

Study number

Concept

Comprehensive Prevention of Cervical Cancer in Tanzania



Study site: ORCI

KCMC

Date _____

Study number _____

Health Provider Initials _____

Participant initials _____

BACKGROUND

1.

How old are you?

years

2. Are you:

Married, monogamous	1 <input type="checkbox"/>
Married, polygamous	2 <input type="checkbox"/>
Cohabiting	3 <input type="checkbox"/>
Single, with regular partner	4 <input type="checkbox"/>
Single, no regular partner	5 <input type="checkbox"/>
Divorced/ Widow	6 <input type="checkbox"/>

How long have you known your husband / cohabiter / regular partner?

years months

3. With whom are you presently living?

Husband / cohabiter	1 <input type="checkbox"/>
Parents	2 <input type="checkbox"/>
Parents in law	3 <input type="checkbox"/>
Other relatives	4 <input type="checkbox"/>
Friends	5 <input type="checkbox"/>
Nobody	6 <input type="checkbox"/>

4. What is the highest level of formal education you have completed?

No formal education	1	<input type="checkbox"/>
Standard 1-4	2	<input type="checkbox"/>
Standard 5-7	3	<input type="checkbox"/>
Form 1-4	4	<input type="checkbox"/>
Form 5-6	5	<input type="checkbox"/>
University/college	6	<input type="checkbox"/>
Other _____ Specify	8	<input type="checkbox"/>

5. What is your religion?

Christian	1	<input type="checkbox"/>
Muslim	2	<input type="checkbox"/>
Other _____ Specify	3	<input type="checkbox"/>

LIFESTYLE HABITS AND HEALTH

6. Do you smoke cigarettes?

Yes, every day	<input type="checkbox"/>	1
Yes, at least once a week	<input type="checkbox"/>	2
Yes, but less than once a week	<input type="checkbox"/>	3
No, but I previously smoked	<input type="checkbox"/>	4
No, never → (go to question 11)	<input type="checkbox"/>	5

7. How old were you, when you started to smoke cigarettes regularly?

(i.e. at least once a week)

age _____ years

8. How many years have you smoked cigarettes regularly? (subtract periods of smoking cessation)

number of years: _____

9. If you are a current smoker, how much do you smoke on an average day?

number of cigarettes: _____

10. If you no longer smoke cigarettes, how old were you when you stopped smoking?

age _____ years

11. Have you ever drunk alcohol and if yes, how old were you when you started drinking alcohol?

Have never been drinking	12 years or younger	13-14 years	15-16 years	17-18 years	19-20 years	21 years or older
<input type="checkbox"/> ₁ (Go to question 14)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇

12. How much per week do you usually drink of the following types of alcohol?

Beer	No. of <u>glasses</u> per week on average	<input type="text"/>
Wine	No. of <u>glasses</u> per week on average	<input type="text"/>
Liquor	No. of <u>drinks</u> per week on average	<input type="text"/>

(1 bottle of wine = 6 glasses, 1 bottle of liquor = 20 drinks, 1 bottle of beer = 2 glasses)

13. How many times per month on average do you have more than 6 drinks on the same occasion?

Never	Less than once a <u>month</u>	1-3 times per <u>month</u>	4-8 times per <u>month</u>	\geq 9 times per <u>month</u>
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

14. How do you regard your own health?

Excellent	Very good	Good	Less good	Bad
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

15. How do you perceive your body size?

Much too thick	A little too thick	Good	A little too thin	Much too thin
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

REPRODUCTIVE HEALTH and SEXUAL HABITS

16. Have you ever been pregnant?

- yes	1 <input type="checkbox"/>
- no	2 <input type="checkbox"/> → Go to question 17

If yes:

Total number of pregnancies	1 <input type="text"/>
Total number of births	2 <input type="text"/>

How old were you at the first pregnancy? years

How old were you when you gave birth to your first child? years

17. Did you ever have a sexual partner?

- yes	1 <input type="checkbox"/>
- no	2 <input type="checkbox"/> → Go to question 21

If yes:

How old were you at first intercourse? years

How old was your first partner at that time? years

18. How many sexual partners did you have during your lifetime? number

19. Did you have sexual intercourse within the last 12 months?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

If yes:

How often have you used condoms during the last 12 months?

