### NAMCS/NHAMCS

*The National Ambulatory Medical Care Survey is a national survey designed to collect information on ambulatory care services in the US. It is administered to non-federal employed office-based physicians who are primarily engaged in direct patient contact.

The National Hospital Ambulatory Medical Care Survey is designed to collect national data on ambulatory care services in hospital emergency and outpatient departments. It is administered to emergency departments and outpatient departments of noninstitutional general and short-stay hospitals.

### HPV RELATED QUESTIONS from NAMCS Physician Induction Form

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 30a. Does your practice currently recommend the Human Papillomavirus (HPV) vaccine? | Yes - Skip to item 30c  
No - Go to item 30e |
| 30b. Does your practice plan on recommending the HPV vaccine?            | Yes – Go to item 30c  
No – Skip to item 30e |
| 30c. Which HPV vaccine does your practice recommend using?              | Gardasil (quadrivalent vaccine)  
Cervarix (bivalent vaccine)  
Both  
Don’t know |
| 30d. What age group does your practice recommend patients get the HPV vaccine? | 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 |
| 30e. Please indicate the reason(s) why your practice does NOT plan on recommending the HPV vaccine? | 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  
Concern about failure of the vaccine to prevent all cervical cancer  
Concern about thiomersal in vaccine  
Concern about decreased efficacy in a population that has been exposed to HPV (i.e. sexually active)  
Concern that the office schedule is too crowded to accommodate additional visits |
<table>
<thead>
<tr>
<th>Insurance costs to purchase vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up-front costs to purchase vaccine</td>
</tr>
<tr>
<td>Concern regarding the storage and administration protocol of vaccine</td>
</tr>
<tr>
<td>Other - specify</td>
</tr>
</tbody>
</table>

**Screening questions**

31. Do you offer any type of cervical cancer screening?
   
   Yes
   
   No

Cervical Cancer Screening Supplement from both NAMCS and NHAMCS (pages 31-32)
A. Hospital number

B. Clinic type — Mark (X) only ONE.
1. OB/GYN
2. GYN

C. AU number

D. Census contact name

E. Census contact telephone

Area code Number

BACKGROUND INFORMATION

The Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in hospital outpatient clinics. Please answer the following questions. We appreciate your time on this important public health concern.

1. Does this clinic use any of the following methods to screen for cervical cancer?
   - Mark (X) one interval for routine screening.
   - Mark (X) all that apply.

   a. Conventional Pap test (Definition – Smear spread on glass slide and fixed)
   1. Yes – How often does this clinic routinely screen women using this method?
      - Yes
      - No
      - Unknown
   2. N/A
   3. Continue with item 5b

   b. Liquid-based cytology (Definition – Specimen suspended in liquid solution)
   1. Yes – How often does this clinic routinely screen women using this method?
      - Yes
      - No
      - Unknown
   2. N/A
   3. Continue with item 1c

   c. Other — Specify
      1. Yes – How often does this clinic routinely screen women using this method?
      - Yes
      - No
      - Unknown

2. Does this clinic perform colposcopy?
   - Yes
   - No
   - Unknown

3a. Does this clinic ever order or collect the Human Papillomavirus (HPV) DNA test?
   - Yes — Go to item 3b
   - No — SKIP to item 3c
   - Not aware of HPV DNA test — SKIP to item 9 on page 4

3b. Which of the following HPV DNA tests are ordered or collected at this clinic? Mark (X) all that apply.
   1. High risk (HR) HPV DNA test
   2. Low risk (LR) HPV DNA test
   3. Not aware of a high risk or low risk HPV DNA test
   4. Type-specific HPV DNA test
   5. Unknown

3c. Why is the HPV DNA test not ordered or collected at this clinic? — Mark (X) all that apply.
   - This clinic does not see the types of patients for whom the HPV DNA test is indicated.
   - This uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.
   - The patients in this clinic have timely access to colposcopy.
   - Assessing patients’ HPV infection status is not a priority at this clinic.
   - The labs affiliated with this clinic do not offer the HPV DNA test.
   - The health plans or health systems affiliated with this clinic do not recommend the HPV DNA test.
   - The HPV DNA test is not reimbursed or covered service for most patients in this clinic.
   - Discussing cervical cancer screening in the context of an STD is avoided in this clinic.
   - Notifying or counseling patients about positive HPV DNA test results would take too much time.
   - Notifying or counseling patients about positive HPV DNA test results might make clinicians in this clinic feel uncomfortable, angry, or upset.
   - Notifying or counseling patients about positive HPV DNA test results might make patients in this clinic feel uncomfortable, angry, or upset.

