

2009

# Cervical Cancer Screening Supplement

Provider File Data Documentation

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## **I. INTRODUCTION**

This data file contains information collected in 2009 from the Cervical Cancer Screening Supplement (CCSS) to the National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS). NAMCS and NHAMCS are national probability sample surveys conducted by the Division of Health Care Statistics, National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC).

In 2009, office-based physicians, community health centers (CHCs), and outpatient clinics of specific specialties completed the Cervical Cancer Screening Supplement (CCSS), providing information on their cervical cancer screening practices. This data file contains provider-level data on cervical cancer screening practices from the CCSS.

### **A. NAMCS and NHAMCS**

Ambulatory medical care is the predominant method of providing health care services in the United States. Since 1973, data on physicians' offices have been collected through the NAMCS. NAMCS has provided a wide range of data describing the public's use of physician services and characteristics of physician offices. In 1992, the NHAMCS began collecting data on hospital emergency departments (EDs) and outpatient departments (OPDs) to give a more complete picture of ambulatory care utilization. Together NAMCS and NHAMCS comprise the ambulatory care component of the National Health Care Surveys. Valid data concerning both office and hospital ambulatory medical care are needed to make rational decisions regarding the allocation of resources and training of health professionals, to aid in efforts to control medical care costs, and to plan for the provision of ambulatory medical care. These data have been used extensively for medical care research, education, administration, and public policy decision making.

### **B. Cervical Cancer Screening Supplement**

In 2006, the CDC National Center for Health Statistics (NCHS) began collecting information on cervical cancer screening at hospital-based outpatient departments to examine provider practices. The 2009 CCSS was sponsored by the CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP). Specifically, the supplement examined the provision of HPV tests for approved and non-approved uses, cervical cancer screening methods, the use of HPV tests as an adjunct to Pap testing, the use of HPV test results in managing patients with abnormal Pap tests, and the potential impact of HPV testing on Pap test screening intervals. Data from the CCSS will allow evaluation of adherence to recent national guidelines about the use of HPV testing a) as an adjunct to Pap testing and b) in the management of patients with abnormal Pap tests.

The CCSS, a 15-minute questionnaire, was administered in physician offices as part of the NAMCS and in hospital OPD clinics as part of the NHAMCS. Census Bureau interviewers, called Field Representatives were instructed to leave a paper copy of the CCSS supplement with eligible NAMCS providers and NHAMCS OPD clinics after the survey reporting period, so as not to bias the main surveys.

NAMCS physicians were considered eligible if their specialty was general and family practice, internal medicine, or obstetrics & gynecology. NHAMCS outpatient clinics were considered eligible if they were categorized as general medicine or obstetrics & gynecology, and performed cervical cancer screening.

CHCs were also included in the CCSS if they performed cervical cancer screening. The NAMCS collects information from CHCs about their facility and then samples the providers, which also includes physicians assistants, nurse practitioners and nurse mid-wives, that work within the CHCs for visit data. The CCSS was administered to all providers in CHCs.

The CCSS was conducted as part of the NAMCS for five years, 2006 – 2010. Procedures for 2009 CCSS remained the same as with prior years with NAMCS and NHAMCS respondents completing the form on paper. For this year a total of 575 respondents for both NAMCS and NHAMCS completed the supplement.

## II. RESPONSE RATE

Response rates were calculated according to Office of Management and Budget (OMB) guidelines which dictate that response rates for cross sectional sample surveys be calculated as the product for two or more unit-level response rates. OMB guidelines can be found at this website:

[http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/statpolicy/standards\\_stat\\_surveys.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/omb/inforeg/statpolicy/standards_stat_surveys.pdf)

### A. NHAMCS Response Rate

The response rate for NHAMCS providers was calculated to adjust for nonresponse at the hospital level and to adjust for clinic eligibility, as well as response to the supplement. The overall unweighted NHAMCS response rate for the CCSS was 50.4% (51.1% weighted). The unweighted individual response rate for the hospital was 85.3% (87.9% weighted), while the unweighted eligibility response rate was 89.6% (87.8% weighted). A total of 491 NHAMCS clinics were considered eligible to participate in the CCSS; 258 were in-scope clinics, of which 220 responded, yielding an unweighted response rate of 66.0% (66.2% weighted).

### B. NAMCS Response Rate

For NAMCS, response rates were adjusted to include the non-response in the CHC portion at two stages and at one stage for the NAMCS portion. Out of 507 eligible NAMCS physicians and CHCs, 409 providers responded to the CCSS, yielding an overall unweighted response rate of 60.5% (56.0% weighted). The individual response rate for NAMCS physicians was 53.9% unweighted (53.0% weighted), with 239 of the 326 eligible physicians responding to the survey. For CHCs providers, the response rate was 73.1% unweighted (80.0% weighted), with the 170 of the 181 eligible CHC providers responding to the survey.

## III. WEIGHTING

This data file is intended to be used to estimate provider-level cervical cancer screening practices and characteristics. This file contains data on office-based physicians, CHC providers, and hospital outpatient department clinics.

Users must include weight and SUDAAN design variables whenever analyzing the data. Appendix B contains summary data tables and Appendix C contain sample SUDAAN code to guide users in creating estimates and using design variables appropriately. Appendix D contains marginal data frequencies.

