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FORM **NAMCS-CCS**
(11-30-2005)

NATIONAL AMBULATORY MEDICAL CARE SURVEY

CERVICAL CANCER SCREENING SUPPLEMENT

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS DATA COLLECTION AGENT FOR THE
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Health Statistics

BACKGROUND INFORMATION

0010 **A.** Provider's name		0015 **B.** Provider's telephone	Area code / Number
0020 **C.** Provider's specialty *(Mark (X) only ONE.)* 1 ☐ General/Family Practice 2 ☐ Internal Medicine 3 ☐ OB/GYN 4 ☐ CHC Mid–level Provider		0025 **D.** Provider's serial number	
0030 **E.** Practice contact name		0035 **F.** Practice contact telephone	Area code / Number
0040 **G.** Census contact name		0045 **H.** Census contact telephone	Area code / Number

INTRODUCTION ▶ This year the Centers for Disease Control and Prevention is conducting a special survey on cervical cancer screening performed in community health centers and private office settings. Please answer the following questions. We appreciate your time on this important public health concern.

You have the option to complete this questionnaire on the Internet. Go to *www.cdc.gov/namcs*, select Cervical Cancer Supplement, enter the User ID and Password displayed, and follow the instructions.

User ID _____ Password _____

1. Which of the following methods does your practice use to screen patients for cervical cancer? *(Mark (X) all that apply.)*

		Mark (X) the interval for routine screening.				
		Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
a. Conventional Pap test *(Definition – Smear spread on glass slide and fixed)*	0055 1 ☐ Yes – How often does your practice routinely screen women using this method? → 2 ☐ No 3 ☐ Unknown } *Continue with item 1b*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b. Liquid-based cytology *(Definition – Specimen suspended in liquid solution)*	0060 1 ☐ Yes – How often does your practice routinely screen women using this method? → 2 ☐ No 3 ☐ Unknown } *Continue with item 1c*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c. Other – *Specify* 5005 _____	0065 1 ☐ Yes – How often does your practice routinely screen women using this method? → 2 ☐ No 3 ☐ Unknown	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

2. Does your practice perform colposcopy?

0050
1 ☐ Yes
2 ☐ No
3 ☐ Unknown

3a. Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?

0070
1 ☐ Yes – *Go to item 3b*
2 ☐ No – *SKIP to item 3c*
3 ☐ Not aware of HPV DNA test
4 ☐ Unknown
} *SKIP to item 7 on page 4*

b. Which of the following HPV DNA tests are ordered or collected in your practice?
(Mark (X) all that apply.)

0075
1 ☐ High risk (HR) HPV DNA test
2 ☐ Low risk (LR) HPV DNA test
3 ☐ Not aware there was a high risk or low risk HPV DNA test
4 ☐ Unknown
} *SKIP to item 4a*

c. Why is the HPV DNA test not ordered or collected in your practice?
(Mark (X) all that apply.)

0080
1 ☐ My practice does not see the types of patients for whom the HPV DNA test is indicated.
2 ☐ My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.
3 ☐ My patients in my practice have timely access to colposcopy.
4 ☐ Assessing patients' HPV infection status is not a priority at my practice.
5 ☐ The labs affiliated with my practice do not offer the HPV DNA test.
6 ☐ The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.
7 ☐ The HPV DNA test is not a reimbursed or covered service for most patients in my practice.
8 ☐ Discussing cervical cancer screening in the context of an STD is avoided in my practice.
9 ☐ Notifying or counseling patients about positive HPV DNA test results would take too much time.
10 ☐ Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.
11 ☐ Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.

SKIP to item 7 on page 4.

4a. If a patient's screening Pap test result is borderline or abnormal, does your practice 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 screening Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)

0085
1 ☐ Yes – *Go to item 4b*
2 ☐ No
3 ☐ Unknown
} *SKIP to item 5a on page 3*

4b. For which abnormal or borderline Pap test result would your practice order or collect an HPV DNA test? *(Mark (X) all that apply.)*

0090
1 ☐ ASC-US (atypical squamous cells of undetermined significance)
2 ☐ ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
3 ☐ LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
4 ☐ HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
5 ☐ AGC (atypical glandular cells)

c. For which patients does your practice usually order reflex HPV DNA testing? *(Mark (X) all that apply.)*

0095
1 ☐ Women under 30 years old
2 ☐ Women 30 years old and over
3 ☐ Other – *Specify* ↙

5010

5a. Does your practice routinely recall patients to come back for a second sample collection for an HPV DNA test if their screening Pap test is abnormal or borderline (recall testing)?

0100
1 ☐ Yes – *Go to item 5b*
2 ☐ No
3 ☐ Unknown
} *SKIP to item 6a*

b. For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test? *(Mark (X) all that apply.)*

0105
1 ☐ ASC-US (atypical squamous cells of undetermined significance)
2 ☐ ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
3 ☐ LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
4 ☐ HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)
5 ☐ AGC (atypical glandular cells)

6a. Does your practice routinely order or collect an HPV DNA test at the same time as the Pap test as part of routine cervical cancer screening (sometimes called adjunct HPV testing or cotesting)?

0110
1 ☐ Yes – *Go to item 6b*
2 ☐ No
3 ☐ Unknown
} *SKIP to item 7 on page 4*

b. For which patients does your practice routinely order or collect an HPV DNA test along with the Pap test? *(Mark (X) all that apply.)*

0115
1 ☐ Women under 30 years old
2 ☐ Women 30 years old and over
3 ☐ Women who request the test for cervical cancer screening
4 ☐ Women who request the test to check their HPV infection status
5 ☐ Other – *Specify* ↙

5015

7. If your practice were to see a woman between 30 and 60 years of age with a **CURRENT NORMAL** screening Pap test result, when would this clinic (given the following prior Pap test history and **CURRENT** HPV DNA test result) routinely recommend that she get her next Pap test?

Prior Pap test results in past 5 years (excluding current normal results)	Current HPV DNA test results	*(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
0120 **(a)** Two Consecutive Normal Pap tests	Has not had test	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0125 **(b)** Two Consecutive Normal Pap tests	Negative	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0130 **(c)** Two Consecutive Normal Pap tests	Positive	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0135 **(d)** Has not had a Pap test	Negative	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0140 **(e)** Has not had a Pap test	Positive	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0145 **(f)** Abnormal Pap test	Negative	1☐	2☐	3☐	4☐	5☐	6☐	7☐
0150 **(g)** Abnormal Pap test	Positive	1☐	2☐	3☐	4☐	5☐	6☐	7☐

8. 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 your practice currently participating in this state or national screening program?

0155
1☐ Yes
2☐ No
3☐ Unknown

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

0160
1☐ Physician
2☐ Physician assistant/Nurse practitioner/Nurse midwife
3☐ Registered nurse
4☐ Other office staff

CLOSING STATEMENT

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