



**Hawaii HPV Immunization Improvement
HPV VACCINATION PROVIDER ASSESSMENT
Consent to Participate in Research**

**Thank you for your interest in participating in the
Hawaii HPV Immunization Improvement (Hi²) Project!**



Background and purpose: The University of Hawaii Cancer Center, in partnership with the University of Hawaii John A. Burns School of Medicine (JABSOM) Department of Family Medicine & Community Health, was recently awarded a small grant to conduct a comprehensive environmental scan of human papillomavirus (HPV) vaccination in Hawaii. Data on vaccination coverage in Hawaii suggest there are significant barriers to vaccination among the state's pediatric and adolescent population. Funding for this project is provided by the National Cancer Institute in response to the February 2014 report from the President's Cancer Panel (PCP), ["Accelerating HPV Vaccination Uptake: Urgency for Action to Prevent Cancer."](#) Other key partners include the Hawaii State Department of Health, American Academy of Pediatrics – Hawaii chapter, Hawaii Academy of Family Physicians, JABSOM Departments of Pediatrics and Family Medicine, Hawaii Medical Services Association, Kaiser Permanente Hawaii, key policy makers, the Hawaii Comprehensive Cancer Control Coalition and more.

The Hi² project objectives are

- (a) To conduct a comprehensive environmental scan, reviewing policy, system and environmental (PSE) barriers and promoters of HPV vaccination.
- (b) To develop and enhance existing connections with community coalitions and programs, with a focus on HPV vaccination in pediatric care settings.

The long-term goal is to increase adolescent HPV vaccination rates in Hawaii for both boys and girls.

Activities and time commitment: There are two main types of activities proposed for the Hi² project. One is an 86-item survey, mostly multiple choice that can be completed online (preferred) or on paper. The other is voluntary participation in a key informant telephone interview and/or focus group discussion.

This consent is to participate in the *Hi² HPV Vaccination Provider Assessment survey*. We estimate that the total completion time will take 15 – 20 minutes.

Final

Benefits and risks: There will be no direct benefit to you for taking part in this project. Findings from this project will be utilized to develop and enhance existing resources for providers and the larger community with the goal of increasing adolescent HPV vaccination rates in Hawaii for both boys and girls.

Confidentiality and Privacy: We will not ask you for any personal information, such as your name or address. Please do not include any personal information in your survey responses. We do ask zip code of your practice and your age, for the purposes of identifying possible duplicate surveys and for aggregate analysis.

Voluntary Participation: You can choose to take part or not to take part in this survey. There will be no penalty or loss of benefits for either decision. If you agree to participate, you can stop at any time.

Questions: If you have any questions about this study, please contact the Project Coordinator Hali Robinett (808.564.5923 or hali@cc.hawaii.edu), Project Leader Dr. Brenda Hernandez (808.586.2992 or brenda@cc.hawaii.edu), or co-Investigator Dr. Lee Buenconsejo-Lum (808.692.0854 or lbuencon@hawaii.edu). If you have questions about your rights as a research participant, you may contact the UH Human Studies Program at 808.956.5007 or uhirb@hawaii.edu.

Instructions: Part 1 should be completed by a physician and should take no more than 10-15 minutes to complete. Part 2 can be completed either by the physician or by a knowledgeable office staff. Part 2 should take no longer than 10 minutes to answer. Question 86 asks if you or your staff is willing to participate in a follow-up 10-minute phone interview scheduled at your/your staff's convenience.

**Note that there is no limit to the number of providers (per clinic / office) that can answer this survey. Please feel free to share this survey with your colleagues in Pediatrics, Family Medicine or OB-Gyn.*

Please complete the survey no later than March 1, 2015. You may complete the survey using the link below, print/complete then scan and email the completed survey to hi2hpv@gmail.com or fax the survey to (808) 586-3099. **Please do NOT put your name or practice name on the survey.** The demographics we require are asked in the survey.

If you or a member of your staff are willing to participate in a short follow-up phone interview, please answer “yes” to question 86 and send us an email at hi2hpv@gmail.com.

We encourage all respondents to complete the survey online via the following link: <http://j.mp/15Jf24G>

Completing the survey will be considered your consent to participate in this study.

Hi² HPV VACCINATION PROVIDER ASSESSMENT

Please enter the last four (4) digits of your office phone number. This information and your response to other demographic questions will only be used to identify duplicate surveys. _____

On what island is your primary practice?

