

Questionnaire

Demographic information

1. What is your date of birth? _____ (DD/MM/YYYY)
Current age _____
2. What is your highest degree?
 No degree Secondary school University
 Elementary school College
3. What is your current civil status?
 Single Divorced Widow
 Married/Cohabiting Other: _____
4. Do you sometimes encounter difficulties to pay rent or bills for gas/water/electricity?
 Never Sometimes Often Always I'd rather not say
5. Do you sometimes encounter difficulties to pay rent or rent?
 Never Sometimes Often Always I'd rather not say
6. Do you sometimes encounter difficulties to pay for food?
 Never Sometimes Often Always I'd rather not say
7. In which country are you born?
 Belgium Other: _____

Risk factors

8. How often have you been pregnant in your life? _____
9. Have you ever used hormonal contraceptives for 5 years in a row (or longer)?
 Yes
 No
 I don't know
10. At what age did you have sexual intercourse for the first time? _____ (years)
11. Did you ever have a sexually transmitted disease (STD) in your life?
 Yes
 No
 I don't know

12. How often did you use a condom during sexual intercourse?

- Never Sometimes Often Always I'd rather not say

Knowledge, attitude and screening habits

13. Did you, before you were invited to this study, ever hear of cervical cancer?

- Yes
 No (please proceed with question 17)
 I don't want to answer

If yes, by whom or how?

- Medical doctor Health staff Radio/television
 A friend/family member Other: _____ I don't know

14. What causes cervical cancer?

- Bad hygiene Having multiple sexual partners Smoking No reason, just bad luck
 A bacteria A virus I don't know

15. Which of the following symptoms makes you think of/can be related to cervical cancer?

- Abnormal vaginal discharge Abnormal vaginal bleeding Bleeding after sexual intercourse
 Vomiting Weight loss Pelvic/abdominal pain
 Other: _____
 I don't know

16. Can cervical cancer be prevented?

- Yes No I don't know

17. Did you, before you were invited to this study, ever hear of a PAP smear (smear test)?

- Yes No (go to question 21) I don't know (go to question 21)

18. How is the smear test performed, according to you?

- Oral (through the mouth) Nasal (through the nose) Vaginal (through the vagina)
 Anal (through the anus) I don't know

19. When did you have your last PAP smear?

- _____ (year) I don't know

20. Why (sometimes) didn't you have a PAP smear taken? (several options are possible)

- It was not important to me
- I thought I was not at risk
- I don't trust medical doctors
- I didn't have the time
- I didn't have the money
- My partner didn't allow me to/didn't prefer this
- I didn't/don't know where to be screened
- I have difficulties accessing hospitals/health centers where I can be screened
- It is embarrassing
- It is painful
- It was too difficult to get an appointment
- Other reasons: _____

21. Did you ever hear about the HPV-vaccine or the vaccine against cervical cancer?

- Yes No I don't know

Willingness

22. Do you think you are at risk to develop cervical cancer?

- Yes No I don't know

23. Do you think that screening/being tested for cervical cancer can offer advantages for your health?

- Yes No I don't know

24. Are you willing to be screened for cervical cancer via a PAP smear (= by a gynecologist/physician through a vaginal/pelvic exam)?

- Yes No I don't know

25. How would you prefer to get tested:

- PAP smear taken by a doctor Vaginal test you take yourself Neither one I don't have a preference

26. Do you feel that you need more information before you want to be screened for cervical cancer?

- Yes No