**MyBodyMyTest Acceptability Questionnaire**

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|  | **Construct**  | **Item**  | **Response Scale** |
|  | **[…] Brackets indicate unread text including instructions to the interviewer (e.g., skips, response scales)** |  |  |
| **Introduction**Hi. May I please speak with \_\_\_\_\_\_\_\_\_\_\_\_?My name is \_\_\_\_\_\_\_\_\_\_, and I am calling from the “My Body, My Test” study.You recently received a self-collection test kit for HPV. We would like to know about your experience using the self-test for cervical cancer screening. [For women who returned a self-test:] At the end of the survey you will get your self-test results. Your answers will help us to educate women about cervical cancer. We will keep your answers confidential. They will not affect your medical care or your ability to be in the study. If there are any questions you do not wish to answer, please let me know. You will receive $10 for participating in this survey, which should take approximately 20-25 minutes.Before we start, I would like to make sure you are in a private place where you feel comfortable talking about personal topics. |
| 01 |  | How did you first hear about this study? | Where did you first hear about this research study? [Do not read answers:]1= 211 Telephone Information Services2= STI/STD Clinic3= Free Clinic4= Migrant Farm Worker Clinic5= Emergency Room7= Friend referral/word of mouth8= Referral from/ participation in another research study9= ASHA Website10= My Body My Test Website11= Food Bank12= Church13= Newspaper add14= Television add15= County health Department16= Adult Health Clinic17= Family Planning Clinic18= WIC (Womens Infants Children) program19=  DSS (Department of Social Services)21=  Homeless shelter22=  YWCA23 = Walmart24= Food Lion25= Salvation Army26= Good Will27= Breast and Cervical Cancer Screening Clinic28= Battered Women's Shelter29= Rural Health Centers30= Health Care provider31= Laundry mat97= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 02 |  | Did you have a chance to open the package so that you could look at the brush? | [1= Yes [Continue with section]2= No [Skip to background section, question 15]8= Refused9= Don’t know][If they say they never received a self-test kit, follow-up with UNC needs to occur.] |
| 03 |  | Overall, are your thoughts about the self-test… | 1= Mostly positive2= Mostly negative3= Neutral[8= Refused9= Don’t know] |
| 04oe |  | What did you like about the self-test? | [Record open-ended] |
| 05oe |  | What did you NOT like about the self-test? | [Record open-ended] |
| 06 |  | Did you feel comfortable receiving the self-test kit in the mail? | [1= Yes [Skip to 07]2= No8= Refused9= Don’t know] |
| 06oe |  | [If No] Can you tell me why? | [Record Open-ended] |
| 07 |  | Would you prefer to get the self-test kit… | 1= In the mail2= In a health clinic or doctor’s office3= In a pharmacy4= Or would you say it doesn’t matter.[8= Refused9= Don’t know] |
| **Self-Test Instructions** |
| 09(add after 14) |  | How hard was it to understand the self test instructions? | 1=Not hard2=Somewhat hard3=Fairly hard4=Very hard[8=Refused9=Don’t know] |
| 14 |  | What advice would you give us to make the self-test instructions better? | [open-ended, record up to five responses1= Use simpler language2= Shorter 3= More detailed instructions4= Have a video5= No advice/don’t know6= Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8= Refused9= Don’t know] |
| **Background Part 1**Next are some background questions to help us understand women in our study. |
| 15 | Age | What is your date of birth? ­­ | 15a DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (DD/MM/YYYY)[If participant will not give date of birth, ask for age, record as q15a. If participant gives date of birth, proceed to next question Q16]15b Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_15c [If participant will not give age, ask age ranges below, record as q15b:]1=30-392=40-493=50-594=60+5= <30 [Skip to the self-test results and then politely end questionnaire.] [8=Refused] |
| 16 | Ethnicity | Are you Hispanic or Latina? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 17 | Race | What is your race or ethnicity? | [Read responses only if needed. Multiple answers can be selected.]1=White2=Black or African American 3=Asian4=Native Hawaiian or Pacific Islander5=American Indian or Alaska Native6=Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[Never read:7= Hispanic8 = Refused9 = Don’t know] |
| 18 | Marital Status | What is your marital status? | [read responses only if needed:1=Married or living as married2=Divorced3=Widowed4=Separated5= Single or never married8 = Refused9 = Don’t know] |
| 19 | Education Level | What is the highest grade or year of school you completed? | [read responses only if needed:1=Never attended school or only attended kindergarten2=Grades l-8 (Elementary)3=Grades 9-11 (Some high school)4=Grade 12 or GED (High school graduate)5=College one year to three years (some college or technical school)6=College four years or more (college graduate)8 = Refused9 = Don’t know] |
