HPV Cancer Center Consortium

Start of Block: Block 1

*OMB No.: 0925-0648*

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The goal of this survey is to assess interest in participating in future HPV Cancer Center Consortium activities and meetings and to identify topics of greatest interest. Please feel free to share this survey with others who may have an interest in HPV vaccination uptake.

How would you describe your professional role?\*

* Researcher
* Clinician
* Public health practitioner
* Funding agency partner
* Other

Display This Question:

If How would you describe your professional role?\* = Other

Please describe your professional role

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you attend the February 2023 meeting?\*

* Yes
* No

Display This Question:

If Did you attend the February 2023 meeting?\* = Yes

How helpful or informative were the following sessions in understanding HPV vaccination uptake?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all helpful/informative | Somewhat helpful/informative | Extremely helpful/informative | Did not attend |
| History and Recap of the HPV Cancer Center Consortium |  |  |  |  |
| Updates on National Immunization Survey-Teen HPV Vaccination Coverage |  |  |  |  |
| Consequences of COVID-19 for HPV Vaccine Implementation |  |  |  |  |
| Lessons Learned from Other Consortiums |  |  |  |  |

End of Block: Block 1

Start of Block: Block 2

As we start to plan for the Fall 2023 meeting:

What topics would you like to see addressed?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What would be your preferred meeting schedule?

* 2 half-days with dinner on Day 1
* 1 full day with dinner the night before
* 1 full day with dinner the night of the meeting

What meeting format do you prefer for Fall 2023?

\_\_\_\_\_\_ In-person

\_\_\_\_\_\_ Virtual

\_\_\_\_\_\_ Hybrid

End of Block: Block 2

Start of Block: Block 3

In order to help advance the Consortium:

What goals and objectives should the Consortium work towards?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who else would benefit from joining the Consortium?

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What support, collaborations, and resources are needed in order to enable participants to keep the momentum on Consortium action plans?

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Are you interested in leading any Consortium activities?\*

* Yes
* No

Would you like to receive information about related Consortium webinars, initiatives, and activities?

* Yes
* No

End of Block: Block 3

Start of Block: Block 4

For internal use only, please provide:

First and last name\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\*

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End of Block: Block 4