The Sexual Health Services Questionnaire (SHSQ) is a theory-based instrument designed to assess the availability of sexuality-related services among college health centers, as well as the relationship between these services and two constructs of the diffusion of innovations theory (DIT; Rogers, 2003). The SHSQ also can be used to assess services at sexual health clinics located in other settings.

Description

The 100-item questionnaire is divided into 13 sections, including employees who deal with sexuality-related problems through treatment and prevention methods (24 items), duties of human sexuality peer helpers (9 items), safer-sex products (8 items), condom distribution procedures (6 items), hormonal and barrier contraceptives (13 items), sexually transmitted infection testing methods (11 items), Human papillomavirus and Hepatitis vaccinations (2 items), gynecological services (4 items), post-sexual assault examination (1 item), testicular examination (1 item), sexuality-related counseling (6 items), Clinical Laboratory Improvement Amendment (CLIA) certificate (1 item), and participant/institutional demographics (14 items).

The first two sections of the SHSQ are grounded in the DIT and represent the complexity construct (Rogers, 2003). Rogers (2003) defines complexity as “the degree to which an organization’s members possess a relatively high level of knowledge and expertise, usually measured by the members’ range of occupational specialties and their degree of professionalism (expressed by formal training)” (p. 412). The DIT suggests a positive relationship with complexity and overall organizational innovativeness (Rogers, 2003). In addition, the DIT theory suggests a positive relationship between institutional size and organizational innovativeness (Rogers, 2003).

Response Mode and Timing

Directors of health centers (or appropriate representatives) are provided instructions for completing each section of items. The majority of the items require participants to place an “X” next to all services that their health center currently offers. Three items allow the participants to write in their own responses through the use of an “other” category. One item is a ratio-based item in which directors are instructed to report the number of condoms their health center distributes per year. If they do not distribute condoms, they are instructed to report “0,” and if the number distributed is unknown they are instructed to report “999.” Completion of the SHSQ takes approximately 15 minutes. In order to maintain the overall validity and homogeneity of responses, it is recommended that the director of the health center (or appropriate representative) complete the SHSQ.

Scoring

The majority of the items on the SHSQ are dichotomous. Items in which the participant reports with an X are scored as 1, and items left blank are scored as 0. Responses can be summed for individual sections or multiple sections that are scored dichotomously. Responses for individual items as well as summed responses can be used for statistical analyses.

In order to assess whether the complexity items of the SHSQ can adequately predict organizational innovativeness, it is suggested all dichotomous scores from the first section be summed. An additional score of 0 or 1 is then added to this value to represent the utilization of peer helpers from the second section of the questionnaire, whereas 0 equals no utilization of peers in any form and 1 equals one or more methods. (It is not recommended that an additional value be added to the overall complexity scale for each method of peer helper utilization as this may result in over-representation of peers in the final computation.) A second value representing organization innovativeness is then created by summing the dichotomous scores on Sections 3–11. Statistical analyses can be conducted to assess the relationship between the overall score on the complexity scale and the organizational innovativeness score. Currently, there are no normative data available for services scored on the SHSQ.

The DIT theory also suggests a positive relationship between organizational innovativeness and the construct organizational size (Rogers, 2003). This assessment can be accomplished by evaluating the relationship between the organizational innovativeness scale previously described and the items addressing the number of employees within the health center and/or the item that addresses the total population of the college/university.

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Reliability

Initially, 1,200 questionnaires were mailed to a geographically representative sample of colleges/universities that house a health center in the United States. Of these, 358 (29.83% response rate) were returned. We used data from these participants to assess internal consistency and categorized items by their respective sections for assessment. We then merged Sections 6 and 7 as well as 8–10 because of similarity of service assessment. We did not include Section 12 (CLIA certificate) in the analyses. Cronbach alpha scores ranged from .62 to .93 for individual sections and .94 for the entire questionnaire.