| 20 | Confirmation of no hysterectomy | Have you had a hysterectomy? This is different from having your “tubes tied.” [PROBE: A hysterectomy is an operation that removes a part or all of your uterus.] | [1= Yes [Skip to the self-test results and then politely end questionnaire.]2=No8= Refused9= Don’t know] |
| **HPV Knowledge**Now I’ll ask you about HPV or human papillomavirus. |
| [Randomize these questions when asking] |
| 22 | HPV Knowledge | Do you think HPV can cause cervical cancer? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 23 | HPV Knowledge | Do you think HPV infection is rare? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 24 | HPV Knowledge | Do you think HPV can cause genital warts? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 25 | HPV Knowledge | Do you think HPV can cause herpes? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 26 | HPV Knowledge | Do you think you can get HPV through sexual contact? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 27 | HPV Knowledge | Do you think HPV can be cured? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| **HPV is a common infection that you get from having sex. Sometimes HPV infection can cause genital warts, abnormal Pap test results, and cervical cancer.** |
| **Experience with the Self-Test**[Skip this section for those who answered No(=2) to “Did you have a chance to open the package so that you could look at the brush?”, q02]The next questions are about using the HPV self-test. |
| 28 |  | Did you have a chance to use the self-test? | [1= Yes 2= No [skip to Question 38]8 = Refused9 = Don’t know] |
| 29 |  | The self-test collector is a brush. Do you have any suggestions of ways to improve the brush for women in the future? | [Record open-ended] |
| 30 |  | What would you say was the most difficult part about doing the self-test? | [open-ended, record only one response:1= Getting up enough nerve2= Finding time3= Finding privacy4= Inserting the self-test5= Being sure that I did the self-test right6= Remembering to mail the self-test7= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8= Refused9= Don’t know] |
| 31 |  | Did you call our toll free number to get help with the self-test? | [1= Yes2= No [Skip to 32]8= Refused9= Don’t know] |
| 31oe |  | [If Yes] What did you request help for? | [record open-ended] |
| 32 |  | How much physical discomfort, if any, did you have when you used the self-test? | 1= No physical discomfort [Skip to 34]2= A little3= A lot of physical discomfort[8= Refused9= Don’t know] |
| 33 |  | [If a little or a lot of physical discomfort…]How much pain, if any, did you have when you used the self-test? | 1= No pain 2= A little3= A lot of pain[8= Refused9= Don’t know] |
| 34 |  | How much bleeding, if any, did you have when you used the self-test? | 1= No bleeding 2= A little3= A lot of bleeding[8= Refused9= Don’t know] |
| 35 |  | Did you hurt or injure yourself in any way when using the self-test? | [Do not read answer choices:1= Yes [Note to interviewer: MUST email or call UNC at the end of this call to report this event]2= No [Skip to 37]8=Refused9=Don’t know] |
| 36 |  | [If Yes] Can you please explain what happened? | [Record open-ended] |
| 37 |  | What emotions or feelings did you have when you used the self-test? | [Do not read answers. Record all answers.1= Anxious or worried2= Embarrassed or Shame3= Afraid or Fearful4= Relieved5= Empowered or Confident6= Overwhelmed7= Intimidated8= Surprised9= Awkward10= I did not feel anything at all11= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| **Self-Test Concerns/Attitudes** |
| 38 |  | Please tell me how strongly you agree or disagree with the following statements.I wanted help from someone to understand how to use the self-test. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 39 |  | I was concerned that I would hurt myself while using the self-test. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 42 |  | It was hard to find time to use the self-test. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 43 |  | It was hard to find privacy to use the self-test. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 47 |  | Did any of your friends or family discourage you from taking this self-test? | [1= Yes2= No [Skip to 49]8 = Refused9 = Don’t know] |
| 48 |  | [If Yes] Who discouraged you?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 49 |  | Please tell me how strongly you agree or disagree with the following statements.I was afraid of what the self-test results might say about my health. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 50 |  | I was concerned that other people would hear about my results. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 51 |  | I am confident that I used the self-test correctly.  | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 53 |  | I think the HPV self-test is safe. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 55 |  | The self- test that you received as part of the study was free. If you had to pay for it, how much would you be willing to pay? | [Record open ended]$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[8= Refused9= Don’t know] |
| 56 | Trust in self-test (test’s sensitivity) | How much do you trust the self-test to give accurate information about your risk for cervical cancer? | 1=Not at all 2=A little3=A moderate amount4=Completely[8=Refused9=Don’t know] |
| 57 | Trust in self test (test’s positive predictive value) | How often do you think an abnormal self-test result means a woman is at risk for cervical cancer? | 1=Always2=Most of the time3=Some of the time4=Rarely[8=Refused9=Don’t know] |
| **Self-Test Preferences** |
| 59 |  | Would it be more convenient to use a self-test… | 1 = At home2 = At a medical clinic3 = They are about the same[8 = Refused9 = Don’t know, no opinion] |
| 60 |  | Would it be more private to use a self-test… | 1 = At home2 = At a medical clinic3 = They are about the same[8 = Refused9 = Don’t know, no opinion] |
| **Self-Test Return** [Skip this section for those who answered No(=2) to “Did you have a chance to open the package so that you could look at the brush?”,q02, AND skip this section for those who answered No(=2) to “Did you have a chance to use the self-test?”, q28]Now let’s talk about mailing us your self-test sample. |
| 61 |  | Did you have a chance to mail us the sample you collected? | [1= Yes [Continue with section]2= No [skip to Question 65]8= Refused 9= Don’t know] |
| 63 |  | Did you have any problems preparing your self-test sample for mailing? | [1= Yes2= No [skip to question 65]8= Refused9= Don’t know] |
| 64 |  | What problems did you have? | [1= Couldn’t close cap2= Couldn’t break brush3=Difficult to put brush into container4= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_8= Refused9= Don’t know] |
| 65 |  | Did you feel uncomfortable sending back your sample in the mail. | [1= Yes2= No8 = Refused9 = Don’t know] |
| 67 |  | Please tell me how strongly you agree or disagree with the following statements.I was concerned that my sample would get into the wrong hands. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 69 |  | I am comfortable getting self-test results by phone. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 71 |  | Receiving my results over the phone is more private than talking with my doctor about them. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 72 |  | Receiving my results over the phone is more private than receiving the results by mail. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| **Pap Smear Screening**A pap smear, or pap test, is a test for cervical cancer. |
| 74 |  | Overall, are your thoughts about getting a pap smear... | 1= Mostly positive2= Mostly negative3= Neutral[8= Refused9= Don’t know] |
| 75 |  | When was your last pap smear? | [open-ended, record year and month][999 = never had one] |
| 76 | Barriers to Pap Smear | [If not in the last four years] What are some reasons that you’ve not had a pap smear recently? | [Record open-ended: 1= I did not know where to go2= Cost too much3= I did not have time4=Would have to take time off from work5= Afraid6= Embarrassed7= Not recommended for me8= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 77 | History abnormal pap | [If q75 = 999, never had a pap, skip to 78]How many times have you had an abnormal pap smear result?  | 1 = Never2 = Once3 = Twice4 = Three or more times[8= Refused9= Don’t know] |
| 78 | HPV Attitude | Do you think HPV can cause abnormal pap smears? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 79 |  | In the past year, did you try to get a pap smear, but were unable to get one? | [1= Yes2= No8 = Refused9 = Don’t know] |
| 80 |  | In the past year, has a doctor said you should get a pap smear? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 81 | Pap intentions | How likely are you to get a pap smear in the next 3 months? | 1 = Very unlikely2 = Somewhat unlikely3 = Somewhat likely4 = Very likely[8 = Refused9 = Don’t know, no opinion] |
| 82 |  | How often, if ever, do you think women your age should get a pap smear? | 1= Every year2= Every two years3= Every three years4= Less often than that5= They shouldn’t get pap smears[8= Refused9= Don’t know] |
| 84 | Barriers to seeking to cervical cancer screening | How hard do you think it would be to find a doctor or clinic that would give you a pap smear? [Instruction: If she asks "right now?", say yes.] | 1 = not hard at all2 = somewhat hard3 = very hard[8 = refused9 = don’t know] |
| 85 |  | How hard do you think it would be to find a doctor or clinic where you can afford a pap smear? | 1 = not hard at all2 = somewhat hard3 = very hard[8 = refused9 = don’t know] |
| 86 |  | How hard do you think it would be to find someone to watch your children so you could get a pap smear? | 1 = Not hard at all2 = Somewhat hard3 = Very hard[4= Don’t have children/ Children are grown8 = refused9 = don’t know] |