- ☐ Hawaii Island
- ☐ Kauai
- ☐ Lanai
- ☐ Maui
- ☐ Molokai
- ☐ Oahu

Zip code of your primary practice/clinic: _____

PART 1. The following questions 1-66 are intended for physician response only.**1. What is your gender?**

- ☐ Female
- ☐ Male

2. What is your age? _____ years**3. Which of the following describes your *primary* clinical specialty? (choose one)**

- ☐ Family Medicine
- ☐ Pediatrics
- ☐ Obstetrics-Gynecology
- ☐ Internal Medicine

Final

4. How many years have you been practicing medicine?

- ☐ I am still in residency training
- ☐ Fewer than 5 years
- ☐ 5-9 years
- ☐ 10-14 years
- ☐ 15-19 years
- ☐ 20 or more years

5. Currently, there are two HPV vaccines available. Which vaccine do you use/recommend the most? (Please select one answer only)

- ☐ Gardasil (quadrivalent HPV vaccine)
- ☐ Cervarix (bivalent HPV vaccine)
- ☐ Neither
- ☐ Don't know/ Not sure

6. IF you selected "Gardasil" or "Cervarix" in the question above (#5), why do you recommend Gardasil or Cervarix over the other available vaccine? (Please check all that apply):

(If you selected "Neither" or "Don't know/Not sure," please SKIP this question and continue on to question #7)

- ☐ Cost of this specific vaccine
- ☐ Insurance coverage of this vaccine
- ☐ Convenience of distributor from whom I obtain this vaccine
- ☐ Covers more HPV types
- ☐ Don't know/ Not sure
- ☐ Other (please specify): _____

For the remainder of this survey, "the HPV vaccine" refers to the vaccine you use/recommend the most.

Final

Please answer the following true/false questions. Please base your answers on your current understanding of HPV, without looking at other sources of information. (Please check the box that best applies for each statement)

	True	False	Unsure
7. HPV is a relatively common sexually transmitted infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. HPV causes genital warts in males and females.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Almost all cervical cancers are caused by HPV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The incidence of HPV in women is highest among women in their 30s.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Most people with genital HPV infections are symptomatic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Most HPV infections resolve without treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. HPV infection causes herpes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. HPV causes some head and neck cancers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following true/false questions. Please base your answers on your current understanding of the HPV vaccines, without looking at other sources of information. (Please check the box that best applies for each statement)

	True	False	Unsure
15. I have heard of the HPV Vaccine.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The HPV vaccine protects against two HPV types that cause 70% of cervical cancers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. HPV vaccines are highly effective at preventing precursors to cervical cancer caused by two HPV types.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. The vaccine should be given to girls before the onset of a first sexual encounter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The vaccine will require 3 doses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The vaccine dosing intervals are: day 1, 2 months from day 1, and 6 months from day 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The vaccine has serious adverse effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The vaccine is recommended for both boys and girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Listed below are barriers at the system, patient/parent, and provider level that may apply to your practice/clinic.

Final

How strongly would you agree or disagree that the following are **SYSTEM BARRIERS** related to immunizing your patients against HPV? (Please check the box that best applies for each statement)

SYSTEM BARRIERS	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
23. Up-front costs of ordering and stocking the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Vaccine expiring before use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Refrigerator space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Difficulty obtaining adequate vaccine supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Your facility provides few or no vaccines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Insurance non coverage for HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Insurance non coverage for HPV vaccine <i>for patients of specific ages</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Inadequate provider reimbursement for HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Too few patients in your practice are in the recommended age group for HPV vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. 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"/>
33. 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"/>
34. Lack of information about the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Adding another vaccine to the vaccine schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. HPV is not required for school attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final

How strongly would you agree or disagree that the following are **PATIENT BARRIERS** related to immunizing your patients against HPV? (Please check the box that best applies for each statement)

PATIENT BARRIERS	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
37. Lack of parent and/or patient education/understanding about HPV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. 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"/>
39. Too few patients want the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Parents of patients refuse HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Parent reluctance to discuss sexuality and/or sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Parent concern that vaccinated child will practice riskier sexual behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Vaccinated teens practicing riskier sexual behaviors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Patient loss of follow up due to the HPV vaccination requirement of 3 doses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How strongly would you agree or disagree that the following are **PROVIDER BARRIERS** related to immunizing your patients against HPV? (Please check the box that best applies for each statement)

PROVIDER BARRIERS	Strongly Agree	Somewhat Agree	No Opinion	Somewhat Disagree	Strongly Disagree
45. Your concerns about vaccine safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Your concerns about vaccine efficacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Lack of provider education regarding HPV and/or the HPV vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Difficulty discussing sexuality and/or sexually transmitted infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Your concern that patients will not complete the 3-dose HPV vaccination series	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final

