

STUDY  
LOGO  
HERE

Form Approved  
OMB Control No. 0920-xxxx  
Expiration Date: xx/xx/20xx

# Cervical Cancer Study Patient Survey–Baseline

The Centers for Disease Control and Prevention (CDC) is doing a survey to understand women's views and experiences about cervical cancer screening. Answering these questions will help CDC create new materials to help women protect themselves from cervical cancer.

- The survey should take about 20 minutes to complete.
- Your name is **not** included on your survey.
- Your answers will be kept private to the extent allowed by law.
- Answers from approximately 2,600 women will be combined.
- Some of the questions are personal but provide important information for this study.
- It is **your** choice to complete the survey. You may choose to skip any questions that you do not want to answer.
- Only people connected with this survey will see your answers. Your doctor will not see them.
- Your doctor will give you the same care, whether you choose to take the survey or not.

We thank you **very** much for taking your time to take this survey for us.

**When you are done, please put the survey into the attached envelope, and return it to the Study Coordinator.**

**Thank you!**

**Battelle**

*The Business of Innovation*

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Public reporting burden of this collection of information varies from 18 to 23 minutes with an estimated average of 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D74, Atlanta, Georgia 30333; ATTN: PRA (xxxx-xxxx)

## PART A: Information About You

This part of the survey asks questions that will help us describe the survey participants. Please write in or check (✓) the best answer.

A1. What is your date of birth?

MONTH		-	YEAR						

A2. Are you of Hispanic or Latina origin?

- Yes  
 No

A3. What is your race or racial heritage?

**Please ✓ all that apply.**

- White  
 Black or African American  
 Asian  
 Native Hawaiian or other Pacific Islander  
 American Indian or Alaska Native

A4. What is your marital status?

**Please ✓ only one.**

- Never married  
 Unmarried, living with partner  
 Married  
 Separated/Divorced  
 Widowed

A5. What is the highest level of schooling you have finished? **Please ✓ only one.**

- Elementary school (preschool to 6th grade)  
 Middle School (7<sup>th</sup> or 8<sup>th</sup> grade)  
 High School (9<sup>th</sup> – 12<sup>th</sup> grade – No Diploma)  
 High School Diploma or GED  
 Some college credit or associate degree (AA)  
 College bachelor's degree (BS, BA, AB)  
 College masters or doctoral degree (MS, MA, MSW, PhD, MD)

A6. Which type of health insurance do you have?

**Please ✓ all that apply.**

- Private insurance (Kaiser, Blue Cross, Aetna, etc.)  
 Medicare (including Medicare managed care)  
 Medicaid / Medical Coupons  
 Military or Veterans Administration  
 Illinois Breast and Cervical Cancer Program (BCCP)  
 No insurance (Self-pay for all health care costs)  
 Other. Please specify: \_\_\_\_\_

A7. In what country were you born?

USA

Other. Please specify the name of the country:

\_\_\_\_\_

A8. If you were not born in the United States, in what year did you move to the United States?

YEAR MOVED TO U.S.

A9. What language do you normally speak at home?

English

Another language. Please specify other language:

\_\_\_\_\_

**PART B: Health and Clinic History**

Following are some questions about this clinic and getting Pap tests done. Please write in or check (✓) the best answer.

B1. Including this visit, about how many times have you gone to this clinic for **your health care** in the past 12 months? Do not include visits for friends or family members.

1 time  
 2–4 times  
 5–10 times  
 More than 10 times

B2. Is this clinic the one you use most of the time when you need to see a doctor?

Yes  
 No

B3. Have you visited other clinics or doctors' offices in the past 12 months for your health care?

Yes  
 No

B4. In your entire life, about how many times have you had a Pap test?

Never  
 1 time  
 2–4 times  
 5–10 times  
 More than 10 times

B5. Of these, about how many times have you had a Pap test at this clinic?

Never  
 1 time  
 2–4 times  
 5–10 times  
 More than 10 times

B6. Do you agree or disagree that the Pap test is used to check for:

	Agree	Disagree	Not Sure
a. Pregnancy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HIV/AIDS .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Gonorrhea .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chlamydia .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Human Papillomavirus (HPV) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cervical cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Vaginal cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Yeast infections .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Vaginal infections .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If you have never had a Pap test, please go to Question C1.**

B7. How often do you get Pap tests?

**Please ✓ only one.**

- More often than once a year  
 Once a year  
 Once every 2 or 3 years  
 Less often than once every 3 years

Today is my first Pap test

Go to Question C1.

B8. Were you ever told that your Pap test was not normal?

Yes

No

I'm not sure

Go to Question B9.

A. How long ago was your last abnormal Pap test?

Years ago

Or


Months ago

B9. After getting your last Pap test, when were you told to come back for your next Pap test?

- As soon as possible  
 6 months  
 1 year  
 2 years  
 3 years  
 No one said when to come back again  
 I'm not sure

## PART C: Health Behaviors

Some of the questions may be personal. Please answer as best as you can.