4a. If a patient’s Pap test result is borderline or abnormal, does this clinic routinely order an HPV DNA test to be performed on that sample (commonly called reflex HPV DNA testing)? (An HPV DNA test may be run on the same liquid-based medium as the Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)
   - Yes — Go to item 4b
   - No
   - Unknown

4b. For which borderline or abnormal Pap test result would this clinic order or collect a reflex HPV DNA test? Mark (X) all that apply.
   - ASC-US (atypical squamous cells of undetermined significance)
   - ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
   - LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
   - HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
   - AGC (atypical glandular cells)

5a. Does this clinic routinely recall patients to come back for a second sample collection for an HPV DNA test if their Pap test is abnormal or borderline (recall testing)?
   - Yes — Go to item 5b
   - No
   - Unknown

5b. For which abnormal or borderline Pap test result would this clinic recall a patient for an HPV DNA test? Mark (X) all that apply.
   - ASC-US (atypical squamous cells of undetermined significance)
   - ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
   - LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
   - HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
   - AGC (atypical glandular cells)
6a. Does this clinic routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (commonly called adjunct HPV testing or cotesting)?

- [ ] Yes – Go to item 6b
- [ ] No
- [ ] Unknown

Select one:

6b. For which patients does this clinic routinely order or collect an HPV DNA test along with the Pap test (commonly called adjunct HPV testing or cotesting)? Mark (X) all that apply.

- [ ] Women under 21 years old
- [ ] Women 21 years old to 29 years old
- [ ] Women 30 years old and over
- [ ] Women who request the test for cervical cancer screening
- [ ] Women who request the test to check their HPV infection status
- [ ] Other – Specify

7. Given the following screening histories, when would this clinic recommend that a woman between 30 and 60 years of age return for her next Pap test?

<table>
<thead>
<tr>
<th>Prior Pap test results in past 5 years (excluding current normal results)</th>
<th>Current HPV DNA test results</th>
<th>Current Pap test result</th>
<th>Have no experience with this type of patient or test</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Two consecutive normal Pap tests</td>
<td>Has not had test</td>
<td>Normal</td>
<td>No follow-up needed</td>
</tr>
<tr>
<td>(b) Two consecutive normal Pap tests</td>
<td>Negative</td>
<td>Normal</td>
<td>Less than 6 months</td>
</tr>
<tr>
<td>(c) Two consecutive normal Pap tests</td>
<td>Positive</td>
<td>Normal</td>
<td>6 months to less than 1 year</td>
</tr>
<tr>
<td>(d) Has not had a Pap test</td>
<td>Negative</td>
<td>Normal</td>
<td>1 year</td>
</tr>
<tr>
<td>(e) Has not had a Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>2 years</td>
</tr>
<tr>
<td>(f) Abnormal Pap test</td>
<td>Negative</td>
<td>Normal</td>
<td>3 years or more</td>
</tr>
<tr>
<td>(g) Abnormal Pap test</td>
<td>Positive</td>
<td>Normal</td>
<td>3 years or more</td>
</tr>
</tbody>
</table>

For each of the following scenarios, mark (X) only ONE for each row:

8. How often does this clinic use an HPV test to determine who should get the HPV vaccine? Mark (X) only one.

- [ ] Rarely or never
- [ ] Sometimes
- [ ] Usually
- [ ] Always or almost always
- [ ] Do not recommend the HPV vaccine – SKIP to item 9.

9. As it relates to the HPV vaccine, how often does your clinic –

Mark (X) only ONE for each row.

- b. a. Use the number of sexual partners to determine who should get the HPV vaccine?
- b. a. Should a Pap test be performed to determine who should get the HPV vaccine?
- b. a. Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?
- b. a. Recommend the HPV vaccine to females with a positive HPV test?

10. Will this clinic’s cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?

- [ ] Yes
- [ ] No – SKIP to item 14

11. How will this clinic determine when to start routine cervical cancer screening for fully HPV vaccinated females?

Mark (X) all that apply.

- [ ] By age
- [ ] By onset of sexual activity
- [ ] By onset of sexual activity – Specify age
- [ ] By onset of sexual activity – How many years since onset of sexual activity?
- [ ] Will not be screening fully HPV vaccinated females
- [ ] Unknown

12. How often will this clinic routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? Mark (X) one.

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

13. Will the clinic be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?

- [ ] Yes
- [ ] No

14. Please indicate whether you agree with, disagree with, or are unsure of the statements in a, and b.

- a. There will be fewer numbers of abnormal Pap tests among vaccinated females.
- b. There will be fewer referrals for colposcopy among vaccinated females.

- Agree
- Disagree
- Unsure

15. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Early Detection Program (Title VI). The state health departments contract out the screening services to physicians and other health care providers. Is this clinic currently participating in this state or national screening program?

- [ ] Yes
- [ ] No
- [ ] Unknown

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

- [ ] Physician
- [ ] Physician assistant
- [ ] Registered nurse
- [ ] Other clinic staff
- [ ] Nurse practitioner
- [ ] Nurse midwife

**Closing Statement**

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