### A. Calculation of weights

Provider weights are provided with the variable CCSSWT. The weights for physicians, CHC providers, and outpatient clinics are calculated with four basic components with additional adjustments to account for CHC and OPD clinic sampling. The four components are:

Calibration adjustment =  $\frac{(\# \text{ providers in the universe; accounting for region, specialty})}{(\text{estimated } \# \text{ providers as produced by our sample})}$

Sampling weight =  $\frac{1}{(\text{selection probability})}$

Screening nonresponse =  $\frac{(\text{weighted } \# \text{ providers eligible to answer the screener question})}{(\text{weighted } \# \text{ providers that answered the screener question})}$

Survey nonresponse =  $\frac{(\text{weighted } \# \text{ providers eligible to complete CCSS})}{(\text{weighted } \# \text{ providers that actually completed CCSS})}$

#### a. NAMCS Weighting

For office-based physicians, the CCSS weights were calculated with the above components. For CHC providers, two changes are necessary to account for the extra sampling that occurs when surveying CHCs. First, CHC providers receive one of two possible calibration ratios depending on the frame from which they were selected (federally-qualified versus non-federally qualified). Then, the sampling weight is calculated as the inverse of the CHC selection probability multiplied by the inverse of the provider selection probability. The adjustment for screener nonresponse is multiplied by an adjustment for CHC non-response (=weighted # of CHC / weighted # of responding CHCs).

The specifications assume a file with one record for at least each responding sampled physician eligible for NAMCS. While the interest may be in the physicians from only a few of the specialty groups, these specifications produce weights for the whole NAMCS sample because non-zero weights are needed for the whole sample in variance computations to minimize risk of understating variances. That is, variance computations require use of a file that includes the full sample of NAMCS-eligible physicians, not just those who are eligible for the supplement and not just those in the specific specialties of interest for the supplement questionnaires.

#### b. NHAMCS Weighting

CCSS data for hospitals was collected on the clinic level rather than by provider. For NHAMCS weighting, a number of additional adjustments were necessary. The calibration ratio factors in the hospital's region as well as MSA (metropolitan) status and OPD size (whether greater or less than 4,000 visits). The sampling weight becomes the hospital's selection probability multiplied by (16/13), which adjusts for the number of samplings panels in one year, multiplied by the inverse of the clinic's selection probability. The clinic screener nonresponse is multiplied by an adjustment for hospital non-response. The survey nonresponse accounts for clinic nonresponse.

### B. Provider Weight

The "provider weight" is a vital component in the process of producing national estimates from sample data, and its use should be clearly understood by all micro-data file users. The statistics contained on the data file reflect data concerning only a sample of providers, not a complete count of all providers in the United States. In order to obtain national estimates from the sample, each record is assigned an inflation factor (variable name CCSSWT).

### C. Reliability of Estimates

Users should also be aware of the reliability or unreliability of certain estimates, particularly the smaller estimates. NCHS considers an estimate to be reliable if it has a relative standard error of 30 percent or less (i.e., the standard error is no more than 30 percent of the estimate). Therefore, it is important to know the value of the lowest possible estimate in this survey that is considered reliable, so as not to present data in a journal article or paper that may be unreliable. It should be noted that estimates based on fewer than 30 records are also considered unreliable, regardless of the magnitude of the relative standard error.

## IV. DATA VARIABLES

The micro-data file contains many variables. Among these variables are CCSS data from providers, SUDAAN design variables, and additional derived variables. The 2009 CCSS Provider File Data Dictionary will be helpful in determining how variables and values are defined.

### A. CCSS Provider Data

Data from the Cervical Cancer Screening Supplement are included in this file. These variables correspond to the CCSS questionnaire administered to eligible NAMCS physicians, CHC providers and OPD clinics.

For this year, certain variables have been removed or replaced from the micro-data file. These include:

- a. The variable CCSSELIG was removed from the data-file and replaced with CSELIG and CSELIGW to improve weight calculations.
- b. The verbatim variables VCCSSAME, VCCSLATE, and VCCSYRSX have been renamed as CCSSAMR, CCSLATR and CCSYRSR respectively. The variables CCSSAME, CCSLATE, and CCSYRSX have been removed from the data file.
- c. HPV DNAGE and HPV PALL have levels for "Women under 21 years old," "Women 21 years old to 29 years old," and "Women of 30 years old and over."

## B. Design Variables

The SUDAAN design variables included on this file are necessary for calculating estimates and standard errors. The design variables should be incorporated into SUDAAN analysis code as shown below:

```
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;  
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO;  
WEIGHT CCSSWT;
```

## C. Additional Variables

Additional variables were derived from patient visit data variables themselves and visit data variables that were linked with other data sources. These variables can be grouped by source of information: visit data, Census demographic information, and county-level data from the Area Resource File (ARF).

**Visit data.** Variables derived from OPD and NAMCS visit files that describe clinic or office setting characteristics. These variables give the percent of female visits with a certain visit characteristic to that provider. For example, the variable PCTF1524 gives the percent of visits by females ages 15-24 years of age seen in that particular medical setting (clinic or office.)

**Census.** Variables derived from Bureau of Census data describe demographic characteristics of the visit population, such as median household income (variable CSMEDHHY) or percent of patients with a bachelor's degree (variable CSPCTBA).

**ARF.** The Area Resource File is a national county-level health resource information database maintained by the Health Research and Services Administration (HRSA). Variables derived from the ARF file describe the demographic characteristics of the county in which the hospital or physician office is located.

