

Additional file 1

English-language version of the cervical cancer early-detection knowledge and screening readiness questionnaire

Manuscript title: Immediate changes in cervical cancer early-detection knowledge and screening readiness after an experiential learning-based health promotion session in Indonesian Islamic study communities: a one-group pretest-posttest pilot study

Purpose: This supplementary file provides the English-language version of the questionnaire used for peer-review transparency. The field-administered questionnaire was in Indonesian. This pilot questionnaire is an educational and readiness assessment tool and is not a diagnostic instrument.

Administration: Participants completed the questionnaire before and immediately after the health-promotion session. Respondent codes, not names, were used to match pretest and posttest responses.

A. Participant characteristics

No.	Item	Response options / notes
1	Respondent code	Written code assigned by the research team; no participant name.
2	Age group	<30 years; 30-39 years; 40-49 years; 50-59 years; ≥60 years.
3	Highest education	Elementary school; junior high school; senior high/vocational school; diploma/bachelor or higher; other/unclear.
4	Occupation	Housewife; trader/seller; farmer; self-employed; other.
5	Marital status	Married; widowed/divorced; unmarried; other/unclear.
6	Previous cervical cancer screening	Yes; no; not sure.

B. Cervical cancer early-detection knowledge checklist

Instructions: Please choose one response for each statement: True, False or I do not know. Scoring: correct answer = 1; incorrect answer or I do not know = 0. Total knowledge score range = 0-15. Higher scores indicate higher cervical cancer early-detection knowledge.

No.	Knowledge statement	Correct answer
1	Cervical cancer develops in the cervix, which is the lower part of	True

	the uterus.	
2	Persistent infection with high-risk human papillomavirus (HPV) is a major cause of cervical cancer.	True
3	Cervical cancer can often be prevented through HPV vaccination, screening and timely treatment of precancerous lesions.	True
4	Early screening is useful even when a woman does not have symptoms.	True
5	Women should wait until bleeding, pain or abnormal discharge occurs before seeking screening.	False
6	Visual inspection with acetic acid (VIA) is a cervical cancer screening method performed by trained health personnel.	True
7	A Pap test can help detect abnormal cervical cells before cancer develops.	True
8	VIA screening and HPV vaccination are exactly the same procedure.	False
9	A positive screening result always means that a woman already has cervical cancer.	False
10	Follow-up after an abnormal screening result is important.	True
11	Screening should be conducted through appropriate health services or trained health personnel.	True
12	Not having symptoms means that cervical cancer screening is never needed.	False
13	Embarrassment or fear can be discussed with health workers so that privacy and comfort are considered during screening.	True

14	Community health education can replace clinical cervical cancer screening completely.	False
15	Reliable information and support from family, peers or health cadres can help women plan a screening visit.	True

C. Attitude-response and screening readiness indicators

Instructions: Please indicate how much you agree with each statement. Response scale: 1 = strongly disagree; 2 = disagree; 3 = agree; 4 = strongly agree. Items marked as reverse-scored are recoded before the total score is calculated. Total attitude-response score range = 10-40. Higher scores indicate more favourable screening readiness.

No.	Statement	Scoring direction
1	I believe that cervical cancer early detection is important for women's health.	Positive
2	I feel that screening before symptoms appear can be beneficial.	Positive
3	I am willing to ask a health worker about VIA or Pap-test screening.	Positive
4	I can discuss cervical cancer screening with a trusted family member, peer or health cadre if needed.	Positive
5	I know where to seek further information or referral after this health-promotion session.	Positive
6	I intend to consider cervical cancer screening at an appropriate health facility.	Positive
7	I would avoid asking about screening because I feel embarrassed.	Reverse-scored
8	I would postpone screening because I do not have symptoms.	Reverse-scored
9	I feel that cervical cancer screening is unnecessary for women in my	Reverse-scored

	community.	
10	I feel confident that I can plan the next step to obtain screening information or referral.	Positive

D. Scoring notes

- Knowledge score: Sum the number of correct responses across the 15 knowledge items. Range: 0-15. Incorrect responses and I do not know responses are scored 0.
- Knowledge percentage: $(\text{knowledge score} / 15) \times 100$.
- Attitude-response score: Sum the 10 Likert items after reverse-scoring items 7, 8 and 9. Reverse scoring: 1 becomes 4, 2 becomes 3, 3 becomes 2 and 4 becomes 1.
- Readiness classification used for the pilot analysis: Positive screening readiness was assigned when the respondent showed favourable responses to screening intention and perceived ability/action planning indicators and achieved a favourable overall attitude-response pattern. The classification was used only as a self-reported intermediate readiness indicator, not as verified VIA or Pap-test attendance.
- Interpretation caution: The questionnaire was used for a pilot educational evaluation and should undergo further content-validity indexing, cognitive interviewing, item-difficulty analysis, item-discrimination analysis, internal-consistency estimation and validation against subsequent verified screening behaviour before use as a finalized scale.