How strongly do you agree or disagree with the following statements regarding the care of adolescent patients in your practice? *(Please check the box that applies for each statement)*

	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Unsure	N/A
50. I feel comfortable discussing issues of sexuality with my adolescent patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. My adolescent patients <i>do not</i> want to discuss issues of sexuality with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When discussing HPV vaccination with patients and their parents in your practice/clinic, how much emphasis do you place on the following aspects? *(Please check the box that best applies for each statement)*

	Strongly emphasize	Somewhat emphasize	Discuss only if questioned	Do not discuss
52. Prevention of genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Prevention of cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Prevention of other HPV related cancers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Safety of the vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Efficacy of the vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Sexual transmission of HPV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. If the patient/parents refuse the HPV vaccine, what happens next? *(please check all that apply)*

- ☐ Give them additional information
- ☐ Place a reminder flag/tag in patient's medical record followed by a letter or phone call to prompt them about when the vaccine is due
- ☐ Refer them to another provider (physician / nurse / outreach worker / other) who can spend more time explaining the vaccine to the patient/parent
- ☐ Ask the family to sign a "Refusal to Vaccinate" form
- ☐ Nothing
- ☐ Other (please specify): _____

Final

59. Among your female patients age 26 years and younger, how often do you recommend HPV vaccination if they had an abnormal Pap test?

Never	Rarely	Sometimes	Often	Always	N/A – I don't Perform Pap Tests
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. How often do you recommend HPV to be administered at the same visit with other childhood vaccines (e.g., a package including Tdap, MMR, Varicella)?

Never	Rarely	Sometimes	Often	Always
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

61. In your estimation, what percentage of HPV vaccination-eligible patients in your practice/clinic have NOT completed the 3 dose series?

- ☐ Less than 25%
☐ Between 25% and 50%
☐ Between 51% and 75%
☐ Between 76% and 100%
☐ Unable to determine

62. Since the vaccine was first introduced (for girls in 2006 and boys in 2010), have your efforts improved to increase uptake of the HPV vaccine?

- ☐ Yes
☐ No
☐ Unable to determine

63. Have you heard about the new nonavalent vaccine (Gardasil 9)?

- ☐ Yes
☐ No
☐ Don't know/ Not sure

Final

64. IF you answered YES to the question above (#63), how likely will the new nonavalent vaccine (Gardasil 9) influence your current HPV immunization practices?

(If you answered “No” or “Don’t know/Not sure,” please SKIP this question and continue on to question #65)

Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

Please note any additional comments that you may have regarding your responses above. Please reference the question # in your comments:

PART 2: continues on the next page

PART 2: We strongly suggest that the following questions 67 – 86 be answered by your practice administrator such as your lead medical assistant, or whomever is responsible for your immunization system.

67. What is your position?

- ☐ Office Manager
- ☐ Lead Medical Assistant
- ☐ Physician
- ☐ Other (please specify): _____

68. Which of the following BEST describes your practice or clinic?

- ☐ Federally-qualified health center including community health center, rural health clinic or native Hawaiian health center
- ☐ Hospital-based clinic including university clinic or residency teaching practice
- ☐ Urgent Care clinic
- ☐ Private practice including solo or small independent group practice
- ☐ Large group practice (HMO or employed practice)
- ☐ Public health department-operated clinic
- ☐ Military Clinic
- ☐ Other (please specify): _____

69. Has your practice or clinic provided doses of the HPV vaccine to any patients?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

70. If YES, does your practice or clinic currently have HPV vaccine in stock?

- ☐ Yes
- ☐ No
- ☐ Don't know / Not sure

Final

71. Who is responsible for ordering your supply of HPV vaccine?

- ☐ Lead medical assistant or nurse
☐ Office manager
☐ Physician
☐ Other (please specify): _____
☐ Don't know / Not sure

72. Does your practice or clinic participate in the federal Vaccines for Children Program (VFC)?

- ☐ Yes
☐ No
☐ Don't know / Not sure

73. Does your practice or clinic purchase any of the vaccines used in your practice from commercial or private sources?

- ☐ Yes
☐ No
☐ Don't know / Not sure

74. Who in your practice or clinic is responsible for introducing/recommending the HPV vaccine to the patient and family?*(Please check all that apply)*

- ☐ Medical assistant or nurse (after check-in / while obtaining chief complaint)
☐ Physician
☐ Designated staff member that is dedicated to immunization compliance
☐ Other (please specify): _____
☐ Don't know / Not sure