## V. ANALYTICAL GUIDELINES

This data file includes facility characteristics for both NAMCS and NHAMCS providers, and should be used to analyze cervical cancer screening practices of providers.

### A. Using weight variables

When creating estimates for the provider data, the weight variable "CCSSWT" must always be used. This weight variable is consistent across NAMCS physicians, CHC providers, and OPD clinics.

### B. Analyzing responders only

When producing frequencies on respondent answers to the survey questions, the variable CCSSRESP=1 should be used in the BY or WHERE statement to isolate the responders.

### **C. Analyzing only NAMCS or NHAMCS PROVIDERS**

In order to isolate NAMCS providers or OPD clinics for analysis, researchers should use the entire dataset but use the SUBPOPN statement in SUDAAN to specify which providers to analyze. In the SUBPOPN statement, the variable "SURVEY" should be used as follows:

*For NAMCS: SUBPOPN SURVEY = 1; \*where 1=NAMCS;*

*For NHAMCS: SUBPOPN SURVEY = 2; \*where 2=NHAMCS;*

### **D. Combining years of data**

One should keep in mind any changes to survey questions or variable values from year to year. For example, starting with data, the values for "Not Applicable," "Unknown," and "Blank" have become standardized across all variables as -7, -8, and -9 respectively. When combining data from previous years and 2009 data, one must change the values from the other data set to match the values on the 2009 data set.

### **E. Limitations**

This data file can only be used to analyze provider-level data. The previously-issued CCSS visit-level data files cannot be combined with the provider-level data file.

### Appendix A: 2009 Cervical Cancer Screening Supplement

FORM <b>NAMCS-CCS</b> (11-21-2008)	U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration <b>U.S. CENSUS BUREAU</b> 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
<h2 style="margin: 0;">NATIONAL AMBULATORY MEDICAL CARE SURVEY</h2> <h2 style="margin: 0;">2009 CERVICAL CANCER SCREENING SUPPLEMENT</h2>	
<p><b>NOTICE</b> – Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, MS E-11, Atlanta, GA 30333, ATTN: PRA(0920-0234).</p>	
<p><b>Assurance of Confidentiality</b> – All information which would permit identification of an individual, a practice, or an establishment will be held confidential, will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls, and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).</p>	

BACKGROUND INFORMATION			
0010	<b>A. Provider's specialty (Mark (X) only ONE.)</b> 1 <input type="checkbox"/> General/Family Practice 2 <input type="checkbox"/> Internal Medicine 3 <input type="checkbox"/> OB/GYN 4 <input type="checkbox"/> CHC Mid-level Provider	0015	<b>B. Census contact name</b>
0020	<b>C. Provider's serial number</b>	0025	<b>D. Census contact telephone</b>
		Area code	Number

**INTRODUCTION** ▶ 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.

<b>1. Does your practice use any of the following methods to screen for cervical cancer?</b> <i>Mark (X) all that apply.</i>	<i>Mark (X) one interval for routine screening.</i>				
<b>a. Conventional Pap test (Definition – Smear spread on glass slide and fixed)</b>	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
0055 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1b</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>b. Liquid-based cytology (Definition – Specimen suspended in liquid solution)</b>	Annually	Every 2 years	Every 3 years	More than 3 years	No routine interval recommended
0060 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown } <i>Continue with item 1c</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>c. Other – Specify</b>					
5005 _____					
0065 1 <input type="checkbox"/> Yes – How often does your practice routinely screen women using this method? → 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<b>2. Does your practice perform colposcopy?</b>					
0050 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown					



