

## Follow-up of HPV among female sex workers in Peru – Questionnaire

1. ID number \_\_\_\_\_

### Section I – Demographic information

2. Date of Birth \_\_\_\_\_  
(dd/mm/yyyy)

3. Place of Birth \_\_\_\_\_;  
(town/city; country)

4. Literacy: \_0 Illiterate,  
\_1 Literate

5. Level of education completed \_1 Professional degree  
\_2 University degree  
\_3 Secondary school  
\_4 Primary school  
\_5 Some primary school

6. Total years employed as a sex worker \_\_\_\_\_ years

7. Registration status \_1 Registered \_0 Unregistered

8. Monthly income (soles) \_1 <1000  
\_2 1,001-2,000  
\_3 2,001-5,000  
\_4 5,001-10,000  
\_5 >10,000  
\_9 Don't know

9. Marital status \_1 Single  
\_2 Married  
\_3 Cohabiting (unmarried)  
\_4 Divorced/separated  
\_5 Widowed

10. Age at first intercourse \_\_\_\_\_ years

11. Number of pregnancies \_\_\_\_\_

12. Number of living children \_\_\_\_\_

### Section II – History of testing and treatment for sexually transmitted infections:

13. Did you ever test positive for any STI? \_1 Y \_0 N

## Human Papilloma Virus

14. Did you ever test positive for human papilloma virus?

1Y 0N If no, skip to 15.

14a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 14h.

If yes:

14b. Which treatments did you receive?

14b1. Oral medication 1Y 0N

14b2. Injection medication 1Y 0N

14b3. Colposcopy 1Y 0N

14b4. Surgery 1Y 0N

14b5. Counseling 1Y 0N

14b6. Don't know 1Y 0N

14c. Where did you receive treatment?

14c1. Barton Clinic 1Y 0N

14c2. Referral center 1Y 0N

14c3. Local hospital 1Y 0N

14c4. Other \_\_\_\_\_ 1Y 0N

14d. Why did you go to that location?

14d1. Clinical referral 1Y 0N

14d2. Convenient location 1Y 0N

14d3. Friend recommended 1Y 0N

14d4. Other \_\_\_\_\_ 1Y 0N

14e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks

2 2 weeks-1 month

3 1-3 months

4 3-6 months

5 6 months-1 year

6 > 1 year

9 Don't know

14f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

14f1. If yes, what were you told?

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14g. Were you instructed to return for further follow up care?

1Y 0N

14g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

14h. Why didn't you receive follow up care?

14h1. Did not know where to go 1Y 0N

14h2. Location was difficult to access 1Y 0N

14h3. Cost was prohibitive 1Y 0N

14h4. Did not think treatment was important 1Y 0N

14h5. Did not have time 1Y 0N

14h6. Anxiety/fear 1Y 0N

14h7. Other (specify) \_\_\_\_\_ 1Y 0N

**Gonorrhea****15. Did you ever test positive for gonorrhea?**1Y 0N If no, skip to 16.

15a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 15h.

If yes:

15b. Which treatments did you receive?

15b1. Oral medication 1Y 0N15b2. Injection medication 1Y 0N15b3. Colposcopy 1Y 0N15b4. Surgery 1Y 0N15b5. Counseling 1Y 0N15b6. Don't know 1Y 0N

15c. Where did you receive treatment?

15c1. Barton Clinic 1Y 0N15c2. Referral center 1Y 0N15c3. Local hospital 1Y 0N15c4. Other \_\_\_\_\_ 1Y 0N

15d. Why did you go to that location?

15d1. Clinical referral 1Y 0N15d2. Convenient location 1Y 0N15d3. Friend recommended 1Y 0N15d4. Other \_\_\_\_\_ 1Y 0N

15e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

15f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

15f1. If yes, what were you told?

15g. Were you instructed to return for further follow up care?

1Y 0N

15g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

15h. Why didn't you receive follow up care?

15h1. Did not know where to go 1Y 0N15h2. Location was difficult to access 1Y 0N15h3. Cost was prohibitive 1Y 0N15h4. Did not think treatment was important 1Y 0N15h5. Did not have time 1Y 0N15h6. Anxiety/fear 1Y 0N15h7. Other (specify) \_\_\_\_\_ 1Y 0N

**Chlamydia****16. Did you ever test positive for chlamydia?**1Y 0N If no, skip to 17.

16a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 16h.

