



This document contains a survey entitled *HPV HINTS: Hearing Physicians' Views --- HPV Immunization National Trends Survey*. This survey is for individual use only and is not to be used or redistributed, in whole or in part, without the permission of the survey creator.

For more information and to obtain permission to use this survey, please contact Dr. Susan Vadaparampil at susan.vadaparampil@moffitt.org



HPV HINTS

Hearing Physicians' Views --- HPV Immunization National Trends Survey

For the purposes of this survey, we are asking about the quadrivalent HPV vaccine (Gardasil®).

1. How often do you use the following sources to obtain information about the HPV vaccine?

	Never	Rarely	Sometimes	Often	Always
Professional organizations (e.g., AAFP, ACOG, AAP, SGIM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advisory Council on Immunization Practices (ACIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State and local immunization programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pharmaceutical representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet websites	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grand rounds/local institutional lectures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please mark the box for the response that best reflects your opinion of each of the following statements.

	True	False	Unsure
Most HPV infections resolve without medical intervention.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment of cervical dysplasia/cancer permanently eliminates the causative infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital warts are caused by the same HPV types that cause cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Almost all cervical cancers are caused by HPV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The FDA approved the quadrivalent HPV vaccine for use in females ages 9-26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Females who have been diagnosed with HPV infection should not be given the HPV vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



3. How strongly would you agree or disagree that the following are issues related to immunizing your patients against HPV?

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree
Vaccine safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccine efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussing sexuality/sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaccinated teens practicing riskier sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administering a new vaccine with a limited track record of safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adding another vaccine to the vaccine schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of information about the quadrivalent HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The up front cost of purchasing private stock HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of stocking HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of adequate reimbursement for HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure of some insurance companies to cover the cost of vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The time it takes to discuss HPV vaccination with patients and/or parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty ensuring that patients will complete the 3-dose HPV vaccination series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HPV vaccination is not required for school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often have you experienced the following parental barriers to immunizing 9- to 17-year-old patients against HPV?

Check here if you don't recommend HPV vaccine in your clinical practice and skip to Question 9 ☐

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%
Parent concern about vaccine safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern about vaccine efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent reluctance to discuss sexuality/sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern that adolescent will assume that a parent who agrees to HPV vaccination condones premarital sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern vaccinated child will practice riskier sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Parental barriers to HPV vaccination continued...

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%
Lack of parent education/understanding about HPV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent requests that HPV vaccination be deferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent believes child is not at risk for HPV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent won't consent to vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent believes child is too young for the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parent concern about negative media reports related to the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions with respect to your primary site of outpatient practice. If you practice at more than one outpatient site, please respond to this survey regarding the site at which you spend the most time.

5. Do you currently use any of the following strategies to ensure completion of the 3-dose series among patients who have started HPV vaccination? (check all that apply)

Recording when the next dose is due on a paper-based card that patient keeps ☐

Reminder/recall letters or telephone calls ☐

Reminder flag/tag in patient's medical record ☐

Scheduling patients for the next recommended dose during their office visit ☐

Using a computerized immunization database or registry to track when the next dose is due ☐

Other (Specify): _____ ☐

I don't use any strategies to ensure that patients complete the 3-dose series ☐

I don't administer HPV vaccine in my clinical practice ☐

☐
☐
☐
☐
☐
☐
☐
☐

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<input type="checkbox"/>	<input type="checkbox"/>

6. In the past 12 months, how often did you recommend the HPV vaccine to your female patients, in the following age groups:

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%	Do not see patients in this age group
Ages 11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 18-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Age categories used in this survey are based on ACIP recommendations for HPV vaccination.

7. In the past 12 months, how often did you administer at least one dose of the HPV vaccine to your female patients, in the following age groups:

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%	Do not see patients in this age group
Ages 11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 18-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Age categories used in this survey are based on ACIP recommendations for HPV vaccination.

8. In the past 12 months, how often did your female patients or parents of your female patients in the following age groups refuse HPV vaccination (i.e., did not agree to vaccination currently or at a later date)?

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%	Do not see patients in this age group
Ages 11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 18-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Age categories used in this survey are based on ACIP recommendations for HPV vaccination.

9. If the Advisory Committee on Immunization Practices (ACIP) issues the same recommendation for HPV vaccination in males as in females, how often would you recommend vaccination to males in the following age groups:

	Never 0%	Rarely 1-25%	Sometimes 26-50%	Often 51-75%	Always >75%	Do not see patients in this age group
Ages 11-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 13-17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ages 18-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. How often do you use HPV testing prior to administering the HPV vaccine to your female patients?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always ☐ I don't administer HPV vaccine

11. How often do your adult female patients ask your opinion about HPV vaccination for their female child?

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always



12. Do you plan to change the frequency with which you provide Pap test screening to females who have received the HPV vaccine?