<p><b>3a.</b> Does your practice ever order or collect the Human Papillomavirus (HPV) DNA test?</p> <p>0070 <input type="checkbox"/> Yes – <i>Go to item 3b</i>  <input type="checkbox"/> No – <i>SKIP to item 3c</i>  <input type="checkbox"/> Not aware of HPV DNA test } <i>SKIP to item 9</i>  <input type="checkbox"/> Unknown } <i>on page 4</i></p>	<p><b>4a.</b> If a patient’s 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 Pap test or an HPV DNA test specimen may be collected at the same time as the conventional Pap test.)</p> <p>0085 <input type="checkbox"/> Yes – <i>Go to item 4b</i>  <input type="checkbox"/> No } <i>SKIP to item 5a</i>  <input type="checkbox"/> Unknown }</p>
<p><b>b.</b> Which of the following HPV DNA tests are ordered or collected in your practice? <i>Mark (X) all that apply.</i></p> <p>0075 <input type="checkbox"/> High risk (HR) HPV DNA test  <input type="checkbox"/> Low risk (LR) HPV DNA test  <input type="checkbox"/> Not aware there was a high risk or low risk HPV DNA test  <input type="checkbox"/> Type-specific HPV DNA test  <input type="checkbox"/> Unknown</p> <p style="text-align: right;">} <i>SKIP to item 4a</i></p>	<p><b>b.</b> For which borderline or abnormal Pap test result would your practice order or collect a reflex HPV DNA test? <i>Mark (X) all that apply.</i></p> <p>0090 <input type="checkbox"/> ASC-US (atypical squamous cells of undetermined significance)  <input type="checkbox"/> ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)  <input type="checkbox"/> LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)  <input type="checkbox"/> HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)  <input type="checkbox"/> AGC (atypical glandular cells)</p>
<p><b>c.</b> Why is the HPV DNA test not ordered or collected in your practice? – <i>Mark (X) all that apply.</i></p> <p>0080 <input type="checkbox"/> My practice does not see the types of patients for whom the HPV DNA test is indicated.  <input type="checkbox"/> My practice uses other tests, procedures, or examination methods to manage patients for whom the HPV DNA test is indicated.  <input type="checkbox"/> The patients in my practice have timely access to colposcopy.  <input type="checkbox"/> Assessing patients’ HPV infection status is not a priority at my practice.  <input type="checkbox"/> The labs affiliated with my practice do not offer the HPV DNA test.  <input type="checkbox"/> The health plans or health systems affiliated with my practice do not recommend the HPV DNA test.  <input type="checkbox"/> The HPV DNA test is not a reimbursed or covered service for most patients in my practice.  <input type="checkbox"/> Discussing cervical cancer screening in the context of an STD is avoided in my practice.  <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results would take too much time.  <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results might make clinicians in my practice feel uncomfortable.  <input type="checkbox"/> Notifying or counseling patients about positive HPV DNA test results might make patients in my practice feel uncomfortable, angry, or upset.</p> <p style="text-align: center;"><i>SKIP to item 7 on page 3.</i></p>	<p><b>c.</b> For which patients does your practice usually order reflex HPV DNA testing? – <i>Mark (X) all that apply.</i></p> <p>0095 <input type="checkbox"/> Women under 21 years old  <input type="checkbox"/> Women 21 years old to 29 years old  <input type="checkbox"/> Women 30 years old and over  <input type="checkbox"/> Other – <i>Specify</i> <span style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; vertical-align: middle;"></span></p> <p>5010</p>
	<p><b>5a.</b> Does your practice 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)?</p> <p>0100 <input type="checkbox"/> Yes – <i>Go to item 5b</i>  <input type="checkbox"/> No } <i>SKIP to item 6a on page 3</i>  <input type="checkbox"/> Unknown }</p>
	<p><b>b.</b> For which abnormal or borderline Pap test result would your practice recall a patient for an HPV DNA test? <i>Mark (X) all that apply.</i></p> <p>0105 <input type="checkbox"/> ASC-US (atypical squamous cells of undetermined significance)  <input type="checkbox"/> ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)  <input type="checkbox"/> LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)  <input type="checkbox"/> HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma in situ)  <input type="checkbox"/> AGC (atypical glandular cells)</p>

**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 (commonly called adjunct HPV testing or cotesting)?

- 0110 1  Yes – Go to item 6b  
 2  No  
 3  Unknown } SKIP to item 7

**b.** For which patients does your practice 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.

- 0115 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 \_\_\_\_\_

5015

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

Prior Pap test results in <b>past 5 years</b> (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
0120 (a) Two consecutive normal Pap tests	Has not had test	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0125 (b) Two consecutive normal Pap tests	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0130 (c) Two consecutive normal Pap tests	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0135 (d) Has not had a Pap test	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0140 (e) Has not had a Pap test	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0145 (f) Abnormal Pap test	Negative	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
0150 (g) Abnormal Pap test	Positive	Normal	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>

**QUESTIONS 8-14 ASK ABOUT THE HPV VACCINE**

**8.** How often does your practice 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.

<p><b>9.</b> As it relates to the HPV vaccine, how often does your practice –  <i>Mark (X) only ONE for each row.</i></p>					
	Rarely or never	Sometimes	Usually	Always or almost always	Unknown/Not applicable/ Do not ask
0120	<p><b>a.</b> Use the number of sexual partners to determine who should get the HPV vaccine?</p>				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0125	<p><b>b.</b> Perform a Pap test to determine who should get the HPV vaccine?</p>				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0130	<p><b>c.</b> Recommend the HPV vaccine to females with a history of an abnormal Pap test result (ASC-US or higher)?</p>				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
0135	<p><b>d.</b> Recommend the HPV vaccine to females with a positive HPV test?</p>				
	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
<p><b>10.</b> Will your practice's cervical cancer screening and management procedures change for females who have been fully vaccinated with the HPV vaccine?</p>		<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No – <i>SKIP to item 14</i></p>			
<p><b>11.</b> How will your practice determine when to start routine cervical cancer screening for fully HPV vaccinated females?  <i>Mark (X) all that apply.</i></p>		<p>1 <input type="checkbox"/> By age                  1 <input type="checkbox"/> At same age as non-HPV vaccinated females –  <i>Specify age</i> → <input type="text"/>                  2 <input type="checkbox"/> At a later age –  <i>Specify age</i> → <input type="text"/>                  2 <input type="checkbox"/> By onset of sexual activity –                  How many year(s) since onset of sexual activity? → <input type="text"/>                  3 <input type="checkbox"/> Will not be screening fully HPV vaccinated females                  4 <input type="checkbox"/> Unknown</p>			
<p><b>12.</b> How often will your practice routinely screen for cervical cancer among females that have been fully vaccinated with the HPV vaccine? <i>Mark (X) one.</i></p>		<p>1 <input type="checkbox"/> Annually                  2 <input type="checkbox"/> Every 2–3 years                  3 <input type="checkbox"/> Every 4–5 years                  4 <input type="checkbox"/> Greater than every 5 years                  5 <input type="checkbox"/> Will not be screening fully HPV vaccinated females                  6 <input type="checkbox"/> Unknown</p>			
<p><b>13.</b> Will your practice be using the HPV DNA test for managing abnormal cytology for females that have been fully vaccinated with the HPV vaccine?</p>		<p>1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No</p>			
<p><b>14.</b> Please indicate to what extent you agree, disagree, or are unsure with each statement. <i>Please respond to both a and b.</i></p>			Agree	Disagree	Unsure
<p><b>a.</b> There will be fewer numbers of abnormal Pap tests among vaccinated females.</p>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<p><b>b.</b> There will be fewer referrals for colposcopy among vaccinated females.</p>			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<p><b>15.</b> 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 practice currently participating in this state or national screening program?</p>					
0155	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Unknown</p>				
<p><b>16.</b> For purposes of this survey, which of the following categories describe your profession? – <i>Mark (X) only ONE.</i></p>					
0160	<p>1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Physician assistant/                  Nurse practitioner/ Nurse midwife 3 <input type="checkbox"/> Registered nurse 4 <input type="checkbox"/> Other office staff</p>				

