



HPV screening in the urine of transpeople

Allocation Number: _____

Date: _____

1. Age: _____

2. Gender identity:

- female to male (FtM)
- male to female (MtF)
- genderqueer/non binary
- other genderidentity

3. Sexual orientation:

- homosexual
- heterosexual
- bisexuell / pansexual
- asexual
- not clear or do not want to answer

4. Number of sexual partners throughout life: _____

5. Number of sexual partners in the last 12 months: _____

6. Current medication: _____

7. Have you already had gender reassignment surgery?

- yes
- no

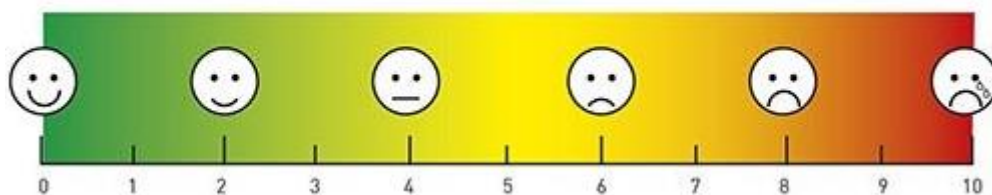
If yes:

- ovaries removed
- uterus with cervix removed
- uterus removed without cervix
- penoid
- testicles removed
- penis removed
- neovagina

8. When did you have your last PAP smear?

- less than a year ago
- 1-3 years ago
- over 3 years ago
- never

9. If you have ever had a PAP smear, how did you feel about the collection?



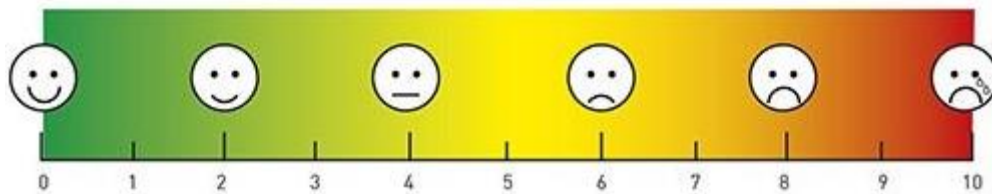
10. Have you ever had an abnormal Pap smear?

- yes
- no
- I do not know
- I have never had a pap smear

11. When did you have your last HPV test?

- in the past 3 years
- over 3 years ago
- never

12. If you have ever had an HPV test, how did you feel about the collection?



13. Have you ever had a positive HPV test?

- yes
- no
- I do not know
- I have never had a HPV test

14. Would you prefer a urine HPV test to a Pap smear?

- yes
- no
- I do not know

15. Would you prefer an HPV test in urine to an HPV smear test?

- yes
- no
- I do not know

16. Are you vaccinated against HPV?

- yes
- no
- I do not know

17. If you were vaccinated against HPV, how old were you? _____

18. How many cigarettes do you smoke per day?

- I do not smoke
- 1-5 per day
- 5-10 per day
- over 10 per day

Thank you for your precious time!