75. At what age does your practice/clinic FIRST introduce/recommend the HPV vaccine to FEMALE patients?

- ☐ 9-12
☐ 13-15
☐ 16-18
☐ 19-26
☐ ≥ 27

Final

76. At what age does your practice/clinic FIRST introduce/recommend the HPV vaccine to MALE patients?

- ☐ 9-12
- ☐ 13-15
- ☐ 16-18
- ☐ 19-26
- ☐ ≥ 27

77. At what type of office visit is the HPV vaccine routinely recommended to age-eligible FEMALE patients

(Please check all that apply):

- ☐ Annual physical exam/well child visit
- ☐ Any office visit
- ☐ Sports/school physical
- ☐ Other (please specify): _____

78. At what type of office visit is the HPV vaccine routinely recommended to age-eligible MALE patients

(Please check all that apply):

- ☐ Annual physical exam/well child visit
- ☐ Any office visit
- ☐ Sports/school physical
- ☐ Other (please specify): _____

79. Do you currently use any of the following strategies to get patients into your office for the FIRST dose of the HPV vaccine?

(Please check all that apply)

- ☐ Send patient reminder regarding need for preventative visit/checkup
- ☐ Send letter or call patient to prompt them about when the vaccine is due
- ☐ Place a reminder flag/tag in patient's medical record
- ☐ Use a computerized immunization database or registry to determine when the first dose is due
- ☐ Other (specify): _____
- ☐ I don't use any strategies to get patients in for the first dose
- ☐ I don't administer HPV vaccine in my clinical practice

Final

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

- ☐ Record when the next dose is due on a paper-based card that patient keeps
- ☐ Send reminder/recall letter or call patient
- ☐ Place a reminder flag/tag in patient's medical record
- ☐ Schedule patient for the next recommended dose during their office visit
- ☐ Use computerized immunization database or registry to determine when the next dose is due, then send a reminder
- ☐ Other (please specify): _____
- ☐ I don't use reminders or other strategies to ensure that patients complete the 3-dose series
- ☐ I don't administer HPV vaccine in my clinical practice

81. Have you ever experienced any insurance related barriers to HPV vaccination?

- ☐ Yes
- ☐ No
- ☐ Don't know

82. If YES, what insurance related barriers to HPV vaccination are you facing? *(Please check all that apply)*

- ☐ Insurance non coverage for HPV vaccine
- ☐ Insurance non coverage for HPV vaccine *for patients of specific ages*
- ☐ Inadequate provider reimbursement for HPV vaccination
- ☐ Other (please specify): _____

83. What type of information or educational materials about the HPV virus and/or vaccine do you provide to patients or the parents of adolescent patients when recommending the vaccine? *(Please check all that apply)*

- ☐ Educational brochures/pamphlets provided by Department of Health
- ☐ Educational brochures/pamphlets provided by CDC
- ☐ Educational brochures/pamphlets provided by a professional organization (such as AAFP, AAP, ACOG)
- ☐ Printed materials/handouts from the Internet
- ☐ Vaccine Information Sheet (VIS)
- ☐ Other (please specify): _____
- ☐ We do not provide information or education materials about HPV to patients or parents

Final

84. If PROVIDERS in your clinic/practice want information about the HPV vaccine for their OWN USE where would you go to get it? (Please check all that apply)

- ☐ Hawaii State Department of Health
- ☐ CDC immunization website (<http://www.cdc.gov/vaccines/>)
- ☐ Professional organizations' websites (AAP, AAFP, ACOG)
- ☐ Colleagues
- ☐ Vaccine information sheets (VIS)
- ☐ Drug company representative or website
- ☐ Medical Conferences
- ☐ Media
- ☐ Stand-alone webinar or annotated slideshow presentation
- ☐ Other (please specify): _____
- ☐ Don't know / Not sure

85. If PROVIDERS in your clinic/practice want information about the HPV vaccine for their PATIENTS' USE where would you go to get it? (Please check all that apply)

- ☐ Hawaii State Department of Health
- ☐ CDC immunization website (<http://www.cdc.gov/vaccines/>)
- ☐ Professional organizations' websites (AAP, AAFP, ACOG)
- ☐ Colleagues
- ☐ Vaccine information sheets (VIS)
- ☐ Drug company representative or website
- ☐ Medical Conferences
- ☐ Media
- ☐ Stand-alone webinar or annotated slideshow presentation in legacy form
- ☐ Other (please specify): _____
- ☐ Don't know / Not sure

86. Would you or one of your staff be willing to participate in a follow up telephone interview regarding HPV vaccination?

- ☐ Yes **If yes, please email hi2hvpv@gmail.com or leave a phone message at (808) 564-5923**
- ☐ No