

Cluster Randomized Trial of Community-based Cervical Cancer Screening using HPV Testing

Female Client Open Interview: Component 1 - HPV and Cervical Cancer Outreach and Education

<p>Participant ID: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Site ID: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Community-based screening: <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Clinic-based screening: <input style="width: 30px; height: 20px;" type="checkbox"/></p> <p>Interviewer Initials: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>	<p>Today's Date:</p> <p style="text-align: center;">Day Month Year</p> <p style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Time Interview Started: Time Interview Ended:</p> <p style="text-align: center;">Hour Minutes Hour Minutes</p> <p style="text-align: center;"><input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p>
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	Yes	No
Has the consent form been reviewed with the interviewee?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>
Has the consent form been signed and dated by the interviewee?	<input style="width: 30px; height: 20px;" type="checkbox"/>	<input style="width: 30px; height: 20px;" type="checkbox"/>

INTERVIEWER SAY: *I want to thank you for taking the time to meet with me today. My name is _____ and I would like to talk to you about your experience participating in the HPV and Cervical Cancer Community Outreach Campaign and Education Module. First, I will ask you a series of questions that require short answers. The second part of the interview will be more like a conversation where I will ask for your thoughts and opinions about completing the educational session. As we discussed in the consent process, I'd like to tape record your answers during the interview if that is okay with you.*

Section 1: Demographic Characteristics

No.	Questions	Answer Choices																
101	How old are you?	Age in years: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>																
102	What is the highest level of education you've completed?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Standard 1 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td style="width: 50%;">Form 1 <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 2 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>Form 2 <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 3 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>Form 3 <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 4 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>Form 4 <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 5 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>College <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 6 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>University <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 7 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>Beyond University <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> <tr> <td>Standard 8 ... <input style="width: 20px; height: 15px;" type="checkbox"/></td> <td>None <input style="width: 20px; height: 15px;" type="checkbox"/></td> </tr> </table>	Standard 1 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	Form 1 <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 2 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	Form 2 <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 3 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	Form 3 <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 4 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	Form 4 <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 5 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	College <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 6 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	University <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 7 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	Beyond University <input style="width: 20px; height: 15px;" type="checkbox"/>	Standard 8 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	None <input style="width: 20px; height: 15px;" type="checkbox"/>
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Standard 8 ... <input style="width: 20px; height: 15px;" type="checkbox"/>	None <input style="width: 20px; height: 15px;" type="checkbox"/>																	

103	What is your occupation?	Professional/technical/managerial <input type="checkbox"/> Domestic service <input type="checkbox"/> Agriculture and Fishing <input type="checkbox"/> Clerical <input type="checkbox"/> Sales and services <input type="checkbox"/> Skilled manual <input type="checkbox"/> Unskilled manual <input type="checkbox"/> None / Housewife <input type="checkbox"/>										
104	How far is your home from the village center?	Distance in kilometres: <input type="text"/> <input type="text"/>										
105	How far is your home from the district hospital?	Distance in kilometres: <input type="text"/> <input type="text"/>										
106	What is your relationship status?	Single <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Widowed/Divorced <input type="checkbox"/>										
107	How many children do you currently have?	Number of children: <input type="text"/> <input type="text"/>										
108	Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
109	If pregnant, what is your estimated due date? <i>If not pregnant, skip to question #110.</i>	<table style="width: 100%; text-align: center;"> <tr> <td>Day</td> <td>Month</td> <td>Year</td> </tr> <tr> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> <td><input type="text"/> <input type="text"/></td> </tr> </table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>				
Day	Month	Year										
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>										
110	Are you currently using a method of family planning?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
111	If you are using FP, what method(s) are you using? (Check all that apply). <i>If not using FP, skip to question #112.</i>	<table style="width: 100%;"> <tr> <td>Male condom ... <input type="checkbox"/></td> <td>Female condom <input type="checkbox"/></td> </tr> <tr> <td>Injectable/Depo <input type="checkbox"/></td> <td>Sterilization <input type="checkbox"/></td> </tr> <tr> <td>Birth control pills <input type="checkbox"/></td> <td>Abstinence <input type="checkbox"/></td> </tr> <tr> <td>IUCD <input type="checkbox"/></td> <td>Natural family planning <input type="checkbox"/></td> </tr> <tr> <td>Implant <input type="checkbox"/></td> <td></td> </tr> </table>	Male condom ... <input type="checkbox"/>	Female condom <input type="checkbox"/>	Injectable/Depo <input type="checkbox"/>	Sterilization <input type="checkbox"/>	Birth control pills <input type="checkbox"/>	Abstinence <input type="checkbox"/>	IUCD <input type="checkbox"/>	Natural family planning <input type="checkbox"/>	Implant <input type="checkbox"/>	
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IUCD <input type="checkbox"/>	Natural family planning <input type="checkbox"/>											
Implant <input type="checkbox"/>												
112	Have you previously been screened for cervical cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>										