**CLOSING STATEMENT**

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

## Appendix B: Sample SUDAAN Code

```
PROC SORT DATA=ccss09.CCSSVIS; BY CSTRAT CPSU PROVIDE DEPT CLINTYPE SU; RUN;
```

```
PROC CROSSTAB DATA=ccss09.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
*SUBPOPN CCSSRESP=1;
/* The variables below will change based on the variables of interest*/
CLASS CCSSTYPE ELIG CCSSRESP OBG SURVEY CCSFINALR;
TABLES CCSSTYPE ELIG CCSSRESP OBG SURVEY CCSFINALR;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss09.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS PAPCON INTCON PAPLIQD INTLIQD PAPOTH INTOTH COLPO HPVDNAO HPVDNALL
HPVDNAHR HPVDNALR HPVDNANA HPVDNATS HPVDNAUN;
TABLES PAPCON INTCON PAPLIQD INTLIQD PAPOTH INTOTH COLPO HPVDNAO HPVDNALL
HPVDNAHR HPVDNALR HPVDNANA HPVDNATS HPVDNAUN;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss09.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS YNODNALL HPVDNAR ABPALLO HPVDNAGE RECALL ABPALLR HPVDNAA HPVPALL
PAPNLNOT PAPNLNEG PAPNLPOS PAPNONEG PAPNOPOS PAPABNEG PAPABPOS ;
TABLES YNODNALL HPVDNAR ABPALLO HPVDNAGE RECALL ABPALLR HPVDNAA HPVPALL
PAPNLNOT PAPNLNEG PAPNLPOS PAPNONEG PAPNOPOS PAPABNEG PAPABPOS ;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

