IMPACT OF CHRONIC INFECTION AND IMMUNE STATUS ON CERVICAL CANCER THERAPY STUDY: CDH Cervix Cancer Prospective Study

Living Situation (Housing characteristics)

1. Do you own the housing you are living in ?
   - ☐ Yes (Purchased, Built)
   - ☐ No

If no, choose from the list below

1. Rented
2. Inherited
3. Provided by employer
4. Provided by friend,relative or any family member of the household

2. What is the type of housing unit ?
   - ☐ Traditional (mud/thatch)
   - ☐ Conventional Flat
   - ☐ Commercial building
   - ☐ Specify other……

3. What is the main type of material used for the roof ?
   - ☐ Thatch/glass
   - ☐ Mud tiles
   - ☐ Wood/bamboo
   - ☐ Iron sheets
   - ☐ Asbestos
   - ☐ Harvey tiles/Ceramic
   - ☐ Specify Other**……**

4. What is the source of drinking water of your household members?
   - ☐ Piped water
   - ☐ Bottled water
   - ☐ Unprotected well
   - ☐ Borehole
   - ☐ Protected well
   - ☐ Surface water (River, Stream,Dam, Pond) etc

5. What is the main source of energy used for cooking?
   - ☐ Electricity
   - ☐ Solar power
   - ☐ Gas
   - ☐ Kerosene
   - ☐ Charcoal
   - ☐ Wood
   - ☐ Specify Other……..

6. Where is the cooking usually done?
   - ☐ In the House
   - ☐ In the separate building
   - ☐ Outside

7. From the housing you live, Do you have problems with any of the following?
   i. Pests such as bugs ,ants, mice, lead paints, water leak

   - ☐ Yes
   - ☐ No
   - ☐ None

ii. electricity?

□ Yes □ No

7b. How many hours of the day do you NOT have electricity at home?
i. I have electricity all of the time (never have outages).
ii. Power outages about <=2 hours a day.
iii. Power outages about 3-6 hours a day.
iv. Power outages about >6 hours a day.

7c. How do you charge your phones?
i. I can charge my phone at my home most or all of the time (using electricity or solar energy).
ii. I can charge my phone nearby within 30 minutes of my home (for example, I use a relative's home or I pay for it at a shop).
iii. I have to travel more than 30 minutes from my home to charge my phone.
iv. I don't have a phone, and I use a relative's.

FOOD

8. Within the past 12 Months, have you at some points worried of not having food in the house and not having money to buy more?

□ Yes many times
□ Sometimes
□ Not at all

9. Within the last 12 months, do you often afford to have three (3) meals a day (Proper meals)?

□ Often □ Not often □ Never

Transportation

10. From the time you were diagnosed with cervical cancer, have you had any challenges with transport to access your hospital medical appointment?

□ Yes □ No

Financial Strain and Employment

11. Do you have any source of Income ?

□ Yes □ No

i. State source of income
   - □ Employed
   - □ Business
   - □ Farming
   - □ Cash Social Transfer Scheme
   - □ Other Specify**……..**

ii. Net Income

☐ Less than k 500 ☐ Between k 500-k1000 ☐ Between k 1500-k3000 ☐ Above k 3000

12. Has being a cervix cancer patient affected your business or employment in any way ?

☐ Yes ☐ No ☐ N/A

13. How hard is it for you to pay for the very basics things like food, housing, and water? Would you say it is:

☐ Very hard ☐ Somewhat hard ☐ Not hard at all

EDUCATION AND LITERACY

14. Have you ever attended school ?

☐ Yes ☐ No

15. What is the level of school you attended?

☐ Primary ☐ Secondary ☐ Tertiary

16. Are you able to read in any local language or English?

☐ Cannot read at all ☐ Able to read only parts of sentence ☐ Able to read whole sentence

Physical Activity

17. In the last 30 days, have you ever engaged in any moderate exercises such as (walking fast, running, jogging, gardening/farming, biking or other similar activities)?

☐ Yes ☐ No

18. If yes to the above question, on average, how many days per week did you exercise ?

Days

☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6

Family and Community Support

19. Are you able to do your day-to-day activities on your own?

☐ Yes ☐ No

20. If no, do you often get the help you need from your family and friends?

☐ More often ☐ Less often ☐ Never get any help

21. Do you ever feel lonely or isolated from those around you?

☐ Never ☐ Sometimes ☐ Always
☐ Rarely ☐ Often

Substance Use

The next questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances are prescribed by a doctor (like pain medications), but only count those if you have taken them for reasons or in doses other than prescribed. One question is about illicit or illegal drug use.

22. Do you take alcohol or Smoke ? (Tick where applicable)

☐ Yes [alcohol] ☐ No
☐ Yes [Smoke] ☐ No

23. If yes, how many times in the past 12 months have you ever had 4 or more bottles of drinks in a day?

☐ Never ☐ Monthly ☐ Daily or Almost Daily
☐ Once or Twice ☐ Weekly

24. If yes to smoking, many times in the past 12 months have you used tobacco products (like cigarettes, snuff, chew,) in a day?

☐ Never ☐ Monthly ☐ Daily or Almost Daily
☐ Once or Twice ☐ Weekly

Mental Health

25. Over the past 2 weeks, how you ever been bothered by any of the following problems?

a. Little interest or pleasure in doing things?

☐ Not at all (0) ☐ Sometimes (1) ☐ Everyday (2)

b. Feeling down,depressed, or hopeless?

☐ Not at all (0) ☐ Sometimes (1) ☐ Eveyday (2)

26. Stress means a situation in which a person feels tense, restless, nervous, or axious,or is unable to sleep at night because his or her mind is troubled all the time. Do you ever feel this kind of stress these days?

☐ Not at all ☐ Somewhat ☐ All the time
☐ A little bit ☐ Quite a bit

Disabilities

27. Do you have any physical, mental or emotional condition?

☐ Yes ☐ No ☐ No response (refuse to answer) etc

28. If yes, do you have serious difficulties in concentrating, remembering, making decisions,or doing erands or visiting a Health facility?

☐ Yes ☐ No ☐ N/A

(Pew Report, Mobile Connectivity in Emerging Economies, 2019)

Mobile phone usage

29. Do you own a mobile phone?

☐ Yes (skip to question 31) ☐ No

30. Do you regularly use someone else's mobile phone?

☐ Yes ☐ No

31. Do you use a mobile phone to access the following services at least once a week?

Make or receive calls	☐	Yes	☐	No
Send or receive text messages	☐	Yes	☐	No
Banking or mobile money	☐	Yes	☐	No
Connect to the internet	☐	Yes	☐	No
Download or use apps	☐	Yes	☐	No
Others_____	☐	Yes	☐	No

32. Can your mobile phone connect to the internet?

☐ Yes ☐ No

33. How often do you use your mobile phone to connect to the internet?

☐ Never
☐ At least once every 2 or 3 months
☐ About once a month
☐ Several times each month
☐ Several times each week

34. Is your mobile phone a smartphone? A smartphone is a mobile phone with a touchscreen that can also access the internet and download "apps."

☐ Yes ☐ No

35. Would you be willing to use your mobile phone once a week to answer questions about symptoms related to your cancer, if you were compensated for this time?

☐ Yes ☐ No ☐ Unsure

36. How would you like to receive and answer questions about your cancer symptoms? Tick all that apply.

Phone Call	☐	Yes	☐	No
Text messages	☐	Yes	☐	No
Mobile app	☐	Yes	☐	No