

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

Female Client Open Interview: Component 5 – Treatment Loss to Follow Up

<p>Participant ID: <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"/></p> <p>Site ID: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p>Community-based screening: <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Clinic-based screening: <input style="width: 20px; height: 20px;" type="checkbox"/></p> <p>Interviewer Initials: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; 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: 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"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; 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: 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"/> <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"/></p>
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	Yes	No
Has the consent form been reviewed with the interviewee?	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>
Has the consent form been signed and dated by the interviewee?	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; 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 in cervical cancer screening and challenges in seeking treatment after the HPV test. 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 HPV testing and treatment. 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: 20px; height: 20px;" type="text"/> <input style="width: 20px; 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: 20px;" type="checkbox"/></td> <td style="width: 50%;">Form 1 <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 2 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>Form 2 <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 3 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>Form 3 <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 4 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>Form 4 <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 5 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>College <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 6 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>University <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> <tr> <td>Standard 7 ... <input style="width: 20px; height: 20px;" type="checkbox"/></td> <td>Beyond University <input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table>	Standard 1 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Form 1 <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 2 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Form 2 <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 3 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Form 3 <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 4 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Form 4 <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 5 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	College <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 6 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	University <input style="width: 20px; height: 20px;" type="checkbox"/>	Standard 7 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Beyond University <input style="width: 20px; height: 20px;" type="checkbox"/>
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Standard 6 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	University <input style="width: 20px; height: 20px;" type="checkbox"/>															
Standard 7 ... <input style="width: 20px; height: 20px;" type="checkbox"/>	Beyond University <input style="width: 20px; height: 20px;" 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	What is your relationship status?	Single <input type="checkbox"/> Married/Partnered <input type="checkbox"/> Separated <input type="checkbox"/> Widowed/Divorced <input type="checkbox"/>
105	How many children do you currently have?	Number of children: <input type="text"/> <input type="text"/>
106	How far is your home from the village center?	Distance in kilometres: <input type="text"/> <input type="text"/>
107	How far is your home from the district hospital?	Distance in kilometres: <input type="text"/> <input type="text"/>

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

No.	Question	Answer Choices
201	Did you consider your screening to be physically uncomfortable or painful?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know..... <input type="checkbox"/>
202	Did you consider your screening to be embarrassing?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
203	Did you feel that you had adequate privacy during	Yes <input type="checkbox"/>

	your screening visit?	No <input type="checkbox"/> Don't know..... <input type="checkbox"/>
204	Did anyone go with you to your screening visit?	Yes <input type="checkbox"/> If yes, who? _____ No <input type="checkbox"/>
205	Did you receive your HPV results? If Yes → Go to Question 206 If No "I'm sorry about that. To make sure we have the correct number for you, what is your phone number?" Record → Skip to Q 213 If Don't know → Skip to Q 213	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/> Phone Number: _____ Don't know..... <input type="checkbox"/>
206	Did your HPV results make you feel worried?	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/> Don't know..... <input type="checkbox"/>
207	Did your HPV results make you feel afraid?	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/> Don't know..... <input type="checkbox"/>
208	How were you notified of your results?	SMS <input type="checkbox"/> Phone Call..... <input type="checkbox"/> Home Visit..... <input type="checkbox"/> Clinic Visit..... <input type="checkbox"/>
209	What did you like about your notification option?	Nothing..... <input type="checkbox"/> Liked confidentiality..... <input type="checkbox"/> Convenience..... <input type="checkbox"/> Information about HPV..... <input type="checkbox"/> Help with scheduling appointment <input type="checkbox"/> Don't know..... <input type="checkbox"/> Other..... <input type="checkbox"/>
210	What did you least like about your notification option?	Nothing..... <input type="checkbox"/> Worried about confidentiality..... <input type="checkbox"/> Would prefer results face to face..... <input type="checkbox"/> Difficult scheduling appointment..... <input type="checkbox"/> Don't know..... <input type="checkbox"/> Other <input type="checkbox"/>
211	How long after screening were you notified of your HPV results?	< 1 week..... <input type="checkbox"/> 1-2 weeks..... <input type="checkbox"/>

		>2 weeks-1 month... <input type="checkbox"/> > 1 month..... <input type="checkbox"/> Don't know..... <input type="checkbox"/>
212	Did you have all the information you needed to schedule an appointment for treatment?	Yes..... <input type="checkbox"/> No..... <input type="checkbox"/> Don't know..... <input type="checkbox"/>
213	What type of transportation would you use to get to Migori County Hospital?	Walk <input type="checkbox"/> Public means..... <input type="checkbox"/> Private vehicle <input type="checkbox"/> Other <input type="checkbox"/>
214	How much would the transportation cost you in total for a trip from your home to Migori and back?	KSH_____
215	Do you consider it easy or difficult to access treatment?	Easy <input type="checkbox"/> Difficult <input type="checkbox"/> Neither..... <input type="checkbox"/>
216	Have you sought cervical cancer screening elsewhere since the HPV screening?	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
217	Have you sought treatment for cervical cancer or precancer elsewhere since the HPV screening? If Yes → Go to Q 218 If No → Skip to Q 219	Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/>
218	What treatment was received?	Cryotherapy <input type="checkbox"/> LEEP <input type="checkbox"/> Hysterectomy <input type="checkbox"/> Other..... <input type="checkbox"/>
INTERVIEWER SAY: For the next few questions I will say a statement. Please tell me how much you agree or disagree with that statement. For example, if the first statement was 'The sky is blue' I would say I 'strongly agree' because I believe that is true.		
219	I trust cervical cancer screening to give accurate information about my health. Do you... <i>(read answer choices)</i>	1=Strongly agree, 2=Somewhat agree, 3=Somewhat disagree, or 4=Strongly disagree 8=Refused 9=Don't know