```
PROC CROSSTAB DATA=ccss09.CCSSVIS DESIGN = WOR;
NEST CSTRAT CPSU PROVIDE DEPT CLINTYPE SU/MISSUNIT;
TOTCNT POPCPSU POPCPROV _ZERO_ _ZERO_ POPSU _ZERO_ ;
WEIGHT CCSSWT;
SUBPOPN CCSSRESP=1;
CLASS HPVVACDET HPVVACSP HPVVACPT HPVVACAB HPVVACPS CCSCHNG CCSROUT CCSSAMR
CCSLATR CCSFLVAC VACABCYT FEWABTST FEWCOLP NBCCEDP PROFESS;
TABLES HPVVACDET HPVVACSP HPVVACPT HPVVACAB HPVVACPS CCSCHNG CCSROUT CCSSAMR
CCSLATR CCSFLVAC VACABCYT FEWABTST FEWCOLP NBCCEDP PROFESS;
SETENV COLWIDTH = 15;
PRINT nsum wsum sewgt totper/STYLE=NCHS;
RUN;
```

**Appendix C:  
Marginal Data Frequencies**

1. Summary Variables (Using CCSSWT)

<b>Variables</b>	<b>Labels</b>	<b>N</b>	<b>Weighted Estimate</b>	<b>Standard Error</b>	<b>Percent</b>
<b>CCSSTYPE</b>	TOTAL	2,111	353,222	11,387	100.0
	1 =Physician office	1,404	326,720	11,226	92.5
	2 =OPD	491	8,625	918	2.4
	3 =CHC	216	17,877	2,159	5.1
<b>ELIG</b>	TOTAL	3,418	353,222	11,387	100.0
	1 =Eligible for CCSS	856	108,388	6,739	30.7
	2 =Not eligible for CCSS	2,562	244,834	7,893	69.3
<b>CCSSRESP</b>	TOTAL	3,418	353,222	11,387	100.0
	1 =Responded	575	103,573	6,731	29.3
	2 =Refused	2,843	249,649	7,874	70.7
<b>OBG</b>	TOTAL	2,669	353,222	11,387	100.0
	1 =OBGYN	245	27,195	1,937	7.7
	2 =Other	2,424	326,027	10,393	92.3
<b>SURVEY</b>	TOTAL	3,418	353,222	11,387	100.0
	1 =NAMCS	1,620	344,597	11,413	97.6
	2 =NHAMCS	1,798	8,625	918	2.4
<b>CCSFINALR</b>	TOTAL	3,418	353,222	11,387	100.0
	-9 =Blank	1,358	--	--	--
	1 =Completed paper	575	103,573	6,731	29.3
	2 =Refused	37	--	--	--
	3 =Does not perform screening	214	45,255	3,415	12.8
	4 =Ineligible for CCS	1,234	204,394	7,073	57.9

## 2. Supplement Variables Frequencies (Using CCSSWT and CCSSRESP=1)

VARIABLES	LABELS	N	Weighted Estimate	Standard Error	Percent
<b>PAPCON</b>					
	1 = Yes	191	41,450	3,832	40.0
	2 = No	312	50,697	4,713	49.0
	-8 = Unknown	5	416	250	0.4
	-9 = Blank	67	11,010	1,809	10.6
<b>INTCON</b>					
	1 = Annually	146	32,645	3,244	31.5
	2 = Every 2 years	15	3,039	975	2.9
	3 = Every 3 years	10	2,180	1,319	2.1
	5 = No routine interval recommended	5	901	545	0.9
	-6 = Multiple entry	6	976	624	0.9
	-9 = Blank	393	63,832	5,511	61.6
<b>PAPLIQD</b>					
	1 = Yes	530	92,624	6,402	89.4
	2 = No	28	5,858	1,555	5.7
	-8 = Unknown	5	1,096	562	1.1
	-9 = Blank	12	3,995	1,628	3.9
<b>INTLIQD</b>					
	1 = Annually	404	67,891	5,060	65.6
	2 = Every 2 years	41	9,447	2,043	9.1
	3 = Every 3 years	30	4,810	1,597	4.6
	5 = No routine interval recommended	16	3,878	1,154	3.7
	-6 = Multiple entry	18	2,104	904	2.0
	-9 = Blank	66	15,443	2,527	14.9
<b>PAPOTH</b>					
	1 = Yes	44	9,049	1,888	8.7
	2 = No	137	20,279	2,580	19.6
	-8 = Unknown	14	2,876	1,014	2.8
	-9 = Blank	380	71,369	5,431	68.9
<b>INTOTH</b>					
	1 = Annually	22	5,089	1,243	4.9
	2 = Every 2 years	5	1,975	1,036	1.9
	3 = Every 3 years	5	1,159	570	1.1
	5 = No routine interval recommended	5	384	282	0.4
	-6 = Multiple entry	1	231	231	0.2
	-9 = Blank	537	94,735	6,437	91.5

<b>COLPO</b>					
	1 = Yes	256	39,508	3,450	38.2
	2 = No	308	62,634	5,317	60.5
	-8 = Unknown	2	784	573	0.8
	-9 = Blank	9	647	365	0.6
<b>HPVDNAO</b>					
	1 = Yes	484	83,037	5,987	80.2
	2 = No	71	15,939	2,769	15.4
	3 = Not aware of HPVDNA test	7	1,131	651	1.1
	-8 = Unknown	11	2,704	772	2.6
	-9 = Blank	2	762	595	0.7
<b>HPVDNALL</b>					
	1 = High risk (HR) HPV DNA test	262	41,371	4,339	39.9
	2 = Low risk (LR) HPV DNA test	4	1,667	874	1.6
	3 = Not aware of high/low test	11	3,218	1,219	3.1
	4 = Type-Specific HPVDNA test	43	6,260	1,340	6.0
	-6 = Multiple entry	117	22,570	2,764	21.8
	-8 = Unknown	48	7,871	1,671	7.6
	-9 = All blank	90	20,616	2,676	19.9
<b>HPVDNAHR</b>					
	1 = Box is marked	378	63,514	5,286	61.3
	0 = Box is unmarked	197	40,059	3,813	38.7
<b>HPVDNALR</b>					
	1 = Box is marked	111	22,362	2,720	21.6
	0 = Box is unmarked	464	81,211	5,679	78.4
<b>HPVDNANA</b>					
	1 = Box is marked	16	4,275	1,363	4.1