| 87 |  | How hard do you think it would be to take time off work to get a pap smear? | 1 = Not hard at all2 = Somewhat hard3 = Very hard[4= Do not work/have a job8 = refused9 = don’t know] |
| 88 |  | About how many miles do you think you need to travel to get a pap smear? | 1= Less than 5 miles2= 5-10 miles3= 11-20 miles4= More than 20 miles5= Other[8= Refused9= Don’t know] |
| 89 |  | Please tell me how strongly you agree or disagree with the following statements.I trust pap smears to give accurate information about my health. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 90 |  | If I got regular pap smears, I would trust them to find cervical cancer when it is still treatable. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 92 |  | Which test do you think protects women’s health better? | 1=An HPV self-test2=A pap smear3=They are about the same[8= Refused9= Don’t know] |
| 93 |  | If HPV self-tests and pap smears protected women’s health equally well, which one would you want the next time you were screened? | 1= An HPV self-test2= A pap smear3= It doesn’t matter[8= Refused9= Don’t know] |
| **Self-Test Follow-Up** |
| 94 |  | The North Carolina Breast and Cervical Cancer Control Program offers pap smears. Did you hear about this program before being in this study? [If she never got info sheet, still ask if she ever heard of the program.] | [1=Yes2=No3= Don’t know8= Refused] |
| 95a |  | Since you received the self-test, did you get a pap smear? | [1=Yes2=No [Skip to 96]8= Refused9= Don’t know] |
| 95b |  | When did you go? | Exact Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[If they can’t remember exact date, probe…]1= Last week2= In the last two weeks3= In the last month4= In the last two months5= In the last three months |
| 95c |  | What was the name of the clinic that you went to? | Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 95d |  | What city is this clinic in? | City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 95e |  | Which county is this clinic in? | County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 95f |  | What kind of clinic was it? | [1= Public health department clinic2= BCCCP Clinic3= Family planning clinic4= Other5= UNC Clinic8= Refused9= Don’t know] |
| 95g |  | [If no information collected for questions 03-06] Do you remember anything about the clinic that you went to such as the address or what type of clinic it was? | [record open-ended] |
| 95h |  | Can you tell me what your main reason was for going? | [record open-ended:1= The pap smear was free2= Concerned about my health3= It was part of the research study8= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 95i |  | About how many miles did you have to travel from home or work to get a pap smear? | 1= Less than 5 miles2= 5-10 miles3= 11-20 miles4= More than 20 miles5= Other[8= Refused9= Don’t know] |
| **Programmatic Issues (Medical Care) / Cervical Cancer**Thank you. This is really helpful. Now let’s talk briefly about your medical care.  |
| 96 |  | Has a doctor or other medical professional ever told you that you had HPV, cervical cancer, or cervical disease? | [1 = Yes2 = No [Skip to q98]8 = Refused9=Don’t know] |
|  97 |  | Has a doctor or other medical professional ever told you that you had cervical disease that needed surgery or radiation therapy? | [1 = Yes2 = No8 = Refused9=Don’t know] |
| 100 |  | How worried are you about getting HPV? | 1 = Not at all 2 = A little 3 = Moderately 4 = Very[8 = Refused9 = Don’t know] |
| 101 |  | How worried are you about getting cervical cancer? | 1 = Not at all 2 = A little 3 = Moderately 4 = Very[8 = Refused9 = Don’t know] |
| 102 | Perceived likelihood of cervical cancer | Without regular screening, what do you think is the chance that you will get cervical cancer in the future? | 1= No chance2= Low3= Moderate4= High Chance[8= Refused9= Don’t know] |
| 103 |  | Have you ever tested positive for HIV, the virus that causes AIDS (Acquired Immune Deficiency Syndrome)? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 104 |  | When was the last time you had a test for HIV, the virus that causes AIDS? | 1= I have never had one [Skip to q106]2 = 0-6 months ago3 = 7-12 months ago4 = 13-18 months ago5 = 19-24 months ago6 = More than 24 months ago[8 = Refused9 = Don’t know] |
| 105 |  | Did this test take place in the context of prenatal care? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 106 |  | Would you feel comfortable to self-test for HIV at home? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 107 |  | Have you ever been told by a doctor or other health care provider that you had genital warts? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 108 |  | Have you ever been told by a doctor or other health care provider that you have a sexually transmitted disease? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 109 |  |

