**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**