- C1. About how old were you when you had vaginal sex for the first time?   YEARS OLD
- C2. About how many different partners have you ever had vaginal sex with in your entire life?   # PARTNERS
- C3. How many different people did you have sex with in the last 12 months?   LAST 12 MONTHS
- C4. Have you ever been told that you had a sexually transmitted infection or STD?  
 Yes  
 No  
 I'm not sure
- C5. Have you ever been told that you had genital warts?  
 Yes  
 No  
 I'm not sure
- C6. Do you smoke cigarettes?  
 Yes  
 No  Go to Question D1.
- A. How many days a week do you smoke cigarettes?  DAYS PER WEEK
- B. How many cigarettes do you smoke each day?   CIGS PER DAY

**PART D: Your Opinions About HPV and Pap Tests**

D1. Before today, have you ever heard of HPV? HPV stands for Human Papillomavirus.

Yes  
 No

Go to Question E1.

D2. Please ✓ all of the sources below where you learned about HPV.

- |  |   |
|--|---|
| <input type="checkbox"/> Internet          | <input type="checkbox"/> Co-workers                     |
| <input type="checkbox"/> Magazines         | <input type="checkbox"/> Teacher                        |
| <input type="checkbox"/> Pamphlets         | <input type="checkbox"/> Health Care Provider           |
| <input type="checkbox"/> Books             | <input type="checkbox"/> Family Planning Clinics        |
| <input type="checkbox"/> Health Department | <input type="checkbox"/> Planned Parenthood             |
| <input type="checkbox"/> Telephone Hotline | <input type="checkbox"/> Medical books/medical journals |
| <input type="checkbox"/> Partner           | <input type="checkbox"/> Television                     |
| <input type="checkbox"/> Friends           | <input type="checkbox"/> Radio                          |
| <input type="checkbox"/> Family            | <input type="checkbox"/> Other. Please specify: _____   |

D3. Please mark whether you agree, disagree, or are not sure about the following statements.

**We are interested in your opinions and what you may have heard about HPV.**

	Agree	Disagree	Not Sure
a. There are many types of HPV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. HPV causes HIV/AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Antibiotics can cure HPV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You can always tell when someone else has HPV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HPV can cause abnormal Pap tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Only women get HPV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. HPV causes herpes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. HPV affects your ability to get pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. HPV is a virus.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Once you get HPV, you always have it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. There are types of HPV that cause genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. HPV can be cured.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. You can get HPV from toilet seats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. HPV is a sexually transmitted infection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. There are types of HPV that cause cervical cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. HPV may go away by itself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Agree	Disagree	Not Sure
q. You can get HPV through poor personal hygiene.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Even if you do not see a wart, you can still give HPV to someone else .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Using a condom will lower the chance of giving HPV to someone else .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Lots of people have HPV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. You can have HPV for a long time without knowing it .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. You can have more than one type of HPV.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. When you had your last Pap test, did you get an HPV test at the same time?

- Yes
- No
- Don't Know
- Today is my first Pap test

Go to Question D5.

A. What was the result of your HPV test?

- HPV-Positive
- HPV-Negative
- I'm not sure

Go to Question D5.

B. How good or bad did you feel after getting the result of your HPV test?

- Very good
- Somewhat good
- Neither good nor bad
- Somewhat bad
- Very bad

C. How worried or relieved did you feel after getting the result of your HPV test?

- Very worried
- Somewhat worried
- Neither worried nor relieved
- Somewhat relieved
- Very relieved

D. How happy or unhappy did you feel after getting the result of your HPV test?

- Very happy
- Somewhat happy
- Neither happy nor unhappy
- Somewhat unhappy
- Very unhappy

D5. Have you ever been told by a health care provider that you had HPV infection?

- Yes
- No
- Don't know



- D6. We'd like your opinion about getting an HPV test along with your Pap test today. How good or bad will it be to get an HPV test today?
- Very good
  - Somewhat good
  - Neither good nor bad
  - Somewhat bad
  - Very bad
- D7. How useless or useful will it be to get an HPV test today?
- Very useless
  - Somewhat useless
  - Neither useless nor useful
  - Somewhat useful
  - Very useful
- D8. How comforting or worrying will it be to get an HPV test today?
- Very comforting
  - Somewhat comforting
  - Neither comforting nor worrying
  - Somewhat worrying
  - Very worrying
- D9. How wise or foolish will it be to get an HPV test today?
- Very wise
  - Somewhat wise
  - Neither wise nor foolish
  - Somewhat foolish
  - Very foolish

D10. Please ✓ one box on each line to indicate how much you agree or disagree with the following statements.