220	If a cervical cancer screening test finds a problem, it can usually be treated. Do you... <i>(read answer choices)</i>	1=Strongly agree 2=Somewhat agree 3=Somewhat disagree 4=Strongly disagree 8=Refused 9=Don't know
221	I would rather not know if I had cervical cancer.	1=Strongly agree 2=Somewhat agree 3=Somewhat disagree 4=Strongly disagree 8=Refused 9=Don't know
222	If I had cervical cancer, people would think I slept around.	1=Strongly agree 2=Somewhat agree 3=Somewhat disagree 4=Strongly disagree 8=Refused 9=Don't know
223	There is very little a person can do to reduce her risk of getting cervical cancer.	1=Strongly agree 2=Somewhat agree 3=Somewhat disagree 4=Strongly disagree 8=Refused 9=Don't know
224	How worried are you about getting cervical cancer? Would you say you are... <i>(read answer choices)</i>	1 = Not at all worried; 2 = A little worried; 3 = Moderately worried; or 4 = Very worried 8=Refused 9=Don't know
225	If you got cervical cancer, how much would it affect your life? Would it affect your life... <i>(read answer choices)</i>	1 = Not at all; 2 = A little; 3 = A moderate amount; or 4 = A lot 8=Refused 9=Don't know
<u>Section 3: Open-ended Questions</u>		
INTERVIEWER SAY: <i>As I have mentioned, I will now ask you some questions about your thoughts and opinions about HPV screening and treatment. 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>		
301	What factors contributed to your seeking HPV screening? <i>Probes: Did you have a reproductive-health related illness? Did your friend encourage you? Do you perceive yourself at risk of cervical cancer?</i>	
302	Do you remember your HPV test result? What was it? Can you describe what your HPV test result means? <i>(If didn't receive result: Can you describe what a positive HPV test result means?)</i> <i>Probes: Was the result clearly explained to you? Did you understand the result? How does this positive HPV test relate to your risk for cervical cancer?</i>	

303	<p>Please describe your treatment options. (<i>If didn't receive result: Can you describe the treatment options for a positive test result?</i>)</p> <p><i>Probes: When can you go for treatment? What does the treatment consist of? Will the treatment cost money? Do you know how to schedule an appointment?</i></p>
304	<p>Do you plan to seek treatment? (<i>If didn't receive result: If you had a positive test result, would you seek treatment? If did go for treatment: Why did you decide to seek treatment?</i>)</p> <p><i>Probes: If not...Why? What did you think about when deciding not to seek treatment? If yes or already did...What caused you to delay seeking treatment? What did you think about when deciding to seek treatment?</i></p>
305	<p>How do you feel when you think about getting treatment?</p> <p><i>Probes: When you think about getting treatment, does it make you nervous, excited, overwhelmed, embarrassed, relieved, or any other emotions?</i></p>
306	<p>(<i>If didn't receive result: Can you describe any factors that would make accessing treatment difficult for you?</i>) Can you describe any factors that made accessing treatment difficult for you?</p> <p><i>Probes: Would you have to miss work, house, or childcare responsibilities? Do you have enough money for transportation? Is the hospital facility too far away? Are you worried someone else would know you are going to get treatment?</i></p>
307	<p>What would make it easier for women in your community to access treatment?</p> <p><i>Probes: Would the involvement of community leaders make it easier? If yes, what would you like them to do? What could your husband/male partner do to make treatment easier? List any of the following she has not already mentioned. Would any of these be helpful for you? Transportation vouchers, treatment "navigators", mobile treatment units, SMS and phone reminders, friendlier health care providers.</i></p>
308	<p>Do you feel that husbands/male partners are supportive of women accessing treatment? Why or why not?</p> <p><i>Probes: Do you know anyone whose partner was or would be angry that they had a + HPV test? Do you know anyone whose partner would prevent them from getting treatment? Did you tell your partner when you received your results? What was your partner's reaction (remember, this is all confidential)?</i></p>
309	<p>If a friend got a positive HPV test result, would you recommend that she get treated?</p> <p><i>Probe: Why or why not?</i></p>
310	<p>Have you ever gone to Migori (or other hospitals) for care or treatment?</p> <p><i>Probes: If yes, what was your experience like? Did you feel well-treated and respected?</i></p>

	<p><i>Was the cost of care or treatment high? How did you get there? What was the journey like?</i></p>
311	<p>Do you have any other thoughts about why someone who is HPV positive might not go for treatment and what would help her to go? Do you have any other thoughts about cervical cancer prevention that we haven't covered?</p>
	<p>INTERVIEWER: <i>Thank respondent for her time and assistance.</i></p> <p><i>Return to front page and enter ending time.</i></p>

Interviewer notes or observations: