

<p>NAMCS/NHAMCS</p> <p>*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.</p> <p>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.</p>
<p>HPV RELATED QUESTIONS from NAMCS Physician Induction Form</p>
<p>30a. Does your practice currently recommend the Human Papillomavirus (HPV) vaccine?</p> <p>Yes - Skip to item 30 c</p> <p>No - Go to item 30e</p>
<p>30b. Does your practice plan on recommending the HPV vaccine?</p> <p>Yes – Go to item 30c</p> <p>No – Skip to item 30e</p>
<p>30c. Which HPV vaccine does your practice recommend using?</p> <p>Gardasil (quadrivalent vaccine)</p> <p>Cervarix (bivalent vaccine)</p> <p>Both</p> <p>Don't know</p>
<p>30d. What age group does your practice recommend patients get the HPV vaccine?</p> <p>Females 9-12 years of age</p> <p>Females 13-26 years of age</p> <p>Females 27 years of age and older</p> <p>Males 9-12 years of age</p> <p>Males 13-26 years of age</p> <p>Males 27 years of age and older</p>
<p>30e. Please indicate the reason(s) why your practice does NOT plan on recommending the HPV vaccine?</p> <p>Not a large proportion of recommended age group in my practice</p> <p>Concern that it encourages sexual promiscuity</p> <p>Not wanting to convince parents/patients to accept vaccine</p> <p>Awkwardness of conversation that HPV is sexually transmitted</p> <p>Concern about safety of the vaccine</p> <p>Concern about failure of the vaccine to prevent all cervical cancer</p> <p>Concern about thiomersal in vaccine</p> <p>Concern about decreased efficacy in a population that has been exposed to HPV (i.e. sexually active)</p> <p>Concern that the office schedule is too crowded to accommodate additional visits</p>

Insurance costs to purchase vaccine Up-front costs to purchase vaccine Concern regarding the storage and administration protocol of vaccine Other - specify
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)

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)?

1 Yes – Go to item 6b
 2 No
 3 Unknown } SKIP to item 7

b. 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.

1 Women under 21 years old
 2 Women 21 years old to 29 years old
 3 Women 30 years old and over
 4 Women who request the test for cervical cancer screening
 5 Women who request the test to check their HPV infection status
 6 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?

Prior Pap test results in past 5 years (excluding current normal results)	Current HPV DNA test results	Current Pap test result	For each of the following scenarios, mark (X) only ONE for each row.						
			No follow-up needed	Less than 6 months	6 months to less than 1 year	1 year	2 years	3 years or more	Have no experience with this type of patient or test
(a) Two consecutive normal Pap tests	Has not had test	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Two consecutive normal Pap tests	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Two consecutive normal Pap tests	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Has not had a Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Has not had a Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Abnormal Pap test	Negative	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Abnormal Pap test	Positive	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONS 8-14 ASK ABOUT THE HPV VACCINE

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

1 Rarely or never
 2 Sometimes
 3 Usually
 4 Always or almost always
 5 Do not recommend the HPV vaccine – SKIP to item 10.

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

Mark (X) only ONE for each row.

	Rarely or never	Sometimes	Usually	Always or almost always	Unknown/Not applicable/Do not ask
a. 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"/>
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 or 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"/>

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

1 Yes
 2 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.

1 By age
 1 At same age as non-HPV vaccinated females – Specify age _____
 2 At a later age – Specify age _____
 2 By onset of sexual activity – How many year(s) since onset of sexual activity? _____
 3 Will not be screening fully HPV vaccinated females
 4 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.

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

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

1 Yes
 2 No

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

	Agree	Disagree	Unsure
a. There will be fewer numbers of abnormal Pap tests among vaccinated females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There will be fewer referrals for colposcopy among vaccinated females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 XV). 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?
 1 Yes 2 No 3 Unknown

16. For purposes of this survey, which of the following categories describe your profession? – Mark (X) only ONE.
 1 Physician 2 Physician assistant/ Nurse practitioner/ Nurse midwife 3 Registered nurse 4 Other clinic staff

CLOSING STATEMENT

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