

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

Female Client Open Interview: Component 4 – Treatment

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"/>	Today's Date: <div style="display: flex; justify-content: space-around;"> Day Month Year </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/> </div>
Site ID: <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/>	Time Interview Started:
Community-based screening: <input style="width: 30px; height: 20px;" type="checkbox"/>	Time Interview Ended:
Clinic-based screening: <input style="width: 30px; height: 20px;" type="checkbox"/>	<div style="display: flex; justify-content: space-around;"> Hour Minutes Hour Minutes </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <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"/> </div>
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"/>	

	Yes	No
Has the consent form been reviewed with the interviewee?	<input type="checkbox"/>	<input type="checkbox"/>
Has the consent form been signed and dated by the interviewee?	<input type="checkbox"/>	<input 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 receiving notification of your treatment for a positive HPV test result. 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?	Standard 1 ... <input type="checkbox"/> Form 1 <input type="checkbox"/> Standard 2 ... <input type="checkbox"/> Form 2 <input type="checkbox"/> Standard 3 ... <input type="checkbox"/> Form 3 <input type="checkbox"/> Standard 4 ... <input type="checkbox"/> Form 4 <input type="checkbox"/> Standard 5 ... <input type="checkbox"/> College <input type="checkbox"/> Standard 6 ... <input type="checkbox"/> University <input type="checkbox"/> Standard 7 ... <input type="checkbox"/> Beyond University <input type="checkbox"/> Standard 8 ... <input type="checkbox"/> None <input 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"/>

Section 2: Quantitative Questions about the Treatment of a Positive HPV Test Result

No.	Question	Answer Choices
201	How long after the notification of test results did you access treatment?	Time in days: <input type="text"/> <input type="text"/> Or Time in weeks: <input type="text"/> <input type="text"/>
202	How far did you have to travel to arrive at the treatment facility?	Distance in kilometres: <input type="text"/> <input type="text"/>
203	What type of transportation did you use?	Walk <input type="checkbox"/> Public means..... <input type="checkbox"/> Private vehicle <input type="checkbox"/> Other _____
204	How much did the transportation cost?	_____

205	Did you receive transportation reimbursement for your trip(s) to the local treatment facility to access treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
206	Did you consider it easy or difficult to access treatment?	Easy <input type="checkbox"/> Difficult <input type="checkbox"/> <input type="checkbox"/> Neither.....
207	What treatment did you receive?	Cryotherapy <input type="checkbox"/> LEEP <input type="checkbox"/> Biopsy <input type="checkbox"/> Unknown <input type="checkbox"/>
208	Was the treatment explained clearly to you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
209	If you had cryotherapy or LEEP, were you able to complete your treatment in a single visit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
210	If you were unable to complete your treatment, why? Check all that apply. <i>If completed treatment, skip to question #211.</i>	Menses <input type="checkbox"/> Inadequate supplies/equipment at site <input type="checkbox"/> No trained staff member <input type="checkbox"/> Changed my mind <input type="checkbox"/> Not enough time to wait <input type="checkbox"/> Complication during treatment..... <input type="checkbox"/> Was referred to another hospital for cryotherapy or LEEP <input type="checkbox"/> Other _____
211	How many visits did you need for treatment (cryotherapy or LEEP)?	Number of visits: <input type="text"/> <input type="text"/>
212	Did you consider your treatment to be uncomfortable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
213	Did you consider your treatment to be painful?	Yes <input type="checkbox"/> No <input type="checkbox"/>
214	Did you feel that you had adequate privacy during your treatment visit(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>

215	Did anyone go with you to your treatment visit(s)? If yes, who?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who? _____
216	Did you have to miss work to attend your treatment visit(s)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
216	If a friend had a positive HPV test, would you recommend treatment for them?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 3: Open-ended Questions

INTERVIEWER SAY: *As I have mentioned, I will now ask you some questions about your thoughts and opinions about the treatment for a positive HPV test result and cervical cancer prevention. 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.*

No.	Question
301	Can you describe what you have learned about treatment for a positive HPV test?
302	What comes to mind when you think about treatment for a positive HPV test?
303	<p>Please describe your treatment experience.</p> <p><i>Probes: Was the treatment clearly explained to you? Did you understand the treatment?</i></p> <p><i>Was the healthcare provider respectful?</i></p> <p><i>Were you able to ask any questions, and if so, what questions did you ask?</i></p> <p><i>Do you have any questions about treatment that you did not ask? What questions? Why didn't you ask?</i></p> <p><i>Did you feel that you had adequate privacy during treatment?</i></p> <p><i>Was treatment uncomfortable or painful?</i></p> <p><i>Did you have any side effects after treatment? If so, please describe.</i></p>
304	<p>Can you describe any factors that made accessing treatment difficult for you?</p> <p><i>Probes: Did you have to miss work?</i></p> <p><i>Did you have house/childcare responsibilities?</i></p> <p><i>Did you have enough money for transportation?</i></p> <p><i>Was the hospital facility too far away?</i></p> <p><i>Did you not want anyone else to know about the treatment?</i></p>

305	Are there ways that healthcare providers and treatment facilities can make treatment more comfortable for you? Please describe.
306	What would make it easier for women in your community to access treatment? <i>Probes: Transportation vouchers, treatment "navigators", mobile treatment units, SMS and phone reminders?</i> <i>Involvement of community leaders, husbands/male partners?</i>
307	Do you feel that husbands/male partners are supportive of women accessing treatment? Why or why not?
308	If a friend got a positive HPV test, would you recommend that she get treated? Why or why not?
309	Do you have any other thoughts about the treatment of a positive HPV test results or cervical cancer prevention 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>	