

<hr/> <p>Study number</p>

Concept

Comprehensive Prevention of Cervical Cancer in Tanzania



Study site: ORCI KCMC MAGOMENI MAWENZI

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"/>
Local brew	No. of <u>drinks</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 month	1-3 times per month	4-8 times per month	≥ 9 times per month
<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
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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?

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 years

Have you had genital warts in the last 12 months?

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

22. Have you ever been screened against cervical cancer?

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

If yes:**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"/>	Go to question 23

When did you have your last diagnose of precancerous lesions?

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
Gonorrhoea	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"/>	Go to question 25

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?

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

If yes:

started when ?

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

What is your CTC card number?

Clinic name

Card number

What is your CTC file number?

File number

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

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

TAARIFA KUHUSU SARATANI YA SHINGO YA KIZAZI
(KNOWLEDGE OF CERVICAL CANCER)

25. Sentensi zifuatazo zinahusu saratani ya shingo ya kizazi. Sema kweli au si kweli kwa kila sentensi

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

1. Malaria (mbu) inasababisha saratani ya shingo ya kizazi (Malaria (mosquito) causes cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
2. Kupata maumivu wakati wa kukojoa ni dalili ya saratani ya shingo ya kizazi (Pain during urination can be a sign of cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
3. Saratani ya shingo ya kizazi ndiyo inayoongoza kwa magonjwa ya kanza za wanawake hapa Tanzania (Cervical cancer is the most common cancer disease among Tanzanian women)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
4. Unaweza kupata saratani ya shingo ya kizazi kwa kubusiana (You can get cervical cancer from deep kissing)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
5. Inawezekana kujikinga na saratani ya shingo ya kizazi (It is possible to prevent cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
6. Kutokwa damu ukenu ni dalili kuu ya ugonjwa wa saratani ya shingo ya kizazi (Vaginal bleeding is the most common sign of cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
7. Jua kali linaweza kusababisha saratani ya shingo ya kizazi (Too much sun can lead to cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
8. Maambukizi ya kwenye shingo ya kizazi mara zote hubadilika kuwa saratani (A cervical infection will always turn into cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
9. Wanawake wenye VVU wako kwenye hatari kubwa ya kupata saratani ya shingo ya kizazi (HIV-positive women have higher risk of developing cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
10. Saratani ya shingo ya kizazi mara nyingi hugundulika mapema kutokana na dalili zake (Cervical cancer is often found at an early stage due to obvious symptoms)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
11. Unaweza kupata saratani ya shingo ya kizazi kwa kujamiiana bila kinga (You can get cervical cancer from unprotected sexual intercourse)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
12. Kupima afya kunaweza kugundua maambukizi ya kwenye shingo ya kizazi na kuyazuia yasibalike kuwa saratani (Screening can detect cervical infections so they do not develop into cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
13. Saratani ya shingo ya kizazi inaongoza kwa kusababisha vifo vinavyotokana na saratani kwa wanawake hapa Tanzania (Cervical cancer is the main cause of cancer-related death among Tanzanian women)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
14. Saratani ya shingo ya kizazi mara nyingi huwapata wanawake wakiwa kwenye miaka ya ishirini. (Cervical cancer is most common for women in their 20's)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
15. Kuwashwa ukenu kunaweza kuwa ni dalili ya saratani ya shingo ya kizazi (Itchiness in the vaginal area can be a sign of cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>
16. Kirusi kinachoitwa Human papilloma virus ndicho kisababishacho saratani ya shingo ya kizazi (A virus called "Humanpapiloma virus" (HPV) causes cervical cancer)	Kweli <input type="checkbox"/>	Si kweli <input type="checkbox"/>

UKUBALI WA UJUMBE MFUPI KUPITIA SIMU YA MKONONI (ACCEPTANCE OF MOBILE MESSAGES)





UTANGULIZI (Introduction):

Kwenye utafiti huu wanawake watatakiwa kurudi baada ya miezi 14. Baadhi ya wanawake watatumiwa ujumbe kupitia simu ya mkononi wenye taarifa za afya na kukukumbusha siku ya kurudi kliniki. Nitakuuliza maswali machache kuhusu ujumbe wa kupitia simu ya mkononi

(In this study, all women will get a new appointment at the clinic after 14 months. However, some women will also receive health information and reminders of their appointment via sms. Here are some questions about mobile messages.)

26. Utajisikiaje ukipata ujumbe mfupi wenye taarifa kuhusu saratani ya shingo ya kizazi na upimaji wake kwenye simu yako au ya familia yako? (Chagua tabasamu sahihi kuonyesha utakavyojisikia)

(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)

- | | | |
|---|--|--------------------------|
|  | Siipendi kabisa
<i>I do not like it at all</i> | <input type="checkbox"/> |
|  | Siipendi
<i>I do not like it</i> | <input type="checkbox"/> |
|  | Sio sawa
<i>It is not okay</i> | <input type="checkbox"/> |
|  | Sawa
<i>It is okay</i> | <input type="checkbox"/> |
|  | Naipenda
<i>I like it</i> | <input type="checkbox"/> |
|  | Naipenda sana
<i>I like it very much</i> | <input type="checkbox"/> |

27. Utajisikiaje ukipata ujumbe mfupi wenye taarifa kuhusu saratani ya shingo ya kizazi na upimaji wake kwenye simu yako au ya familia yako? (Weka alama ya mstari wima kuonyesha utakavyojisikia).

(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
