

STUDY
LOGO
HERE

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

Cervical Cancer Study Patient Survey–Follow-Up

Approximately 18 months (40 months) ago, when you visited [CLINIC NAME] for your Pap test, you agreed to participate in the CDC Cervical Cancer (Cx3) Study. As part of the study you received an HPV test along with your Pap test and you filled out a survey while you were at the clinic. This is the first (second) of two follow-up surveys that we are conducting 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 10 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 1,900 (1,500) 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 enclosed postage-paid envelope, and drop it in a mailbox.

Battelle

The Business of Innovation

Centers for Public Health Research and Evaluation
1100 Dexter Avenue N., Suite 400
Seattle, Washington 98109-3598

Public reporting burden of this collection of information varies from 8 to 12 minutes with an estimated average of 10 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 D-74, Atlanta, Georgia 30333; ATTN: PRA (xxxx-xxxx)

PART A: Information About You and Your Health Care Visits

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. 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: _____

A3. About how many times have you gone to (CLINIC NAME) for **your health care** in the past 12 months? Do not include visits for friends or family members.

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

A4. Have you visited other clinics or doctors' offices in the past 12 months for your health care?

- Yes
- No

A5. Is (CLINIC NAME) the one you use most of the time when you need to see a doctor?

- Yes
- No

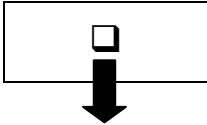
A6. Approximately 18 months (40 months) ago you had a Pap test at (CLINIC NAME). After that Pap test, when were you told to come back for your next Pap test?

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

- A7. How many times have you had a Pap test in the last 18 months (40 months)?
- None
 - 1 Pap test
 - 2 Pap tests
 - 3 or more Pap tests
 - Don't know
- A8. Did you have your most recent Pap test at (CLINIC NAME)?
- Yes
 - No
- A9. How many months ago was your last Pap test?
-
- # of months ago
- A10. What were the results of your last Pap test?
- Normal
 - Abnormal
 - I'm not sure
 - I didn't get any results
 - I was told I would be contacted if there was a problem
- A11. How good or bad did you feel after getting the results of your last Pap test? **Please ✓ only one.**
- Very good
 - Somewhat good
 - Neither good nor bad
 - Somewhat bad
 - Very bad
- A12. How worried or relieved did you feel after getting the results of your last Pap test? **Please ✓ only one.**
- Very worried
 - Somewhat worried
 - Neither worried nor relieved
 - Somewhat relieved
 - Very relieved
- A13. How happy or unhappy did you feel after getting the results of your last Pap test? **Please ✓ only one.**
- Very happy
 - Somewhat happy
 - Neither happy nor unhappy
 - Somewhat unhappy
 - Very unhappy

A14. After you received the results of your last Pap test, what did your doctor tell you to do? **Please ✓ only one box on each line.**

	Yes	No	Not sure
a. Do nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get another Pap test within 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have a test that takes a closer look at your cervix (a colposcopy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Have a biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Have some other test or treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



a) What other test or treatment? _____

A15. In the last 18 months, has a doctor or nurse told you that your Pap test was not normal?

Yes
 No
 I'm not sure

No **Go to Question A16.**

A. How many months ago did you have the Pap result that was not normal?

of months ago

A16. When do you expect to get your next Pap test?
Please ✓ only one answer.

- In less than 3 months
- In 3–6 months
- In 6–9 months
- In 9–12 months
- In more than 12 months
- Don't know

PART B: Your Opinions About HPV and Pap Tests

B1. Before today, have you ever heard of HPV? HPV stands for Human Papillomavirus.

Yes → Go to Question B2.

No → Go to Question B12.

B2. 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: _____ |

B3. 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"/>

B4. When you had your **last** Pap test, did you get an HPV test at the same time?

Yes

No

Don't Know



Go to Question B5.

A. What was the result of your HPV test?

HPV-Positive

HPV-Negative

I'm not sure



Go to Question B5.

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

B5. Have you ever been told by a health care provider that you had HPV infection?

Yes

No

Don't know

- B6. Would you want to get an HPV test the next time you get a Pap test?
 Yes
 No
 Don't know
- B7. We'd like your opinion about getting an HPV test along with your Pap test the next time you get a Pap test. How good or bad will it be to get an HPV test the next time you get a Pap test?
 Very good
 Somewhat good
 Neither good nor bad
 Somewhat bad
 Very bad
- B8. How useless or useful will it be to get an HPV test next time you get a Pap test?
 Very useless
 Somewhat useless
 Neither useless nor useful
 Somewhat useful
 Very useful
- B9. How comforting or worrying will it be to get an HPV test next time you get a Pap test?
 Very comforting
 Somewhat comforting
 Neither comforting nor worrying
 Somewhat worrying
 Very worrying
- B10. How wise or foolish will it be to get an HPV test next time you get a Pap test?
 Very wise
 Somewhat wise
 Neither wise nor foolish
 Somewhat foolish
 Very foolish

B11. Please ✓ one box on each line to indicate how much you agree or disagree with the following statements.

Getting an HPV test with your next Pap test:	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"/>

- B12. 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
- B13. 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
- B14. 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
- B15. 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
- B16. 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

Thank you very much for filling out this survey.

Please put the survey into the enclosed postage-paid envelope, and drop it in a mailbox.