	0 = Box is unmarked	559	99,298	6,455	95.9
<b>HPVDNATS</b>					
	1 = Box is marked	70	12,641	2,427	12.2
	0 = Box is unmarked	505	90,932	5,902	87.8
<b>HPVDNAUN</b>					
	1 = Box is marked	49	8,298	1,724	8.0
	0 = Box is unmarked	526	95,275	6,639	92.0
<b>YNODNALL</b>					
	3 = Access to colposcopy	6	2,177	1,140	2.1
	7 = Cost not covered	1	56	56	0.1
	-6 = Multiple entry	18	2,765	1,115	2.7
	-7 = Not Applicable	46	10,560	1,853	10.2
	-9 = All blank	504	88,015	5,979	85.0

<b>HPVDNAR</b>	1 = Yes	433	75,243	5,580	72.7
	2 = No	74	13,138	2,237	12.7
	-8 = Unknown	27	3,561	1,105	3.4
	-9 = Blank	41	11,631	2,285	11.2
<b>ABPALLO</b>	1 = ASC-US	406	70,442	5,480	68.0
	2 = ASC-H	9	1,813	830	1.8
	3 = LSIL	9	1,190	529	1.2
	4 = HSIL	2	311	288	0.3
	5 = AGC	1	733	733	0.7
	-7 = Not Applicable	39	7,397	1,796	7.1
	-9 = Blank	109	21,687	3,227	20.9
<b>HPVDNAGE</b>	1 = Under 21 years old	199	38,243	4,119	36.9
	2 = 21 years to 29 years old	114	15,406	2,355	14.9
	3 = 30 years old and over	29	5,305	1,425	5.1
	4 = Other	81	13,027	2,016	12.6
	-7 = Not Applicable	32	5,894	1,671	5.7
	-9 = All blank	120	25,698	3,372	24.8
<b>RECALL</b>	1 = Yes	215	42,908	3,935	41.4
	2 = No	284	43,573	3,713	42.1
	-8 = Unknown	27	5,693	1,786	5.5
	-9 = Blank	49	11,399	2,190	11.0
<b>ABPALLR</b>	1 = ASC-US	201	41,644	4,105	40.2
	2 = ASC-H	6	110	55	0.1
	3 = LSIL	2	478	410	0.5
	4 = HSIL	2	344	293	0.3
	-7 = Not Applicable	36	6,968	1,916	6.7
	-9 = All blank	328	54,029	4,434	52.2
<b>HPVDNAA</b>	1 = Yes	321	54,196	4,642	52.3
	2 = No	199	36,360	3,617	35.1
	-8 = Unknown	11	2,156	873	2.1
	-9 = Blank	44	10,861	2,164	10.5
<b>HPVPALL</b>	1 = Under 21 years old	139	22,348	2,684	21.6
	2 = 21 to 29 years old	50	6,903	1,487	6.7
	3 = 30 years old and over	67	11,886	2,001	11.5



	4 = Request CCS test	21	5,986	1,255	5.8
	5 = Request HPV infection status	10	1,560	648	1.5
	-7 = Not Applicable	37	7,217	1,905	7.0
	-9 = All blank	251	47,673	4,345	46.0
<b>PAPNLNOT</b>					
	1 = No follow-up needed	14	1,131	486	1.1
	2 = Less than 6 months	1	344	343	0.3
	3 = 6 months to less than 1 year	5	859	486	0.8
	4 = 1 year	333	59,298	4,884	57.3
	5 = 2 years	88	15,016	2,393	14.5
	6 = 3 years or more	87	14,579	2,404	14.1
	7 = Have no experience with this type of patient or test	10	2,599	1,164	2.5
	-6 = Multiple entry	6	1,214	613	1.2
	-9 = Blank	31	8,533	1,833	8.2
<b>PAPNLNEG</b>					
	1 = No follow-up needed	11	929	442	0.9
	2 = Less than 6 months	3	202	202	0.2
	3 = 6 months to less than 1 year	4	721	459	0.7
	4 = 1 year	257	45,889	3,847	44.3
	5 = 2 years	100	16,565	2,341	16.0
	6 = 3 years or more	146	24,430	3,152	23.6
	7 = Have no experience with this type of patient or test	16	4,924	1,468	4.8
	-9 = Blank	38	9,913	1,937	9.6
<b>PAPNLPOS</b>					
	1 = No follow-up needed	2	121	110	0.1
	2 = Less than 6 months	85	15,125	2,023	14.6
	3 = 6 months to less than 1 year	134	24,926	3,320	24.1
	4 = 1 year	257	40,939	4,101	39.5
	5 = 2 years	9	1,732	673	1.7
	6 = 3 years or more	5	1,635	1,259	1.6
	7 = Have no experience with this type of patient or test	40	7,750	1,834	7.5
	-6 = Multiple entry	4	1,225	696	1.2
	-9 = Blank	39	10,120	1,969	9.8
<b>PAPNONEG</b>					
	1 = No follow-up needed	6	598	358	0.6
	2 = Less than 6 months	70	13,542	2,281	13.1
	3 = 6 months to less than 1 year	13	2,920	1,172	2.8
	4 = 1 year	363	60,251	4,388	58.2
	5 = 2 years	26	4,554	1,233	4.4

	6 = 3 years or more	32	6,426	1,617	6.2
	7 = Have no experience with this type of patient or test	25	5,556	1,546	5.4
	-6 = Multiple entry	1	17	17	0.0
	-9 = Blank	39	9,709	2,246	9.4
<b>PAPNOPOS</b>					
	1 = No follow-up needed	1	9	9	0.0
	2 = Less than 6 months	174	32,150	3,618	31.0
	3 = 6 months to less than 1 year	117	20,252	3,046	19.6
	4 = 1 year	193	30,907	3,177	29.8
	5 = 2 years	3	646	463	0.6
	7 = Have no experience with this type of patient or test	46	9,511	1,902	9.2
	-6 = Multiple entry	1	21	20	0.0
	-9 = Blank	40	10,077	1,959	9.7