☐ Yes ☐ No ☐ Don't know

13. Which of the following vaccines do you routinely administer in your clinical practice: (check all that apply)

Influenza	<input type="checkbox"/>	Varicella	<input type="checkbox"/>
Haemophilus influenzae type b (Hib)	<input type="checkbox"/>	Meningococcal (MCV4)	<input type="checkbox"/>
Pneumococcal conjugate (PCV7)	<input type="checkbox"/>	Rubella	<input type="checkbox"/>
Pneumococcal polysaccharide (PPV)	<input type="checkbox"/>	Measles, Mumps, Rubella (MMR)	<input type="checkbox"/>
Hepatitis B (HepB)	<input type="checkbox"/>	Zoster (shingles)	<input type="checkbox"/>
Hepatitis A (HepA)	<input type="checkbox"/>	Rotavirus	<input type="checkbox"/>
Diphtheria, Tetanus, Pertussis (DTaP)	<input type="checkbox"/>	Human Papillomavirus (HPV)	<input type="checkbox"/>
Tetanus, Diphtheria, Acellular Pertussis (Tdap)	<input type="checkbox"/>	None	<input type="checkbox"/>
Polio (IPV)	<input type="checkbox"/>		

14. Are you a Vaccines for Children (VFC) provider? ☐ Yes ☐ No ☐ Don't know

15. Do you refer your uninsured patients to another clinical site for HPV vaccination? (check all that apply)

☐ No
☐ Yes, to a federally qualified health center
☐ Yes, to a health department
☐ Yes, to another location

16. Do you refer your underinsured patients to another clinical site for HPV vaccination? (check all that apply)

☐ No
☐ Yes, to a federally qualified health center
☐ Yes, to a health department
☐ Yes, to another location

17. Which of the following describes your primary clinical specialty? (choose one)

☐ Pediatrics ☐ Obstetrics/Gynecology
☐ Family Medicine ☐ Other (Specify): _____
☐ Internal Medicine

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18. Including you, how many physicians are in your practice setting?

- ☐ 1 ☐ 2-5 ☐ 6-15 ☐ 16-49 ☐ 50-99 ☐ 100+

19. Which of the following best characterizes your practice situation?

- ☐ Single Specialty ☐ Multispecialty ☐ Other (Specify): _____

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20. Where is your primary clinical practice located? (choose one)

- ☐ Private practice office (solo or group)
☐ Ambulatory care clinic of hospital or medical center
☐ Urgent care clinic
☐ Community health center
☐ University/college student health service
☐ Hospital emergency department
☐ Institutional setting/clinic (e.g., correctional, nursing home)
☐ Other (Specify): _____

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21. In what state is your primary clinical practice located?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

22. Which of the following categories best describes your practice arrangement? (choose one)

- ☐ Full or part-owner physician practice
☐ Employee of physician-owned practice
☐ Employee of a group or staff model HMO
☐ Employee of a hospital, clinic, or university
☐ Other (Specify): _____

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23. What is the race/ethnic category that best describes the majority of your patients? (choose one)

- ☐ Non-Hispanic White
☐ Non-Hispanic Black
☐ Hispanic
☐ Native American or Alaska Native
☐ Asian
☐ Native Hawaiian or Pacific Islander
☐ Other (including multiracial)

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24. About what percent of your patients use the following primary payment methods?
(Please approximate; groups may not sum up to 100%)

	0%	1-25%	26-50%	51-75%	76-100%
Private insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid or your state's Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uninsured/self-pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. On a typical day in your primary practice, how many patients do you see?

- ☐ Less than 15 ☐ 20 to 29
☐ 15 to 19 ☐ 30 or more

26. Which of the following best describes the geographic location of your clinical practice?

- ☐ Urban ☐ Rural
☐ Suburban ☐ Other (Specify): _____

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<input type="checkbox"/>	<input type="checkbox"/>

27. Which of the following equipment does your practice currently have on the premises dedicated to vaccine storage? (check all that apply)

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Refrigerator | <input type="checkbox"/> | Freezer | <input type="checkbox"/> |
| Alarm monitoring system for refrigerator | <input type="checkbox"/> | Alarm monitoring system for freezer | <input type="checkbox"/> |
| Certified thermometer | <input type="checkbox"/> | None | <input type="checkbox"/> |

28. Is there a vaccine coordinator in your office (i.e., someone responsible for purchasing, receiving and storing vaccine shipments, maintaining vaccine inventory, training staff members on vaccine administration, etc.)?

- ☐ Yes ☐ No ☒ Don't know

29. Compared to my clinical peers, I am often among the first to use a newly recommended vaccine.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. I tend to wait to adopt new medications, vaccines, or procedures until I hear about them from several trusted colleagues.

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Strongly Disagree | Somewhat Disagree | Neutral | Somewhat Agree | Strongly Agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



31. What is your age? years

32. Are you: ☐ Male ☐ Female

33. Which term best describes your race/ethnic group?

☐ White/Caucasian

☐ Black/African-American

☐ Asian

☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander

☐ Mixed race

☐ Other

☐ Prefer not to answer

34. Are you Hispanic or Latino? ☐ Yes ☐ No

35. In what year did you complete residency training?

36. Are you planning on leaving the practice of clinical medicine in the next 12 months?

☐ Yes

☐ No

☐ Don't know

37. In what zip code is your primary practice located?

38. Date survey completed:

Additional comments/suggestions:

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This is the end of the survey. We sincerely appreciate your time. If you have any comments or questions, please contact Susan Vadaparampil, Ph.D. at (813) 745-1997 or email at susan.vadaparampil@moffitt.org

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