If yes:

16b. Which treatments did you receive?

16b1. Oral medication

1Y 0N

16b2. Injection medication

1Y 0N

16b3. Colposcopy

1Y 0N

16b4. Surgery

1Y 0N

16b5. Counseling

1Y 0N

16b6. Don't know

1Y 0N

16c. Where did you receive treatment?

16c1. Barton Clinic

1Y 0N

16c2. Referral center

1Y 0N

16c3. Local hospital

1Y 0N

16c4. Other \_\_\_\_\_

1Y 0N

16d. Why did you go to that location?

16d1. Clinical referral

1Y 0N

16d2. Convenient location

1Y 0N

16d3. Friend recommended

1Y 0N

16d4. Other \_\_\_\_\_

1Y 0N

16e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

16f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

16f1. If yes, what were you told?

16g. Were you instructed to return for further follow up care?

1Y 0N

16g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

16h. Why didn't you receive follow up care?

16h1. Did not know where to go

1Y 0N

16h2. Location was difficult to access

1Y 0N

16h3. Cost was prohibitive

1Y 0N

16h4. Did not think treatment was important

1Y 0N

16h5. Did not have time

1Y 0N

16h6. Anxiety/fear

1Y 0N

16h7. Other (specify) \_\_\_\_\_

1Y 0N

**Syphilis****17. Did you ever test positive for syphilis?**1Y 0N If no, skip to 18.

17a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 17h.

If yes:

17b. Which treatments did you receive?

17b1. Oral medication 1Y 0N17b2. Injection medication 1Y 0N17b3. Colposcopy 1Y 0N17b4. Surgery 1Y 0N17b5. Counseling 1Y 0N17b6. Don't know 1Y 0N

17c. Where did you receive treatment?

17c1. Barton Clinic 1Y 0N17c2. Referral center 1Y 0N17c3. Local hospital 1Y 0N17c4. Other \_\_\_\_\_ 1Y 0N

17d. Why did you go to that location?

17d1. Clinical referral 1Y 0N17d2. Convenient location 1Y 0N17d3. Friend recommended 1Y 0N17d4. Other \_\_\_\_\_ 1Y 0N

17e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

17f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

17f1. If yes, what were you told?

17g. Were you instructed to return for further follow up care?

1Y 0N

17g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

17h. Why didn't you receive follow up care?

17h1. Did not know where to go 1Y 0N17h2. Location was difficult to access 1Y 0N17h3. Cost was prohibitive 1Y 0N17h4. Did not think treatment was important 1Y 0N17h5. Did not have time 1Y 0N17h6. Anxiety/fear 1Y 0N17h7. Other (specify) \_\_\_\_\_ 1Y 0N

**Bacterial vaginosis****18. Did you ever test positive for bacterial vaginosis?**1Y 0N If no, skip to 19.

18a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 18h.

If yes:

18b. Which treatments did you receive?

18b1. Oral medication

1Y 0N

18b2. Injection medication

1Y 0N

18b3. Colposcopy

1Y 0N

18b4. Surgery

1Y 0N

18b5. Counseling

1Y 0N

18b6. Don't know

1Y 0N

18c. Where did you receive treatment?

18c1. Barton Clinic

1Y 0N

18c2. Referral center

1Y 0N

18c3. Local hospital

1Y 0N

18c4. Other\_\_\_\_\_

1Y 0N

18d. Why did you go to that location?

18d1. Clinical referral

1Y 0N

18d2. Convenient location

1Y 0N

18d3. Friend recommended

1Y 0N

18d4. Other\_\_\_\_\_

1Y 0N

18e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1<2 weeks22 weeks-1 month31-3 months43-6 months56 months-1 year6>1 year9Don't know

18f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

14f1. If yes, what were you told?

18g. Were you instructed to return for further follow up care?

1Y 0N

18g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

18h. Why didn't you receive follow up care?

18h1. Did not know where to go

1Y 0N

18h2. Location was difficult to access

1Y 0N

18h3. Cost was prohibitive

1Y 0N

18h4. Did not think treatment was important

1Y 0N

18h5. Did not have time

1Y 0N

18h6. Anxiety/fear

1Y 0N

18h7. Other (specify)\_\_\_\_\_

1Y 0N

**Trichomoniasis****19. Did you ever test positive for trichomoniasis?**1Y 0N If no, skip to 20.

19a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 19h.