Of the initial 358 participants, 50 were mailed a second copy of the SHSQ to establish test-retest reliability; 28 participants (56% response rate) recompleted the questionnaire. Assessment of the demographics of the test-retest participants indicated that each of the key demographic variables of the overall population was represented in the subsample on one or more occasions. Results indicated an overall rate of 87.37% consistency on service-related items.

Validity

To evaluate validity, we developed and implemented a comprehensive strategy. First, we conducted a review of the extant literature regarding sexuality-related services among college health centers. In addition, we reviewed the relevant literature regarding contemporary contraceptive, sexually transmitted infection, and other sexuality-related services. To establish face and content validity, we chose six expert panelists to review the instrument. We made initial contacts with three of the panelists through electronic mail, along with a letter of invitation and instructions to provide feedback. These individuals included a doctoral-level health promotion specialist who had served as the director of multiple college health centers, a doctoral-level psychologist with extensive leadership in peer helping, and a health behavior doctoral student with experience in coordinating collegiate sexual-health, peer-education programs and research experience in collegiate peer helping and condom use among college students. Next, we conducted three one-on-one meetings with experts in the field, one of whom was a doctoral-level psychologist who serves as the director of a comprehensive health center located within a large public university. We conducted a second interview with a doctoral-level health promotion specialist who had extensive experience in teaching collegiate-level health courses and experience as the director of a college health promotion program. The final interview occurred with a master’s-level health promotion specialist who currently serves as the center’s human sexuality education coordinator. The final version of the SHSQ included recommendations made by the expert panelists.

Participants who recompleted the SHSQ for test-retest reliability purposes also answered additional questions assessing response bias. We evaluated response bias by asking evaluators if the items on the questionnaire were written in a clear manner and were adequate in terms of comprehensiveness, and if they felt participants would respond honestly (Gunning, 1952). In response, 91% indicated that items were asked in a clear manner, 64% felt the sections on the questionnaire were adequate, and 98% believed that participants would respond honestly.

Other Information

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References


Exhibit

**Sexual Health Services Questionnaire**

The following questionnaire inquires about the sexual health services your student health center currently offers. If you have any questions please do not hesitate to contact the investigators.

**Directions:** The items below inquire about your current employment of staff involved with sexual health programs and types of sexual health services offered by your campus health center. *Please mark an “X” next to all that apply.*

Employees who deal with student sexual health concerns and/or problems as their *primary job responsibility* at your health center include:

- Sexuality Program Coordinator
- Sexuality Educator
- Physician
- Physician Assistant
- Nurse
Employees that deal with student sexual health concerns and/or problems on a regular basis but do not consider sexual health their primary job responsibility include:

Physician
Physician Assistant
Nurse
Nurse Practitioner
Sexual Assault Nurse Examiner (SANE)
Health Educator
Psychologist
Psychiatrist
Social Worker
Mental Health Counselor
Other (please identify): _________________________

Some health centers house volunteer or paid student peer educators/health advocates. Please mark an “X” next to all of the following that apply to your college health center.

Do you use student peers . . .
To organize sexuality-related events on campus (e.g., presentations at residence halls/Greek housing) __
To conduct counseling on relationship issues __
To conduct sexual health outreach __
To conduct contraceptive counseling __
To conduct STD testing counseling __
To conduct counseling on sexual orientation issues __
To conduct counseling on other sexuality issues __
To give away condoms at campus bars/restaurants __
Other (please identify): _________________________

Please mark an “X” next to any of the following safer-sex products your health center distributes to students.

Male latex condoms __
Flavored condoms __
Non-latex male condoms __
Specialty condoms __
(e.g., those above or below average size) __
Female condoms __
Sexual lubricants __
Latex dams (i.e., dental dams) __

**On average how many condoms does your institution distribute to students per year? (If you do NOT distribute condoms please write in 0. If you are unsure about how many condoms you distribute please write in 999 for coding purposes) __________##

Please mark an “X” next to any methods in which your health center distributes condoms (includes both selling and giving away condoms for free).