<b>PAPABNEG</b>					
	1 = No follow-up needed	5	519	324	0.5
	2 = Less than 6 months	156	29,648	3,415	28.6
	3 = 6 months to less than 1 year	131	26,616	3,500	25.7
	4 = 1 year	210	29,405	3,161	28.4
	5 = 2 years	7	1,255	641	1.2
	6 = 3 years or more	7	657	391	0.6
	7 = Have no experience with this type of patient or test	13	3,967	1,347	3.8
	-6 = Multiple entry	2	299	279	0.3
	-9 = Blank	44	11,207	2,057	10.8
<b>PAPANPOS</b>					
	1 = No follow-up needed	6	322	177	0.3
	2 = Less than 6 months	277	47,334	3,895	45.7
	3 = 6 months to less than 1 year	135	23,482	3,218	22.7
	4 = 1 year	87	14,196	2,180	13.7
	5 = 2 years	1	382	382	0.4
	7 = Have no experience with this type of patient or test	20	6,230	1,525	6.0
	-6 = Multiple entry	2	78	61	0.1
	-9 = Blank	47	11,549	2,035	11.2
<b>HPVVACDET</b>					
	1 = Rarely or never	403	68,214	5,314	65.9
	2 = Sometimes	56	10,767	1,851	10.4
	3 = Usually	24	5,545	1,453	5.4
	4 = Always or almost always	43	7,152	1,759	6.9
	5 = Do not recommend the HPV vaccine	20	4,510	1,572	4.4

	-9 = Blank	29	7,385	1,626	7.1
<b>HPVVACSP</b>	1 = Rarely or never	340	57,015	4,726	55.1
	2 = Sometimes	49	11,544	2,415	11.2
	3 = Usually	46	11,489	2,378	11.1
	4 = Always or almost always	57	7,363	1,928	7.1
	5 = Unknown/Not applicable/Do not ask	63	11,260	1,960	10.9
	-9 = Blank	20	4,902	1,380	4.7
<b>HPVVACPT</b>	1 = Rarely or never	404	67,707	5,211	65.4
	2 = Sometimes	42	10,147	2,124	9.8
	3 = Usually	21	3,644	1,239	3.5
	4 = Always or almost always	26	5,566	1,883	5.4
	5 = Unknown/Not applicable/Do not ask	60	10,261	1,902	9.9
	-9 = Blank	22	6,248	1,821	6.0
<b>HPVVACAB</b>	1 = Rarely or never	92	16,384	2,247	15.8
	2 = Sometimes	83	15,466	2,742	14.9
	3 = Usually	95	18,126	2,707	17.5
	4 = Always or almost always	218	36,463	3,856	35.2
	5 = Unknown/Not applicable/Do not ask	62	10,767	1,956	10.4
	-9 = Blank	25	6,367	1,805	6.2
<b>HPVVACPS</b>	1 = Rarely or never	103	21,147	2,644	20.4
	2 = Sometimes	62	10,974	2,197	10.6
	3 = Usually	82	17,321	2,563	16.7
	4 = Always or almost always	220	33,825	3,583	32.7
	5 = Unknown/Not applicable/Do not ask	76	13,342	2,230	12.9
	-6 = Multiple entry	1	560	559	0.5
	-9 = Blank	31	6,404	1,805	6.2
<b>CCSCHNG</b>	1 = Yes	35	8,588	2,104	8.3
	2 = No	509	89,092	6,406	86.0
	-9 = Blank	31	5,893	1,538	5.7
<b>CCSROUT</b>	1 = By age	34	6,803	1,903	6.6
	2 = By onset of sexual activity	23	4,515	955	4.4
	3 = Will not be screening fully HPV vaccinated females	1	24	24	0.0
	-6 = Multiple entry	64	12,225	1,983	11.8

	-8 = Unknown	37	7,583	1,732	7.3
	-9 = Blank	416	72,423	5,854	69.9
<b>CCSSAMR</b>					
	1	2	13	12	0.0
	13	4	348	314	0.4
	16	2	635	465	0.6
	18	18	3,707	1,149	3.7
	19	2	1,455	1,221	1.5
	20	1	257	257	0.3
	21	31	4,739	1,054	4.7
	-9 = Blank	369	89,097	6,504	88.9
<b>CCSLATR</b>					
	20	1	232	232	0.2
	21	1	9	9	0.0
	-9 = Blank	413	99,610	6,712	99.8
<b>CCSFLVAC</b>					
	1 = Annually	118	21,833	2,867	21.1
	2 = Every 2-3 years	32	6,312	1,754	6.1
	-8 = Unknown	32	5,908	1,529	5.7
	-9 = Blank	393	69,520	6,036	67.1
<b>VACABCYT</b>					
	1 = Yes	124	24,411	3,171	23.6
	2 = No	44	7,570	1,518	7.3
	-9 = Blank	407	71,592	6,101	69.1
<b>FEWABTST</b>					
	1 = Agree	351	63,999	5,139	61.8
	2 = Disagree	39	6,050	1,458	5.8
	3 = Unsure	171	30,206	3,187	29.2
	-6 = Multiple entry	1	45	45	0.0
	-9 = Blank	13	3,273	1,187	3.2
<b>FEWCOLP</b>					
	1 = Agree	364	64,737	5,598	62.5
	2 = Disagree	32	6,914	1,888	6.7
	3 = Unsure	167	28,898	2,903	27.9
	-6 = Multiple entry	1	45	45	0.0
	-9 = Blank	11	2,979	1,152	2.9
<b>NBCCEDP</b>					
	1 = Yes	239	30,538	3,615	29.5
	2 = No	178	42,429	4,238	41.0
	-8 = Unknown	131	26,595	3,233	25.7
	-9 = Blank	27	4,011	1,122	3.9

<b>PROFESS</b>					
	1 = Physician	299	62,969	5,255	60.8
	2 = Physician assistant/Nurse practitioner/Nurse midwife	103	12,518	1,956	12.1
	3 = Registered nurse	87	8,608	1,684	8.3
	4 = Other clinic staff	83	18,692	2,616	18.1
	-9 = Blank	3	786	549	0.8