<b>Getting an HPV test with your Pap test:</b>	Strongly Agree	Somewhat Agree	Neither/ Not sure	Somewhat Disagree	Strongly Disagree
a. Will give you peace of mind .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Will tell you whether you need to worry if your Pap is abnormal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Will be an unnecessary extra cost .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is something your doctor thinks you should have .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Will give you the best care available...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- D11. If your health care provider recommends that you have your next Pap test in 3 years, how likely are you to wait that long?
- Very unlikely
  - Somewhat unlikely
  - Neither unlikely nor unlikely/not sure
  - Somewhat likely
  - Very likely

- D12. How good or bad would it be to wait 3 years for your next Pap if that is what your health care provider recommends that you do?
  - Very good
  - Somewhat good
  - Neither good nor bad
  - Somewhat bad
  - Very bad
  
- D13. How useless or useful would it be to wait 3 years for your next Pap?
  - Very useless
  - Somewhat useless
  - Neither useless nor useful
  - Somewhat useful
  - Very useful
  
- D14. How comforting or worrying would it be to wait 3 years for your next Pap?
  - Very comforting
  - Somewhat comforting
  - Neither comforting nor worrying
  - Somewhat worrying
  - Very worrying
  
- D15. How wise or foolish would it be to wait 3 years for your next Pap?
  - Very wise
  - Somewhat wise
  - Neither wise nor foolish
  - Somewhat foolish
  - Very foolish

D16. Please  one box on each line to indicate how much you agree or disagree with the following statements.

<b>Waiting 3 years for your next Pap test:</b>	Strongly Agree	Somewhat Agree	Neither/ Not sure	Somewhat Disagree	Strongly Disagree
a. Would save you money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would cause you to worry about getting cervical cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Would give you peace of mind.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is something your doctor thinks you should do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Would mean you would not get other health care that you need when you need it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Would increase your chance of getting cervical cancer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Would save you time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PART E: Use and Cost of Health Care Services

If today is your first visit to this clinic, please answer as best you can based on today's experience so far.

- E1. When you come to this clinic to see a health care provider, how much time do you usually spend at the clinic? Count from the time you arrive at the clinic until the time you leave.
- HOURS        MINUTES
- E2. Thinking about your travel time, how much time do you usually spend getting to the clinic and getting home again?
- HOURS        MINUTES
- E3. Do you usually get to the clinic by car?
- Yes  
 No Go to Question E5.
- E4. When you use a car, how many miles do you drive to get to the clinic and back?
- # OF MILES
- A. Do you usually pay to park?
- Yes  
 No Go to Question E5.
- B. How much do you pay?
- Amount paid: \$ \_\_\_\_\_
- E5. Do you usually get to the clinic by bus, train, taxi, or ferry?
- Yes  
 No Go to Question E6.
- A. How much do you pay?
- Amount paid: \$ \_\_\_\_\_
- E6. When you go to the clinic, do you need someone else to go with you?
- Yes, all of the time  
 Yes, most of the time  
 Yes, some of the time  
 No

E7. Do you need to pay for child care for your children so that you can go to the clinic?

- Yes, all of the time
- Yes, most of the time
- Yes, some of the time
- A little of the time
- No, I don't need to pay for it
- No, I don't have young children

Go to Question E8.

A. How much do you have to pay for child care when you go to the clinic? Amount paid: \$ \_\_\_\_\_

E8. Are you currently employed for wages, either full or part time?

- Yes
- Self-employed
- No

Go to Question E11.

E9. How often do you need to take time off from work to go to the clinic?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

E10. What do you earn per hour on your current job? Include tips, bonuses, and commissions (before deducting taxes).

- Less than \$7.50 per hour
- \$7.50–\$9.99 per hour
- \$10–\$14.99 per hour
- \$15–\$19.99 per hour
- \$20–\$29.99 per hour
- \$30 per hour or more

Go to Question E13.

E11. What is your current employment status? Please **✓ only one**.

- Out of work for **less** than 1 year
- Out of work for **more** than 1 year
- Homemaker
- Student
- Retired
- Unable to work

Go to Question E13.

- E12. What did you earn per hour on your most recent job? Include tips, bonuses, and commissions (before deducting taxes).
- Less than \$7.50 per hour  
 \$7.50–\$9.99 per hour  
 \$10–\$14.99 per hour  
 \$15–\$19.99 per hour  
 \$20–\$29.99 per hour  
 \$30 per hour or more
- E13. We would like to ask you a few questions about the amount of money that you spend for health care (for example, clinic visits, laboratory tests, prescription medicines, emergency room visits, and hospital stays). **Only include what you spend for yourself and do not include what you may spend for other family members.**
- Will you need to pay for anything for today's clinic visit?
- Yes  
 No  
 Don't know
- No  
 Don't know
- Go to Question E14.
- A. How much will you have to pay? Amount paid: \$ \_\_\_\_\_
- B. Is this the same amount that you usually pay for a clinic visit?
- Yes  
 No  
 Don't know
- Yes  
 No  
 Don't know
- Go to Question E14.
- C. What do you usually pay for a visit? Amount paid: \$ \_\_\_\_\_
- E14. In the past year, have you paid for any visits to this clinic?
- Yes  
 No  
 Don't know
- No  
 Don't know
- Go to Question E15.
- A. What is the total that you have paid during the year? Yearly total: \$ \_\_\_\_\_
- E15. In the past year, have you paid for other health care expenses for yourself? This includes prescription medicine, hospital visits, emergency room visits or visits to other clinics or doctors' offices.
- Yes  
 No  
 Don't know
- No  
 Don't know
- Go to End of Survey.
- A. What is the total that you have paid during the year? Yearly total: \$ \_\_\_\_\_

**Thank you very much for filling out this survey.**

**Please put it in the attached envelope  
and return it to the Study Coordinator.**