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| Have you ever been told by a doctor or other health care provider that you have oral cancer or anal cancer or lesions?  |

 | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 110 |  | How many times did you visit a doctor, health care provider, or clinic in the past year? | [record open ended, range 0-9798= Refused99= Don’t know] |
| 112 |  | Where do you usually go for your medical care? | [Select only one answer. Do not read answer choices. If you can not interpret answer, then prompt these choices.][1 = General practitioner2 = Gynecologist, Obstetrician3 = Emergency room4 = Urgent care facility5 = Public or community clinic6 = Family planning clinic7 = STI Clinic8 = Free Clinic9 = Migrant Farm Worker Clinic10 = Women’s Health Clinic97 = Other (\_\_\_\_\_\_ record open ended)98 = Refused99 = Don’t know] |
| 113 |  | How much would you say you trust doctors? | 1= Not at all2= A little3= A lot[8 = Refused9 = Don’t know, no opinion] |
| 114a | Health insurance | Do you have any form of health insurance? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 114b |  | [If yes to insurance] What kind? | [Do not read answers:1= Medicaid 2= Tricare, Health insurance from the military3= Blue Cross Blue Shield4= Other8= Refused9= Don’t know] |
| **Background Part 2**We're almost done. I have just a few background questions. |
| 116a | SES- Income | Is your total family household income this year, before taxes, under or over $20,000? | [1 = Under $20,000 [go to next question]2 = Over $20,000 [skip next question]8 = Refused, go to Religion9 = Don’t know, go to Religion]  |
| 116b |  | Is it under $10,000? | [1 = Yes [go to Religion]2 = No [go to Religion]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116c |  | Is it over $40,000? | [1 = Yes [skip next question]2 = No [go to next question]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116d |  | Is it over $30,000? | [1 = Yes [go to Religion]2 = No [go to Religion]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116e |  | Is it over $50,000? | [1 = Yes [go to next question]2 = No [go to Religion]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116f |  | Is it over $60,000? | [1 = Yes [go to next question]2 = No [go to Religion]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116g |  | Is it over $80,000? | [1 = Yes [go to next question]2 = No [go to Religion]8 = Refused, go to Religion9 = Don’t know, go to Religion] |
| 116h |  | Is it over $100,000? | [1 = Yes2 = No8 = Refused9 = Don’t know] |
| 117 | Religion | What is your religious preference? | [1= Protestant2= Catholic3=Baptist4=Methodist5=Pentecostal6= Jewish7=Muslim[8=Hindu9=Some other religion, please specify:\_\_\_\_10= No religion88=Refused99=Don’t know] |
| 118 | Gynecologic History | How many children have you had, meaning how many live births? | [record number, if >5 confirm] |
| 119 |  | The next two questions are about having sex. When I say sex, I mean having vaginal intercourse.How old were you when you first had sex? | [record number, allow only to be < current age, if <10 confirm,97 = never had sex98 = refused99 = don’t know] |
| 120 |  | [If q119 = 97 = never had sex, skip to q122] About how many different people have you had sex with in your lifetime? | [record number,9997 = never had sex9998 = refused9999 = don’t know][Only if respondent does not answer, probe for these categories, record as q120a]1= <52= 6-103= 11-204= 21-505= >50[8= Refused9= Don’t know] |
| 121a |  | Are you, your spouse, or your partner doing anything now to keep from getting pregnant? | 1=Yes2=No [skip to question 122]3= Don’t have a sexual partner [skip to question 122]4= Menopause [skip to question 122]8= Refused9= Don’t know |
| 121b |  | [If yes] What method are you using now? | [Do not read answers:1= Combined Oral Pills, “birth control pills”2= IUD3= Injectable (Depo)4= The ring5= The hormonal patch6= Norplant7= Diaphragm8= Male or female condoms9= Tubal ligation, “tubes tied”10= Withdrawal11= Natural family planning12= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| 122 |  | The next questions are about other behaviors.How comfortable are you with using a tampon? | 1= Not at all comfortable2= Somewhat 3= Completely comfortable4= Have never used tampons[8= Refused9= Don’t know] |
| 123 | Smoking | How often do you smoke cigarettes? | 1= Every day2= Some days3= Not at all[8= Refused9= Don’t know] |
| 124 | Adult Literacy in Medicine | How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? | 1= Never2= Rarely3= Sometimes4= Often5= Always[8= Refused9= Don’t know] |
| 125 | English first language | Is English your first language?  | 1=Yes2=No 8= Refused9= Don’t know |
| 126 | Internet Access | How often do you use the internet? | 1= Daily2= Weekly3= Less often than that[8= Refused9= Don’t know] |
| **[For women who returned a self-test]****We will now give you your self-test results.****PATIENT GIVEN HPV TEST RESULTS****Now that you have your self-test results, I just have a few questions about how you feel about your test results.** |
| 127 |  | Do the results make you feel worried? | [1= Yes2= No8= Refused9=Don’t know] |
| 128 |  | Do the results make you feel embarrassed or ashamed? | [1= Yes2= No8= Refused9=Don’t know] |
| 129 |  | Do they make you feel relieved? | [1= Yes2= No8= Refused9=Don’t know] |
| 131 |  | Do they make you feel surprised? | [1= Yes2= No8= Refused9=Don’t know] |
| 133 |  | Do you think you will share your self-test results with anyone? | [1= Yes2= No [Skip to q136]8= Refused9= Don’t know] |
| 134 |  | [If Yes] Who will you tell?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 135 |  | Why will you share your self-test results with them? | [Record open-ended1= To get emotional support2= To warn a sex partner] |
| 136 |  | Do you think you will keep your self-test results from anyone? | [1= Yes2= No [Skip to q139]8= Refused9= Don’t know] |
| 137 |  | [If Yes] Who will you keep it from?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 138 |  | Why will you keep your self-test results from them? | [Record open-ended] |
| 139 |  | Would you like more help understanding the results? | [1= Yes2= No8= Refused9=Don’t know][If q139 = Yes, use script to be provided][Record what questions they have, and what help they needed to understand their results] |
| **We’ve reached the end! Thank you so much! What we learn from you and other women may affect policies about HPV screening in North Carolina and help women in the state get better health care. You will receive a $10 gift card for participating in this survey, which should arrive in the mail in about 3 weeks.**  |

