**Affiliation:**

|  |  |
| --- | --- |
|  | **CFAR** (Centers for AIDS Research) |
|  |  |
|  | **IeDEA** (International Epidemiologic Databases to Evaluate AIDS) |
|  |  |
|  | **ACTG** (AIDS Clinical Trials Group) |
|  |  |
|  | **AMC** (AIDS Malignancy Consortium) |

|  |
| --- |
| **Program/Region Name:** |
| **Site Name:**  | **Redcap ID:** |
| **Country:**  |
| **Name of person completing Survey:** | **Position at the Program:**  |
| **Phone contact:**  | **E-mail Contact:** |
| **Date survey completed: \_\_\_\_/\_\_\_\_/\_\_\_\_** **Mo---Day---Year** |
| **Site Type:** (please circle the all appropriate answers) |
| **Clinical Research Site** | **HIV Care and Treatment** | **Primary Care Clinic** |
| **Antenatal Clinic** | **Family Planning Clinic** |  |
| **Other:** (explain) |

 **For each statement below, please place an X in the most appropriate box(es) unless otherwise directed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Is Cervical Cancer Screening available to your patients (either on site or via referral)? | **Yes** | **No** |
| **If No, Skip to question 11** |
| **2** | Is Cervical Cancer Screening currently available on site? | **Yes** | **No** |
| **If No Skip to Question 10****Data of program initiation\_\_\_\_/\_\_\_\_/\_\_\_\_****Mo---Day---Year** |
| **3** | Patients are referred to our facility for cervical cancer screening | **Yes** | **No** |
| **If No Skip to Question 5** |
| **4** | Patients are referred from: (please circle all appropriate answers) |
| **Clinical Research Site** | **HIV Care and Treatment** | **Primary Care Clinic** |
| **Antenatal Clinic** | **Family Planning Clinic** |  |
| **Other:** (explain) |
| **5** | Cervical Cancer Screening is done by : (please circle all appropriate answers) |
| **Physician** | **Clinical Officer** | **Nurse** |
| **Lay health worker** | **Other:** (explain) |
| **6** | The method (s) used for cervical cancer screening at this site are: (please circle all appropriate answers) |
| **Visual Inspection with Acetic Acid (VIA)** | **Pap smear** |
| **Visual Inspection with Lugol's iodine (VILI)** | **HPV Testing** |
| **Other: (explain)** |
| **7** | Does your program screen HIV-infected women? | **Yes** | **No** |
|  |
| **8** | Does your program screen HIV-uninfected women? | **Yes** | **No** |
|  |
| **9** | Does your program maintain electronic records on women screened in your screening program?  | **Yes** | **No** |
|  |
| **10** | Patients are referred to a screening site that is: (please circle the appropriate answer) |
| **In the same facility** |  | **<10 Km distance** |  |  **11-60 Km distance** |  | **>60 Km distance** |  |
| **11** | Treatments available on site for Cervical Dysplasia and Cervical Cancer: (please circle all appropriate answers) |
| **Cryotherapy** | **LEEP** | **Conization** |
| Radical hysterectomy | **Radiation Therapy** | **Chemotherapy** |
| **None** | **Other: (explain)** |

**THANK YOU FOR PARTICIPATING IN THIS SURVEY**