113	During what year were you screened for cervical cancer? <i>If not previously screened, skip to question #116.</i>	<div style="display: flex; justify-content: center; gap: 10px;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </div>
114	What type of cervical cancer screening did you undergo?	VIA/VILI <input type="checkbox"/> Pap Smear <input type="checkbox"/> HPV <input type="checkbox"/> Unknown <input type="checkbox"/>
115	What was the result of the cervical cancer screening test?	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Unknown <input type="checkbox"/>
116	Have you previously been treated for cervical cancer or precancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
117	Please describe the type of treatment you received. <i>If not previously treated, skip to question #118.</i>	<hr/> <hr/> <hr/>
118	What was the date of your last HIV test?	<div style="display: flex; justify-content: center; gap: 20px; margin-bottom: 5px;"> <div style="text-align: center;">Day <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;">Month <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div> <div style="text-align: center;">Year <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></div> </div> Never been tested for HIV <input type="checkbox"/>
119	What was the result of your last HIV test? <i>If never tested, skip to question #122.</i>	Positive <input type="checkbox"/> Negative <input type="checkbox"/>
120	If HIV positive, are you in HIV care?	Yes <input type="checkbox"/> No <input type="checkbox"/>
121	Where are you receiving HIV care? <i>If not in HIV care, skip to question #122.</i>	<hr/> <hr/>
122	Please describe any medical conditions that you have.	<hr/> <hr/> <hr/> <hr/>

<u>Section 2: Quantitative Questions about the Outreach and Education Component</u>		
No.	Question	Answer Choices
201	Was information about cervical cancer screening and HPV-based testing provided in your community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
202	If yes, where did you receive this information? <i>If no, skip to next section.</i>	Market <input type="checkbox"/> Church <input type="checkbox"/> Women's group meeting <input type="checkbox"/> Fliers/posters <input type="checkbox"/> Other <input type="checkbox"/> _____
203	If yes, had you heard of cervical cancer screening previously, or was this the first time?	Heard about screening before <input type="checkbox"/> First time hearing about screening <input type="checkbox"/>
204	Were you comfortable with the messages in the outreach and mobilization activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
205	Were you comfortable with the people providing the outreach and mobilization activities?	Yes <input type="checkbox"/> No <input type="checkbox"/>
206	How did you feel about the amount of time outreach and mobilization activities took?	The amount of time was appropriate <input type="checkbox"/> Too much time <input type="checkbox"/> Not enough time <input type="checkbox"/>
207	During the outreach activities, what topics were covered? INTERVIEWER: <i>Do not read out the list. Check all that apply.</i>	Female anatomy <input type="checkbox"/> Cervical cancer <input type="checkbox"/> HPV <input type="checkbox"/> Cervical cancer screening <input type="checkbox"/> Cervical cancer treatment <input type="checkbox"/> How to perform HPV self-testing <input type="checkbox"/>
208	At the end of the mobilization, did you receive information on how to access cervical cancer screening in your community?	Yes <input type="checkbox"/> No <input type="checkbox"/>
209	Do you plan to seek cervical cancer screening?	Yes <input type="checkbox"/> No <input type="checkbox"/>

210	<p>If you don't plan to seek cervical cancer screening, why not?</p> <p><i>If yes, skip to next section.</i></p>	<hr/> <hr/>
<p><u>Section 3: Open-ended Questions</u></p>		
<p>INTERVIEWER SAY: <i>As I have mentioned, I will now ask you some questions about your thoughts and opinions about the cervical cancer outreach campaign and educational module. By "outreach" I mean the advertisements and announcements about both the educational module and screening availability. By "educational module" I mean the brief session that covered specific cervical cancer topics. There are no right or wrong answers to these questions – your views will be very helpful to us as we develop cervical cancer prevention interventions in the future. I will be recording our interview as we go along.</i></p>		
No.	Question	
401	<p>Where do you feel would be the most effective place for outreach campaigns?</p> <p><i>Probe: Where would outreach campaigns reach the most women? Why?</i></p>	
402	<p>What kinds of outreach activities would be most effective?</p> <p><i>Probes: What activities would reach the highest number of women?</i></p> <p style="text-align: center;"><i>What activities would women find easy to understand?</i></p>	
403	<p>What kinds of outreach activities would not be acceptable?</p> <p><i>Probes: What activities might make women uncomfortable?</i></p> <p style="text-align: center;"><i>What activities might offend women (or men)?</i></p>	
404	<p>Have you previously heard of cervical cancer programs in your own or nearby communities, and if so, can you describe some of the outreach activities?</p>	
405	<p>Do you believe it is important for outreach campaigns to also reach men? Why or why not?</p>	
406	<p>What do you feel is the level of knowledge about cervical cancer prevention among those in your community?</p> <p><i>Probe: Among women, men, health care providers?</i></p>	
407	<p>How can cervical cancer education for women be improved?</p>	
408	<p>What role does cervical cancer education play in a woman's decision to get screened?</p>	
409	<p>Who do you feel would be most appropriate to conduct community outreach and to teach the education module?</p>	

	<i>Probe: Is it important for outreach and education workers to be a certain gender, or to have medical training?</i>
410	What settings do you think are most appropriate for a detailed education module on cervical cancer? <i>Probe: Is the education module appropriate for group settings like clinic bays/waiting areas?</i>
413	Do you have any other thoughts about the outreach campaigns and education module that we haven't covered?
INTERVIEWER: <i>Thank respondent for her time and assistance.</i> <i>Return to front page and enter ending time.</i>	
<u>Interviewer notes or observations:</u>	