If yes:

19b. Which treatments did you receive?

19b1. Oral medication 1Y 0N19b2. Injection medication 1Y 0N19b3. Colposcopy 1Y 0N19b4. Surgery 1Y 0N19b5. Counseling 1Y 0N19b6. Don't know 1Y 0N

19c. Where did you receive treatment?

19c1. Barton Clinic 1Y 0N19c2. Referral center 1Y 0N19c3. Local hospital 1Y 0N19c4. Other \_\_\_\_\_ 1Y 0N

19d. Why did you go to that location?

19d1. Clinical referral 1Y 0N19d2. Convenient location 1Y 0N19d3. Friend recommended 1Y 0N19d4. Other \_\_\_\_\_ 1Y 0N

19e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

19f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

19f1. If yes, what were you told?

19g. Were you instructed to return for further follow up care?

1Y 0N

19g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

19h. Why didn't you receive follow up care?

19h1. Did not know where to go 1Y 0N19h2. Location was difficult to access 1Y 0N19h3. Cost was prohibitive 1Y 0N19h4. Did not think treatment was important 1Y 0N19h5. Did not have time 1Y 0N19h6. Anxiety/fear 1Y 0N19h7. Other (specify) \_\_\_\_\_ 1Y 0N

**HIV****20. Did you ever test positive for HIV?**1Y 0N If no, skip to 21.

20a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 20h.

If yes:

20b. Which treatments did you receive?

20b1. Oral medication 1Y 0N20b2. Injection medication 1Y 0N20b3. Colposcopy 1Y 0N20b4. Surgery 1Y 0N20b5. Counseling 1Y 0N20b6. Don't know 1Y 0N

20c. Where did you receive treatment?

20c1. Barton Clinic 1Y 0N20c2. Referral center 1Y 0N20c3. Local hospital 1Y 0N20c4. Other \_\_\_\_\_ 1Y 0N

20d. Why did you go to that location?

20d1. Clinical referral 1Y 0N20d2. Convenient location 1Y 0N20d3. Friend recommended 1Y 0N20d4. Other \_\_\_\_\_ 1Y 0N

20e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

20f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

20f1. If yes, what were you told?

20g. Were you instructed to return for further follow up care?

1Y 0N

20g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

20h. Why didn't you receive follow up care?

20h1. Did not know where to go 1Y 0N20h2. Location was difficult to access 1Y 0N20h3. Cost was prohibitive 1Y 0N20h4. Did not think treatment was important 1Y 0N20h5. Did not have time 1Y 0N20h6. Anxiety/fear 1Y 0N20h7. Other (specify) \_\_\_\_\_ 1Y 0N



**Genital herpes****21. Did you ever test positive for genital herpes?**1Y 0N If no, skip to 22.

21a. If yes, did you receive treatment for this?

1Y 0N If no, skip to 21h.

If yes:

21b. Which treatments did you receive?

21b1. Oral medication 1Y 0N21b2. Injection medication 1Y 0N21b3. Colposcopy 1Y 0N21b4. Surgery 1Y 0N21b5. Counseling 1Y 0N21b6. Don't know 1Y 0N

21c. Where did you receive treatment?

21c1. Barton Clinic 1Y 0N21c2. Referral center 1Y 0N21c3. Local hospital 1Y 0N21c4. Other \_\_\_\_\_ 1Y 0N

21d. Why did you go to that location?

21d1. Clinical referral 1Y 0N21d2. Convenient location 1Y 0N21d3. Friend recommended 1Y 0N21d4. Other \_\_\_\_\_ 1Y 0N

21e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1 < 2 weeks2 2 weeks-1 month3 1-3 months4 3-6 months5 6 months-1 year6 > 1 year9 Don't know

21f. Were you informed of the results of your treatment or follow-up testing?

1Y 0N

21f1. If yes, what were you told?

21g. Were you instructed to return for further follow up care?

1Y 0N

21g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

21h. Why didn't you receive follow up care?

21h1. Did not know where to go 1Y 0N21h2. Location was difficult to access 1Y 0N21h3. Cost was prohibitive 1Y 0N21h4. Did not think treatment was important 1Y 0N21h5. Did not have time 1Y 0N21h6. Anxiety/fear 1Y 0N21h7. Other (specify) \_\_\_\_\_ 1Y 0N

**Other STIs****22. Did you ever test positive for another STI not mentioned?**1Y0N If no, skip to Section IV.

22a. If yes, did you receive treatment for this?