At the pharmacy __
During after-hours  ______
Through appointment with health care provider
Through educational outreach
At campus events
At bars and restaurants near campus

Please mark an “X” next to any of the following contraceptive methods that are available through your health center.

- Oral contraceptive pill
- Oral contraceptive pill (progestin only)
- Hormonal transdermal skin patch
- Hormonal vaginal ring
- Intrauterine device (IUD) hormonal
- Intrauterine device (IUD) copper
- Progestin-only injection
- Instruction for fertility awareness method (FAM)
- Emergency contraception pills (ECP) by prescription
- Emergency contraception pills (ECP) over the counter
- Diaphragm
- Cervical cap
- Hormonal implant

Please mark an “X” next to any of the sexually transmitted infections (STIs) that your health center currently offers testing for.

- HIV
- HIV “quick” blood test
- HIV oral swab test
- Chlamydia
- Gonorrhea
- Hepatitis B
- Hepatitis A
- Herpes simplex virus (HSV)
- Syphilis
- HPV DNA test for women
- Trichomonas

Please mark an “X” next to any of the following infections that your health center currently provides a vaccine for.

- HPV vaccine
- Hepatitis B vaccine

Please mark an “X” next to any of the following services that your health center currently provides.

- Pap test
- Bimanual uterine/ovarian exam
- Colposcopy

Please mark an “X” if your health center provides the service listed below.

- Clinical breast exam

Please mark an “X” if your health center provides the service listed below.

- Testicular exam

Please mark an “X” if your health center provides the service listed below.

- Post-sexual assault exam

Please mark an “X” next to any of the following counseling services that your health center currently provides.

- Individual counseling on general sexual health issues
Health

Group counseling on general sexual health issues
Relationship issues
Sexual orientation issues
Contraceptive methods
Service for survivors of sexual assault

Does your health center have a Clinical Laboratory Improvement Amendment (CLIA) certificate? Please mark an “X” next to your response.
Yes
No
Unsure

Directions: The items below ask about your personal demographics and how long you have been a college health center director. Please respond by writing in your response or by placing an “X” in the space provided.

Your age: ________________

Your race/ethnicity:
Asian
Black/African American
Caucasian White
Hispanic
American Indian
Other

Your gender:
Male
Female

How many total years have you been the director of a college health center? If you have been the director of more than one health center, please combine your total years of experience. ________________ years

Your education:
Please mark an “X” next to all of the degrees you have earned
Bachelor’s
Master’s
PhD
MD
Other

Total number of employees at your health center: ________________
Total student population at your college/university: ________________
What state is your college/university located in? ________________

Directions: The items below are based upon your college/university’s demographics; please respond by placing an “X” in the space provided.

Type of Academic Institution
Public
Private

Setting of Your Institution:
Urban
Small Town
Suburban
Rural
The purpose of the Sexual Health Survey (SHS) is to assess the Sexual Health Knowledge (SHK), Sexual Health Attitudes (SHA), and Sexual Health Behaviors (SHB) of students enrolled in institutes of higher education. The SHS was designed to assess a comprehensive range of five sexual health topics, including (a) contraception, (b) pregnancy prevention, (c) sexual health communication, (d) sexual behavior, and (e) sexually transmitted infections (STI) and barriers to obtaining STI testing.

Description

Items generated for this survey were based on an extensive literature review and focus group construct explication performed on priority areas. Content validity was assessed for quality, clarity, and sensitivity to culture and gender by a panel review of five experts from a variety of backgrounds, including a counseling psychologist, a registered nurse, a statistician, an expert on human sexuality, and an expert on sexual violence and lesbian, gay, bisexual, transgender, and queer (LGBTQ) issues.

A pilot test study was administered online to 600 randomly sampled university students to further refine the survey instrument. Item analysis reduced the initial number of items from 200 to 127. Items eliminated were based on failure to meet appropriate item discrimination, item difficulty/endorsement, and reliability measures.