Supplementary File: Study Questionnaire

Evaluation of Female University Students' Knowledge, attitudes, and Practices Toward Human Papillomavirus Infection and Vaccination; Multicenter Cross-sectional Study

PART I: Sociodemographic characteristics

| 1. | Age in years | | | |
|-----|--|----|--------------------|--|
| 2. | Sex | | | |
| 3. | Religion | | | |
| | A. Orthodox | C. | Catholic | |
| | B. Muslim | D. | Protestant | |
| 4. | Place of birth | | | |
| | A. Urban | B. | Rural | |
| 5. | Department | | | |
| | A. Pharmacy | C. | Midwifery | |
| | B. Nursing | D. | Medical laboratory | |
| 6. | Undergraduate year | | | |
| | A. Year 1 | D. | Year 4 | |
| | B. Year 2 | Ε. | Year 5 | |
| | C. Year 3 | | | |
| 7. | Are you in a sexual relationship? | | | |
| | A. Yes | В | . No | |
| 8. | Number of sexual partners in the past year | | | |
| | A. None | C. | Two or more | |
| | B. One | | | |
| 9. | If sexually active, how often do you use contraceptives? | | | |
| | A. Always | E | 3. Sometimes | |
| 10. | What kind of contraceptives do you use? | | | |
| | A. Condoms | (| C. Others | |
| | B. Oral contraceptives | | | |
| 11. | Have you tested for STI in the past 6 months? | | | |
| | A. Yes | В | . No | |

| 2. Have you been treated for STI in the past 6 mc | onths? | | | | |
|---|--|--|--|--|--|
| A. Yes | B. No | | | | |
| 3. Family history of cervical cancer | | | | | |
| A. Yes | B. No | | | | |
| PART II: knowledge evaluation question | ıs | | | | |
| 1. Heard of Human papillomavirus (HPV)? | | | | | |
| A. Yes | B. No | | | | |
| 2. What is your source of information about HP | V? (more than one answer is possible) | | | | |
| A. Healthcare providers | D. Friends & Family | | | | |
| B. Internet | E. Parents | | | | |
| C. Mass media | | | | | |
| 3. Transmission of HPV infection. (more than or A. Men only | ne answer is possible) C. both men and women | | | | |
| B. Women only | | | | | |
| 4. Which one is/are an HPV-associated disease? | Thich one is/are an HPV-associated disease? (more than one answer is possible) | | | | |
| A. Cervical cancer | E. Oropharyngeal cancer | | | | |
| B. Genital warts | F. Urinary tract infection | | | | |
| C. Anal cancer | G. I do not know | | | | |
| D. Penile cancer | | | | | |
| 5. Which one is/are the Risk factor for HPV infe | ection? (more than one answer is possible) | | | | |
| A. Unprotected sex with partners | D. Multiple sex partners | | | | |
| B. Multiple sexual partners | E. Sexual intercourse at an early age | | | | |
| C. High frequency of sex partner exchange | | | | | |
| 6. Which one is /are used for the prevention of I | HPV infection? (more than one answer is possible) | | | | |
| A. Condom use | C. Late/delayed start of sex | | | | |
| B. Vaccination | | | | | |
| 7. Have you heard about the HPV vaccine in Eth | niopia? | | | | |
| A. Yes | B. No | | | | |
| 8. Can HPV infection be treated? | | | | | |
| A. Yes | | | | | |
| B. No | | | | | |
| C. I don't know | | | | | |

| 9. | . Which one is/are the source of HPV vacc | ine information? (more than one answer is possible) | | |
|----|--|---|--|--|
| A | A. School, College & University | D. Friends & Family | | |
| F | 3. Healthcare provider | E. Internet | | |
| (| C. Mass media (radio, TV, and newspaper) | | | |
| 10 | 0. Do you need more information about HP | V vaccination? | | |
| | A. Yes | B. No | | |
| 1 | 1. Who is/are the recipient of the HPV vacc | ine? (more than one answer is possible) | | |
| | A. Men only | C. Men and women | | |
| | B. Women only | | | |
| 12 | 2. Does the human papillomavirus vaccine p | prevent cervical cancer? | | |
| | A. Yes | B. No | | |
| 13 | 3. Is the human papillomavirus vaccine used | d to prevent genital warts? | | |
| | A. Yes | B. No | | |
| 14 | 4. What age range is recommended for vacc | cination against human papillomavirus infection? | | |
| | A. 10-14 years | B. I do not know | | |
| 1. | 5. How many doses are recommended for a | human papillomavirus vaccine? | | |
| | A. Two doses | B. I don't know | | |
| 10 | 6. Did you know the schedule for a human p | papillomavirus vaccination? | | |
| | A. 6 months -1 year | B. I do not know | | |
| PA | RT III: Attitude evaluation questions (Stron | gly disagree, Disagree, Neutral, Agree, strongly agree) | | |
| 1. | . HPV vaccine is effective in preventing cervical cancer | | | |
| 2. | I will take the vaccine because I feel at risk of getting an HPV infection | | | |
| 3. | Person who has only one sexual partner can protect from HPV infection | | | |
| 4. | It's not necessary to get the human papillomavirus vaccination | | | |
| 5. | I believe the vaccine's side effects are reasonable and will not prevent me from receiving the vaccine | | | |
| 6. | I feel it is better to be vaccinated before becoming sexually active | | | |
| 7. | More information on HPV and its vaccine will be needed before I take the vaccine | | | |
| 8. | Human papillomavirus vaccine may have a long negative effect | | | |
| 9. | I feel only sexually active ladies should ge | et the vaccine | | |
| 10 | . Do you think your family is allowed to var | ccine? | | |
| 11 | . Education on HPV vaccine should be imp | lemented at college | | |
| 12 | . HPV vaccination should be included in the | e National Program on Immunization | | |
| 13 | The vaccine is safe | | | |

| 14. | The vaccine is useful to men | | | |
|-----|---|-------------|--|--|
| 15. | The vaccine is useful to women | | | |
| PA | RT IV: Practice evaluation questi | ons | | |
| 1. | Have you ever tested for HPV? | | | |
| | A. Yes | B. No | | |
| 2. | If yes, were you informed of the re | sult? | | |
| | A. Yes | B. No | | |
| 3. | 3. I am willing to undergo routine HPV testing if I can collect my samples myself | | | |
| | A. Yes | C. Not sure | | |
| | B. No | | | |
| 4. | . I am willing to undergo routine HPV testing even if I am not allowed to collect my samples my | | | |
| | A. Yes | C. Not sure | | |
| | B. No | | | |
| | | | | |

THANKS FOR YOUR COOPERATION!!!!!!!!!