At every sexual intercourse	1	<input type="checkbox"/>
Frequently but not at every intercourse	2	<input type="checkbox"/>
Rarely	3	<input type="checkbox"/>
Only sexual intercourse without condoms	4	<input type="checkbox"/>

20. Is your husband / cohabiter / regular partner circumcised?

Yes	1	<input type="checkbox"/>
No	2	<input type="checkbox"/>
No husband / cohabiter / regular partner	3	<input type="checkbox"/>

21. Has a doctor or other health care provider told you that you had genital warts (condyloma)?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

If yes:

How old were you when you had genital warts for the first time? years

Have you had genital warts in the last 12 months?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

22. Has a doctor or other health care provider told you that you had precancerous lesions on the cervix?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

If yes:

When did you have your last diagnose of precancerous lesions?

<input type="text"/>	<input type="text"/>
calendar month	calendar year

Which treatment did you receive?

- Cryo therapy	1	<input type="checkbox"/>
- LEEP	2	<input type="checkbox"/>
- Don't know	3	<input type="checkbox"/>

23. Has a doctor or other health care provider told you that you had one of the following sexually transmitted diseases?

Chlamydia	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	Age at first episode _____ Years
Gonorrhea	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	Age at first episode _____ Years
Syphilis	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	Age at first episode _____ Years

24. Have you ever been tested for HIV?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

If yes:

Have you ever tested positive?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

If yes:

When did you test positive?

calendar month

calendar year

When did you have your last CD4 count test?

(If more than 6 months ago → refer the woman for a new test)

calendar month

calendar year

What was the result of the CD4 count? _____ number

Have you ever been started on ARV treatment?

First line	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	<input type="text"/>	<input type="text"/>
				calendar month	calendar year
Second line	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	<input type="text"/>	<input type="text"/>
				calendar month	calendar year
Third line	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	If yes	<input type="text"/>	<input type="text"/>
				calendar month	calendar year

What is your CTC card number?

Clinic name

Card number

If you do not know, can we call you and get the number?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/>

KNOWLEDGE OF CERVICAL CANCER

25. Here are some statements about cervical cancer. I will ask you to answer which are true and which are false.

Malaria (mosquito) causes cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Pain during urination can be a sign of cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Cervical cancer is the most common cancer disease among Tanzanian women	True <input type="checkbox"/>	False <input type="checkbox"/>
You can get cervical cancer from deep kissing	True <input type="checkbox"/>	False <input type="checkbox"/>
It is possible to prevent cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Vaginal bleeding is the most common sign of cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Too much sun can lead to cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
A cervical infection will always turn into cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
HIV-positive women have higher risk of developing cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Cervical cancer is often found at an early stage due to obvious symptoms	True <input type="checkbox"/>	False <input type="checkbox"/>
You can get cervical cancer from unprotected sexual intercourse	True <input type="checkbox"/>	False <input type="checkbox"/>
Screening can detect cervical infections so they do not develop into cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
Cervical cancer is the main cause of cancer-related death among Tanzanian women	True <input type="checkbox"/>	False <input type="checkbox"/>
Cervical cancer is most common for women in their 20's	True <input type="checkbox"/>	False <input type="checkbox"/>
Itchiness in the vaginal area can be a sign of cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>
A virus called "Humanpapiloma virus" (HPV) causes cervical cancer	True <input type="checkbox"/>	False <input type="checkbox"/>

ACCEPTANCE OF MOBILE MESSAGES

Introduction:

Women who may have precancerous lesion will usually get a new appointment at the clinic after around 12 months. In this study, some women will also receive health information and reminders of their appointment via sms. Here are some questions about mobile messages.

26. How do you feel about receiving health information and reminders of your appointment via sms on your or your family's mobile phone?

(Choose the one smiley that best shows how you feel)



I do not like it at all



I do not like it



It is not okay



It is okay



I like it



I like it very much

27. How do you feel about receiving health information and reminders of your appointment via sms on your or your family's mobile phone?

(Make one vertical mark on the line similar to how you feel)



Thanks a lot for your help

If there are any comments to add, please write them below