**MyBodyMyTest Follow-Up Questionnaire (Post HPV Test-Results)**

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| --- | --- | --- | --- |
|  | **Construct**  | **Item**  | **Response Scale** |
|  | **[…] Brackets indicate unread text including instructions to the interviewer (e.g., skips, response scales)** |   |  |
| **Introduction**Hi. May I please speak with \_\_\_\_\_\_\_\_\_\_\_\_?My name is \_\_\_\_\_\_\_\_\_\_, and I am calling from the “My Body, My Test” study.Several months ago you received a self-collection test kit for HPV or human papillomavirus. We would like to know about your experiences since then.We will keep your answers confidential. They will not affect your medical care or your ability to be in the study. If there are any questions you do not wish to answer, please let me know. You will receive $5 for participating in this survey, which should take approximately 10-15 minutes.Before we start, I would like to make sure you are in a private place where you feel comfortable talking about personal topics. |
| **If participant answered “Yes” to q95a on Acceptability Questionnaire, and has been asked q95b-95i on the Acceptability Questionnaire, please skip to question 12.** |
| 01 |  | Since we last talked, have you had a chance to get a pap smear? | 1= Yes [Skip to question 02]2= No [Proceed to question 01a] [8= Refused9= Don’t know] |
| 01a |  | Do you plan to get a pap smear? | 1 = Yes [Proceed to question 01b]2 = No [Skip to question 10] |
| 01b |  | Do you have an appointment already scheduled to get a pap smear? | 1 = Yes [Probe for dateDate: \_\_\_\_\_\_\_\_\_\_\_Thank them for their time and inform them that once they send in the postcard from their pap smear, we will contact them again for follow-up survey.]2 = No [Thank them for their time and inform them that once they send in the postcard from their pap smear, we will contact them again for follow-up survey. Refer to clinic contact list or give UNC contact if they need help making a pap appointment.] |
| 02 |  | When did you go? | Exact Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[If they can’t remember exact date, probe…]1= Last week2= In the last two weeks3= In the last month4= In the last two months5= In the last three months |
| 03 |  | What was the name of the clinic that you went to? | Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 04 |  | What city is this clinic in? | City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 05 |  | Which county is this clinic in? | County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 06 |  | What kind of clinic was it? | [1= Public health department clinic2= BCCCP Clinic3= Family planning clinic4= Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5= UNC Clinic8= Refused9= Don’t know] |
| 07 |  | [If no information collected for questions 03-06] Do you remember anything about the clinic that you went to such as the address or what type of clinic it was? | [record open-ended] |
| 08 |  | Can you tell me what your main reason was for going? | [record open-ended:1= The pap smear was free2= Concerned about my health3= It was part of the research study8= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 09 |  | About how many miles did you have to travel from home or work to get a pap smear? | 1= Less than 5 miles2= 5-10 miles3= 11-20 miles4= More than 20 miles5= Other[8= Refused9= Don’t know] |
| 10 |  | [If answered “Yes” to q01, then Skip this question] Can you tell me what your main reason was for not going? | [record open-ended:1= Do not have the time2= Do not have transportation3= Cost too much money4= Need child care5= Hard taking time off from work6= Embarrassed7= Afraid8= I did not know where to go9= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 12 | Age | What is your date of birth? ­­[To be asked to all participants]. | 12a DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (DD/MM/YYYY)[If participant will not give date of birth, ask for age, record as q12b. If participant gives date of birth, proceed to next question Q13]12b Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_12c [If participant will not give age, ask age ranges below, record as q12c:]1=30-392=40-493=50-594=60+5= <30 [8=Refused] |
| **Experience with pap smear**The next questions are about getting a pap smear in a doctor’s office or medical clinic. |
| 13 |  | Overall, are your thoughts about getting a pap smear… | 1= Mostly positive2= Mostly negative3= Neutral[8= Refused9= Don’t know] |
| [Skip this rest of this section for those who answered No(=2) to Q01, “Since we last talked, have you had a chance to get a pap smear?”], and Go to Question 31.  |
| 14 |  | Would you be willing to get a pap smear again? | 1= Yes2= No[8= Refused9= Don’t know] |
| 16 |  | How much physical discomfort, if any, did you have when you got the pap smear? | 1= No physical discomfort [Skip to 18]2= A little3= A lot of physical discomfort[8= Refused9= Don’t know] |
| 17 |  | [If answered a little or a lot of physical discomfort, ask about pain]How much pain, if any, did you have when you got the pap smear? | 1= No pain 2= A little3= A lot of pain[8= Refused9= Don’t know] |
| 18 |  | How much bleeding, if any, did you have when you got the pap smear? | 1= No bleeding 2= A little3= A lot of bleeding[8= Refused9= Don’t know] |
| 19 |  | What emotions or feelings did you have when you got the pap smear? | [Do not read answers. Record all answers.1= Anxious or worried2= Embarrassed or Shame3= Afraid or Fearful4= Relieved5= Empowered or Confident6= Overwhelmed7= Intimidated8= Surprised9= Awkward10= I did not feel anything at all11= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| 20 |  | Was the doctor or health care provider that gave you the Pap smear, male or female? | [1= Male2= Female88= Refused98= Don’t Remember/Don’t know] |
| 21 | History abnormal pap | Did you have an abnormal Pap smear result in your lifetime? | 1= Yes2=No [Skip to q30][8=Refused9=Don’t know] |
| 22 | History abnormal pap | Did you have an abnormal Pap smear result at your last pap smear visit? | 1= Yes2=No [Skip to q30][8=Refused9=Don’t know] |
| 23 |

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| Colposcopy or biopsy  |

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| [If Yes] After an abnormal Pap smear, some women have a colposcopy [COLE PAW SCOE PEE]. A doctor looks at your cervix with a magnifier and light. Sometimes the doctor does a biopsy [BUY AWP SEE] to remove a small piece of tissue. Did you have a colposcopy or biopsy of your cervix after your last pap smear visit?  |

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| 1 = Yes 2 = No [Skip to q30]3 = Don't remember [8 = Refused 9 = Don't know]  |

