

Survey about perceptions regarding vaginal examinations
 → Survey to be completed **BEFORE** introduction of the Inserter

Date: _____

Site: _____

MRN: _____

Patient ID: _____

Patient Pre-examination questionnaire:

1. What is your age?

- ₁ ≤29
 ₂ 30-34
 ₃ 35-39
 ₄ 40-44
 ₅ 45-49
 ₆ 50-54
₇ 55-59
 ₈ 60-64
 ₉ ≥65

2. How many times have you had a vaginal examination performed with a speculum?

- ₁ Never
 ₂ 1-2
 ₃ 3-5
 ₄ 6-10
 ₅ More than 10

3. Are you a regular user of Tampons or Menstrual cups? Yes/ No

4. How vaginal births have you had? _____

5. How much of a barrier, if any, do you consider speculums to be to you getting screened for cervical cancer?

- 1- not a barrier 2- small barrier 3- medium barrier 4-large barrier

We would like to know how acceptable or unacceptable you find various approaches and tools for screening for cervical cancer.

Check if no previous experience with the speculum:

How willing are you to be screened for cervical cancer using:

	Not at all willing	Slightly willing	Very willing	Extremely willing
a. (From previous experience) The vaginal speculum. <i>Skip this question if no previous experience with the speculum.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. (Based of appearance only) the vaginal speculum	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. (Based off appearance only), the inserter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Physician examination with the speculum	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Self-insertion with the speculum	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Physician examination with the inserter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Self-examination with the inserter	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

We would like to hear about your preferences in cervical cancer screening.

6. Select 3 for each question

	Cost	Procedure time	Adequate assessment of cancer risk	Physician gender	How comfortable the screening is	How long it takes to get to the clinic
a. In your opinion, what are the 3 most important features for your cervical cancer screening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

7. Do you have any additional comments or feedback on the Inserter?

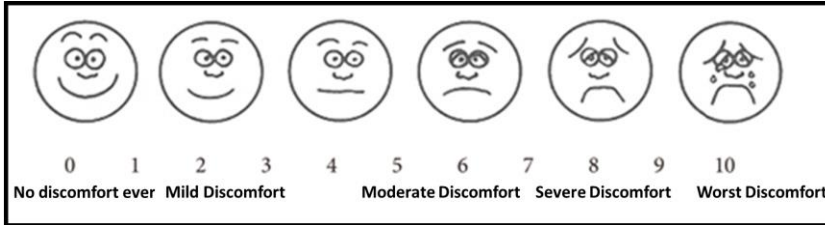
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PLEASE READ: Pay attention to whether you have any discomfort when you put the inserter in, when you take it out, and when you move it around to get a good picture of the cervix. It would also be helpful if you would pay attention to how easy or difficult using the inserter is.

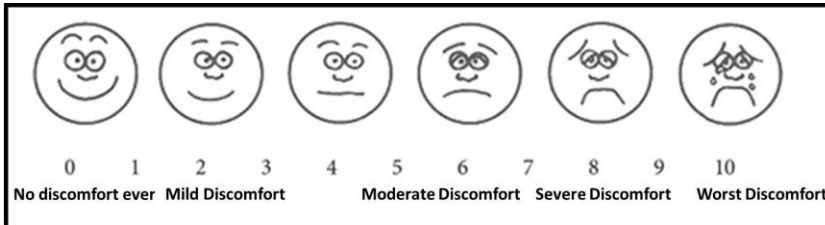
Date: _____

Site: _____

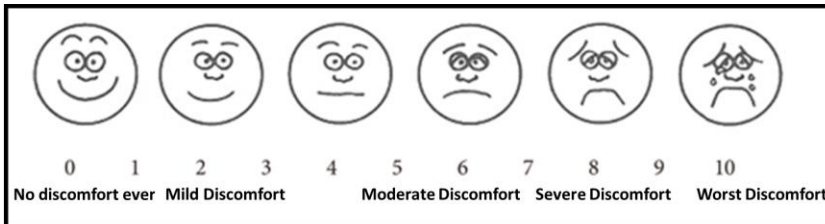
8. When you put the inserter in, how much discomfort did you feel, if any?



9. When you moved the inserter around to take a picture of your cervix, how much discomfort did you feel, if any?



10. When you took the inserter out, how much discomfort did you feel, if any?



We would like to hear more about your experience with the inserter.

