
Baseline Study number

Follow-up Study number

Concept

Comprehensive Prevention of Cervical Cancer in Tanzania

FOLLOW-UP QUESTIONNAIRE



Study site: ORCI KCMC MAWENZI

Date _____

Follow-up Study number _____

Baseline Study number _____

Health Provider Initials _____

Participant initials _____

REPRODUCTIVE HEALTH and SEXUAL HABITS**1. Have you given birth since your last screening visit?**

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

If yes:

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

2. Did you have a sexual partner since your last screening visit?

- yes	1	<input type="checkbox"/>
- no	2	<input type="checkbox"/> Go to question 3

If yes:**Have you had a new sexual partner since your last screening visit?**

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

How many sexual partners did you have since your last screening visit?

				number
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How often have you used condoms since your last screening visit?

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"/>

3. 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"/>

Hormonal Family Planning

4. Have you ever used hormonal family planning methods?

- yes	1	<input type="checkbox"/>	
- no	2	<input type="checkbox"/>	Go to question 5

If yes:**What type of hormonal contraceptives have you used?**

Type	No, never	Yes	If yes , how long have you used it overall?	
Birth control pills	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/> years	and <input type="text"/> months
Birth control shot (Depo-provera)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/> years	and <input type="text"/> months
Birth control implant (Implanon/ Nexoplan)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/> years	and <input type="text"/> months
Hormonal IUD (Mirena)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	<input type="text"/> years	and <input type="text"/> months

HIV**5. Have you tested positive for HIV since your last screening visit?**

- yes	1 <input type="checkbox"/>
- no	2 <input type="checkbox"/> Go to question 6

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"/>

ATTENDANCE TO FOLLOW-UP APPOINTMENT**6. Which of following tools were most important for you to remember your appointment today? (choose one answer)**

I remembered from my appointment card and came to the clinic	₁ <input type="checkbox"/>	Go to question 8
I had a sms-reminder and came to the clinic	₂ <input type="checkbox"/>	Go to question 8
A nurse called me and told me to come to the clinic	₃ <input type="checkbox"/>	Go to question 7
A nurse visited me at home and told me to come to the clinic	₄ <input type="checkbox"/>	Go to question 7
A nurse visited and we had the appointment at my home	₅ <input type="checkbox"/>	Go to question 7

7. What are the main reasons why you did not come to the clinic before the nurse contacted you?

I could not afford transportation on my own	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I did not think the appointment was important	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I had forgotten	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I was nervous about the result of the screening	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I was nervous about having a gynaecological examination	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
House chores prevented me from coming	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
The clinic is too far away from my home	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
Rainy season/ public holidays	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
My family does not know that I go, so I have to go secretly	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I had my period	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I was pregnant	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I had moved	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
Other (please write)		

HEALTH EDUCATION BY MOBILE PHONE

(ELIMU YA AFIA QUA SIM)

8. Have you received any text messages (sms) regarding cervical cancer and your screening appointment at the clinic?

- yes	₁ <input type="checkbox"/>
- no	₂ <input type="checkbox"/> (Questionnaire is finished)

If yes:

How do you like the number of messages that you received?







Too many messages	₁ <input type="checkbox"/>
Adequate amount of messages	₂ <input type="checkbox"/>
Too few messages	₃ <input type="checkbox"/>

How do you feel about of the following statements? (If 'don't know' leave box empty)

The information in the messages was easy to understand	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I did <i>not</i> need help from others to read the messages	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
The information in messages made me uncomfortable	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I know how to read text messages on my phone	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I often send and receive text messages on my phone	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I shared the health education that I got on my phone with friends or family	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I would like to continue to receive health information by mobile phone	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
My husband or other family members was happy that I received health information on my mobile phone	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>
I would recommend a friend or a family member to receive health education by mobile phone	Yes ₁ <input type="checkbox"/>	No ₂ <input type="checkbox"/>

How do you feel about receiving health information and reminders of your appointment via sms on your mobile? (Choose the one smiley that best shows how you feel)

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

-  *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*

Here are some statements about cervical cancer. I will ask you to answer which are true and which are false? (only for women that have received sms'!)

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

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

Thanks a lot for your help

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