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| 24 |

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| Colposcopy results  |

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| [If Yes] Did the doctor or health care provider tell you that the results of the colposcopy or biopsy were abnormal after your last pap smear visit?  |

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| 1 = Yes 2 = No [Skip to q30]3 = Don't remember [8 = Refused 9 = Don't know] |

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| Dysplasia treatment  |

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| [If Yes or “Don’t remember” [colposcopy or biopsy]] Sometimes a colposcopy or biopsy finds a problem. Then, some women have a medical treatment that freezes, burns, or cuts out unhealthy cells in the cervix. Some names for the treatments are “LEEP” or loop, “cryotherapy” [CRIE O THERE UH PEE], laser, and cone biopsy. Did you receive one of these treatments after the colposcopy or biopsy after your last pap smear exam? |

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| 1 = Yes 2 = No 3 = Don't remember [8 = Refused 9 = Don't know] |

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| 26 |  | Did any of your friends or family encourage you to get a colposcopy, or treatment, after your abnormal Pap smear result? | [1= Yes2= No [Skip to q28]8 = Refused 9 = Don’t know] |
| 27 |  | [If Yes] Who encouraged you?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 28 |  | Did any of your friends or family discourage you from getting a colposcopy, or treatment, after your abnormal Pap smear result? | [1= Yes2= No [Skip to q30]8 = Refused 9 = Don’t know] |
| 29 |  | [If Yes] Who discouraged you?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused 99= Don’t know] |
| 30 |  | If you decided to get a pap smear again, where would you go? | [Record multiple.1 = General practitioner2 = Gynecologist, Obstetrician3 = Emergency room4 = Urgent care facility5 = Public or community clinic6 = Family planning clinic7 = STI Clinic8 = Free Clinic9 = Migrant Farm Worker Clinic10 = Women’s Health Clinic97 = Other (\_\_\_\_\_\_ record open ended)98 = Refused99 = Don’t know] |
| **Pap Smear Concerns/Attitudes**Please tell me how strongly you agree or disagree with the following statements. |
| 31 |  | I worried that the pap smear exam might not be clean. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 32 |  | It was hard to get up enough nerve to get a pap smear. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 33 |  | It was hard to find time to go get a pap smear. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 34 |  | My husband or sexual partner did not want me to get a pap smear. [If a woman has both a husband and sexual partner, have them answer for the person whose opinion they care about more.] | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[5= Don’t have a husband or sexual partner8 = Refused9 = Don’t know, no opinion] |
| 35 |  | Did any of your friends or family encourage you to get a pap smear? | [1= Yes2= No [Skip to 37]8 = Refused9 = Don’t know] |
| 36 |  | [If Yes] Who encouraged you?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 37 |  | Did any of your friends or family discourage you from getting a pap smear? | [1= Yes2= No [Skip to 39]8 = Refused9 = Don’t know] |
| 38 |  | [If Yes] Who discouraged you?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 39 |  | Please tell me how strongly you agree or disagree with the following statements.I was afraid of what the pap smear results might say about my health. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 40 |  | Getting a pap smear goes against my religious or cultural beliefs. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 41 |  | I think pap smears are safe. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 42 |  | If I needed to get a pap smear on my own, it would cost more than I could pay. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 43 |  | I trust pap smears to give accurate information about my health. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 44 |  | If I got regular pap smears, I would trust them to find cervical cancer when it is still treatable. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 45 | Trust in pap smear (test’s sensitivity) | How much do you trust the pap smear to give accurate information about your risk for cervical cancer? | 1=Not at all2=A little3=A moderate amount4=Completely[8=Refused9=Don’t know] |
| 46 | Trust in pap smear (test’s positive predictive value) | How often do you think an abnormal pap smear result means a woman has cervical cancer or cervical disease? | 1=Always2=Most of the time3=Some of the time4=Rarely[8=Refused9=Don’t know] |
| 47 |  | How worried are you about getting cervical cancer? | 1 = Not at all 2 = A little 3 = Moderately 4 = Very[8 = Refused9 = Don’t know] |
| 48 | Perceived likelihood of cervical cancer | Without regular screening, what do you think is the chance that you will get cervical cancer in the future? | 1= No chance2= Low3= Moderate4= High Chance[8= Refused9= Don’t know] |
| 49 |  | I would feel embarrassed if I had an abnormal Pap smear result. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 50 |  | I would be worried that people will think badly of me, if they knew I had an abnormal Pap smear result. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 51 |  | I would be worried that people will feel uncomfortable being near me, if they knew I had an abnormal Pap smear result. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 52 |  | I would be worried that people will think that I am unclean, if they knew I had an abnormal Pap smear result. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| **Pap Smear Results** |