11. Comparability Questions

Check if no previous experience with the speculum:

After having completed a cervical cancer screening using the inserter:

	Much worse	Slightly worse	Slightly better	Much better
a. How did this experience compare to previous vaginal examinations you have had? <i>Skip this question if no previous vaginal examinations.</i>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. In terms of comfort , how did the exam with the inserter compare to an exam with a speculum?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. In terms of ease , how did examination with inserter compare to examination with speculum?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Would you say overall that the inserter is better or worse than the speculum?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

12. We would love to hear any feedback you have on the inserter that might help us make it better. Please share any thoughts you have.

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Clinician Pre examination Questionnaire

Date: _____
 Site: _____

First, please help us understand more about your experiences in healthcare.

1. **What is your current medical position?**
₁ General Physician ₂ Nurse ₃ Physician Assistant
₄ Ob-Gyn ₅ Other _____
2. **How many years have you been working in health care delivery?** _____
3. **How many years have you been providing cervical cancer screening?** _____
4. **Are you currently a resident or trainee?** ₁ Yes ₂ No
5. **Are you male or female?** ₁ Female ₂ Male
6. **What is your age?** ₁ ≤29 ₂ 30-34 ₃ 35-39 ₄ 40-44 ₅ 45-49
₆ 50-54 ₇ 55-59 ₈ 60-64 ₉ ≥65
7. **Where do you practice? *Select all that apply.***
₁ Public hospital ₂ Private office ₃ Private hospital ₄ Other (*please name*): _____

We would like to hear about your preferences in cervical cancer screening.

8. **Select 3 for each question**

	Cost to the patient	Procedure time	Cost of the device	Training requirements	Maintenance costs	Ease of use	Physician comfort	Patient comfort	Quality of visualization of cervix	Device size
a. In your opinion, what are the 3 most important features for cervical cancer screening devices?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
b. In your opinion, what are the 3 least important features for cervical cancer screening devices?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

This next section asks you about your experiences with the vaginal speculum.

9. **Do you use a speculum in your current screening procedures?**
₁ Yes ₂ No
 (If “no,” skip to question 10)

	Metal Cusco	Plastic Cusco	Metal Graves	Plastic Graves	Metal Pederson	Plastic Pederson
a. Which speculum types have you had experience with?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. Which types do you currently use	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

10. **According to your patients, how much of a barrier to cervical cancer screening is each of the following?**

	Not a barrier	Small barrier	Medium barrier	Large barrier
a. Male medical professional performing the exam?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Fear of pain from the speculum?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Access to a healthcare facility with cervical cancer screening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Cost of the cervical cancer screening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Lack of awareness of the need for cervical cancer screening?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Lack of knowledge about what cervical cancer screening involves?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Religious beliefs?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. The time it takes to complete the procedure?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. The time it takes to receive treatment, if the test indicates it is needed?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Husband’s reluctance for his wife to be screened?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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Clinician Post examination Questionnaire

Date: _____
 Site: _____

1. Please compare the <i>Inserter</i> to the device you usually use. Compared to your usual device,	Worse	Same	Better
a. Ease of using the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Length of time needed to perform the procedure was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. The training required for the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. The form factor (for translator to know: ergonomics, how it feels to hold) of the device of the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. The size of the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. The clinical workflow while using the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Overall, compared to your usual device, the <i>Inserter</i> was	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

2. How difficult or easy did you find each of the following? How difficult or easy was it to...	Very Difficult	Somewhat Difficult	Somewhat easy	Very easy	I didn't do this
a. insert the <i>Inserter</i> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. expand the vaginal walls with the <i>Inserter</i> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. manipulate the <i>Inserter</i> to find the cervix?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. remove the <i>Inserter</i> from the vagina?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. capture images with the <i>Inserter</i> and POCkeT Colposcope	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. clean the <i>Inserter</i> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. sterilize the <i>Inserter</i> ?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3. How confident are you in your ability to operate the *Inserter*?
1 Not at all confident 2 Slightly confident 3 Moderately confident 4 Very confident 5 Extremely confident

4. Would you use the *Inserter* in your practice routinely/recommend it to patients?
1 YES 2 NO
 Please explain:

5. Would you like your hospital to purchase an *Inserter*?
1 YES 2 NO
 Please explain:

6. Do you have any additional comments or feedback on the *Inserter*?