1Y0N If no, skip to 22h.

If yes:

22b. Which treatments did you receive?

22b1. Oral medication

1Y0N

22b2. Injection medication

1Y0N

22b3. Colposcopy

1Y0N

22b4. Surgery

1Y0N

22b5. Counseling

1Y0N

22b6. Don't know

1Y0N

22c. Where did you receive treatment?

22c1. Barton Clinic

1Y0N

22c2. Referral center

1Y0N

22c3. Local hospital

1Y0N

22c4. Other \_\_\_\_\_

1Y0N

22d. Why did you go to that location?

22d1. Clinical referral

1Y0N

22d2. Convenient location

1Y0N

22d3. Friend recommended

1Y0N

22d4. Other \_\_\_\_\_

1Y0N

22e. How much time passed between the date of your screening test and the date of your first appointment for treatment?

1<2 weeks22 weeks-1 month31-3 months43-6 months56 months-1 year6>1 year9Don't know

22f. Were you informed of the results of your treatment or follow-up testing?

1Y0N

22f1. If yes, what were you told?

22g. Were you instructed to return for further follow up care?

1Y0N

22g1. If so, what is the frequency of follow up? \_\_\_\_\_

If you did not receive treatment:

22h. Why didn't you receive follow up care?

22h1. Did not know where to go

1Y0N

22h2. Location was difficult to access

1Y0N

22h3. Cost was prohibitive

1Y0N

22h4. Did not think treatment was important

1Y0N

22h5. Did not have time

1Y0N

22h6. Anxiety/fear

1Y0N

22h7. Other (specify) \_\_\_\_\_

1Y0N

## Section IV – Emotional and psychological factors

***If the patient tested positive for HPV, please complete the following section:***

### **Regarding your positive HPV test result:**

23. It is important to obtain follow-up care for my positive test result.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

24. I understand the possible consequences of my diagnosis to my health.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

25. My infection is treatable.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

26. I feel comfortable during the medical exam.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

27. I feel comfortable with medical providers.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

28. I feel ashamed about my diagnosis.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

29. I am embarrassed to tell other people about my diagnosis.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

30. I fear that I may pass my diagnosis to others.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

31. I fear that I may develop long-term adverse consequences (e.g. cancer, infertility) as a result of my diagnosis.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

32. My clinician (doctor/nurse/social worker) answered my questions about my positive test result.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

33. My clinician (doctor/nurse/social worker) explained how to get treatment for my positive test result.

1                      2                      3                      4                      5  
*Disagree                      Neither agree or disagree                      Agree*

**If the patient tested positive for any STI other than HPV, please complete the following section:**

**Regarding your positive STI test result (other than HPV):**

34. It is important to obtain follow-up care for my positive test result(s).

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

35. My infection is treatable.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

36. I understand the possible consequences of my diagnosis(es) to my health.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

37. I feel comfortable during the medical exam.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

38. I feel comfortable with medical providers.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

39. I feel ashamed about my diagnosis(es).

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

40. I am embarrassed to tell other people about my diagnosis(es).

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

41. I fear that I may pass my diagnosis(es) to others.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

42. I fear that I may develop long-term adverse consequences (e.g. cancer, infertility) as a result of my diagnosis(es).

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

43. My clinician (doctor/nurse/social worker) answered my questions about my positive test result.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

44. My clinician (doctor/nurse/social worker) explained how to get treatment for my positive test result.

1                      2                      3                      4                      5  
*Disagree*                      *Neither agree or disagree*                      *Agree*

**Section V – Open-ended questions**

*If the patient tested positive for HPV, please complete the following section:*

45. Please tell us what you understand about the positive HPV test result you received, and the possible consequences to your health.

46. If you pursued follow up care for HPV:

Please tell us why you decided to pursue treatment.

47. If you did not pursue follow up care HPV:

Please tell us what prevented you from pursuing treatment.

***If the patient tested positive for any other STI, please complete the following section:***

48. Please tell us what you understand about the positive STI test result (other than HPV) you received, and the possible consequences to your health.

49. If you pursued follow up care for other STIs:

Please tell us why you decided to pursue treatment.

50. If you did not pursue follow up care for other STIs:

Please tell us what prevented you from pursuing treatment.