health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Conflicting with core principles of the institution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. No perceived need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Close proximity to public STI clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other: _____			

Skip to Referral Page

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: _____

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

- Commercial Lab (Labcorp, Quest)
- Public Health Lab
- In-house
- Community clinic or hospital lab
- Other: _____

38. Which of the following statements best describes how the cost of STI screening is covered at your health service (choose one)

- 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 the student (there is never a cost to the patient or their insurance)
- None of the above or not applicable
- Other: _____

39. Do you offer "express" testing for STI's? (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)?

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

If a, c, d or e are selected, skip to question 44.

42. For which STI's:

- 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

44. In the state in which your health center is located, is expedited partner therapy (EPT, also known as patient-delivered partner therapy) legal for STIs?

- a. EPT is legal for at least one STI
- b. EPT is of uncertain legality
- c. EPT is not legal for any STI
- d. I don't know

Expedited partner therapy (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 STI's are screened for in asymptomatic students (check all that apply)?

- Chlamydia
- Herpes Simplex Virus
- Gonorrhea
- HIV/AIDS
- Trichomoniasis
- Hepatitis B
- Syphilis
- None
- Other:

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

- Yes No Don't know

If no or don't know, skip to question 49.

47. If yes, which kind of HIV testing is offered?

- a. anonymous
- b. confidential
- c. 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: _____

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

- Yes No Don't know/NA

If no or don't know, skip to question 54

50. For patients who test positive for chlamydia, do you provide patient 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?

- a. Cervical swab
- b. Vaginal swab
- c. Urine
- d. Varies
- e. 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

If no or don't know, skip to question 60

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

- a. Ceftriaxone plus Azithromycin or Doxycycline
- b. Ceftriaxone alone
- c. Other cephalosporins
- d. Quinolone
- e. Azithromycin
- f. Doxycycline
- g. Amoxicillin
- h. Other antibiotic (s)

i. Referred out

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

- Yes
- No
- N/A

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

- Yes
- No
- N/A

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

- a. < 24 hours
- b. 1 - 2 days
- c. > 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
- only if risk factors identified

If no or don't know, skip to question 64

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

- a. RPR
- b. VDRL
- c. EIA

HPV Vaccine

64. Does the student health center offer HPV vaccine?

- Yes
- No
- Don't know/NA

If no or don't know, skip to 69

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

- Yes
- No
- Don't know/NA

If no or don't know, skip to 67

66. If yes, 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?

a. Any male student 21 years or younger

- Yes No Don't know

b. Any gay or bisexual male (or any man who has sex with men) student 26 years or younger, not previously vaccinated, requesting vaccination?

- Yes No Don't know

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? **Please select the best possible response to complete the following statement:**

69. Our local health department provides greatest support in regard to:

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

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

Skip to Referral Page

Referral Questions Page: For schools that do not provide on-campus services

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

- Yes No Don't know/NA

If no or Don't know, skip to question 73.

72. What off-campus health care providers do you commonly refer students to for sexual health care? (check all that apply)

- a. Community health center
- b. Public health clinic
- c. Family planning clinic
- d. Private doctor's office or HMO
- e. Urgent care clinic
- f. Other:_____

Skip to Last Page

73. What are the reasons for not having a mechanism to refer students to off-campus health care providers? (check all that apply):

- a. No or insufficient qualified staff
- b. Time constraints of existing staff
- c. Lack of funds
- d. No perceived need
- e. Close proximity to public clinic
- f. Other:_____

Skip to Last Page

Last Page: Three Questions every participant will be ask

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

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

- Yes
- No

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

After completion of survey, participants will see the following message:

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