| 53 |  | What emotions or feelings did you have when you got your Pap smear results? | [Do not read answers. Record all answers.1= Anxious or worried2= Embarrassed or Shame3= Afraid or Fearful4= Relieved5= Empowered or Confident6= Overwhelmed7= Intimidated8= Surprised9= Awkward10= I did not feel anything at all11= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| 54 |  | Do you remember your last pap smear results? [Probe for response—from your last Pap smear visit?]. | 1=Normal2=ASCUS3=LSIL4=HSIL5=Cancer6=Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_7=Abnormal, no stage specified88= Refused99=Don’t know/remember] |
| 55 |  | How hard was it for you to understand your last Pap smear results? | 1=Not hard2=Somewhat hard3=Fairly hard4=Very hard[8=Refused9=Don’t know] |
| 56 |  | Did you share your Pap smear results with anyone? | [1= Yes2= No [Skip to q58]8= Refused9= Don’t know] |
| 57 |  | [If Yes] Who did you tell?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 58 |  | Did you keep your Pap smear results from anyone? | [1= Yes2= No [Skip to q60]8= Refused9= Don’t know] |
| 59 |  | [If Yes] Who did you keep your Pap smear results from?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| **Self-Test Results**Now let’s talk about your self-test. You received your self-test results by phone. Please tell me how strongly you agree or disagree with the following statements. |
| 60 |  | What emotions or feelings did you have when you used the self-test? | [Do not read answers. Record all answers.1= Anxious or worried2= Embarrassed or Shame3= Afraid or Fearful4= Relieved5= Empowered or Confident6= Overwhelmed7= Intimidated8= Surprised9= Awkward10= I did not feel anything at all11= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| 61 |  | Would you be willing to use the HPV self-test again? | 1= Yes2= No[8= Refused9= Don’t know] |
| 62 |  | If a woman has an abnormal pap smear, how likely, do you think, is she to have an abnormal HPV self-test? | 1 = Very unlikely2 = Somewhat unlikely3 = Somewhat likely4 = Very likely[8 = Refused9 = Don’t know, no opinion] |
| 63 |  | Which test do you think protects women’s health better? | 1=An HPV self-test2=A pap smear3=They are about the same[8= Refused9= Don’t know] |
| 64 |  | If HPV self-tests and pap smears protected women’s health equally well, which one would you want the next time you were screened? | 1= An HPV self-test2= A pap smear3= It doesn’t matter[8= Refused9= Don’t know] |
| 65 |  | Please tell me how strongly you agree or disagree with the following statements.I felt comfortable getting my self-test results by phone. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 66 |  | Getting my self-test results by phone was private enough for me. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 67 |  | Receiving my results over the phone is more private than talking with my doctor about them. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 68 |  | Receiving my results over the phone is more private than receiving the results by mail. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 69 |  | I understood my self-test results. | 1 = strongly agree2 = somewhat agree3 = somewhat disagree4 = strongly disagree[8 = Refused9 = Don’t know, no opinion] |
| 70 |  | Since you got your self-test results did you want more help understanding your results? | 1= Yes2= No[8= Refused9=Don’t know] |
|  |  |  |  |
| 71 |  | Did you try to get more information to help you understand your self-test results? | 1= Yes2= No [Skip to q73][8= Refused9=Don’t know] |
| 72 |  | [If Yes] How did you get more information? | [Record multiple]1= Called the toll free study number2= Went online3= Asked a friend or family member4= Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[8= Refused9= Don’t know] |
| 72oe |  | [If Yes to q71] Why? | [record open-ended] |
| 73 |  | Do you remember your HPV self-test results from this study? [Probe for response]. | 1=Abnormal (positive)\_2=Normal (negative)3=Indeterminate88= Refused99=Don’t know/remember] |
| 74 |  | Did you share your self-test results with anyone? | [1= Yes2= No [Skip to q76]8= Refused9= Don’t know] |
| 75 |  | [If Yes] Who did you tell?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 76 |  | Did you keep your self-test results from anyone? | [1= Yes2= No [Skip to q78]8= Refused9= Don’t know] |
| 77 |  | [If Yes] Who did you keep your self-test results from?[PROBE: What relationship does this person have to you?] | [Do not read answer choices, check all that apply:1= Spouse2= Parent3= Sibling/Brother/Sister4= Friend5= Sexual partner6= Co-worker7= Child88= Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_98= Refused99= Don’t know] |
| 78 |  | What emotions or feelings did you have when you received your HPV self-test results on the phone? | [Do not read answers. Record all answers.1= Anxious or worried2= Embarrassed or Shame3= Afraid or Fearful4= Relieved5= Empowered or Confident6= Overwhelmed7= Intimidated8= Surprised9= Awkward10= I did not feel anything at all11= Other, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_88= Refused99= Don’t know] |
| 79 |  | Did the self-test results make you feel worried? | 1= Yes2= No[8= Refused9=Don’t know] |
| 80 |  | Did they make you feel relieved? | [1= Yes2= No8= Refused9=Don’t know] |
| 81 |  | Did they make you feel depressed? | 1= Yes2= No[8= Refused9=Don’t know] |
| **We’ve reached the end! Thank you so much! What we learn from you and other women may affect policies about HPV screening in North Carolina and help women in the state get better health care. You will receive a $5 gift card for participating in this survey, which should arrive in the mail in about 3 weeks.** |