

Cervical screening HPV self-test questionnaire



Questionnaire

Study Reference Number

XX				
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Research into whether women prefer self-testing for HPV instead of going to the doctor/nurse for a smear test

1. Thinking about your experience today of using the 'self-test kit', please rate how the following statements apply to you:

	Not at all	A little	Very much	Unsure/don't know
1. It was easy to use the swab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Taking the test using the swab was painful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Taking the test using the swab was uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. It was convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am confident I did it correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Were the instructions for using the "self-test kit" clear and easy to understand?

1. Yes, go to question 4	<input type="checkbox"/>
2. No	<input type="checkbox"/>

3. If not, please tell us why:

4. Did you watch the study video-clips?

1. Yes	<input type="checkbox"/>
2. No, go to question 7	<input type="checkbox"/>

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5. If yes, which ones?

	Tick all that apply
1. About the HPV self-test study	<input type="checkbox"/>
2. How to take part in the study	<input type="checkbox"/>
3. Getting your test results	<input type="checkbox"/>
4. How to do the test	<input type="checkbox"/>
5. About cervical screening, and your rights	<input type="checkbox"/>

6. Was it/were they helpful?

1. Yes	<input type="checkbox"/>
2. No	<input type="checkbox"/>

7. Please write down any comments about the video-clips

Only answer this question if you have had a smear test before:

8. Think about your last smear test performed by a nurse or doctor and the self-test you took, which of the two tests was:

	Self-test	Smear test	No difference between the 2	Unsure/don't know
1. Easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. More convenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Less embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Less uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. More accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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9. What are your main reasons for not having a smear test recently (or ever)? *Please tick all that apply to you, and then circle the main reason*

1. I don't think I need a test	<input type="checkbox"/>
2. I don't know if or when I should have a test	<input type="checkbox"/>
3. I am not having sex	<input type="checkbox"/>
4. I have never had sex	<input type="checkbox"/>
5. I have had a hysterectomy	<input type="checkbox"/>
6. A test from a nurse or doctor is embarrassing	<input type="checkbox"/>
7. A smear test from a nurse or doctor is too painful or uncomfortable	<input type="checkbox"/>
8. I have had a bad experience in the past having a test	<input type="checkbox"/>
9. I don't feel comfortable asking for a test from my nurse or doctor	<input type="checkbox"/>
10. My nurse or doctor has not suggested a test	<input type="checkbox"/>
11. It is hard to find the time to have a test	<input type="checkbox"/>
12. It is hard to find or get an appointment with the right nurse or doctor	<input type="checkbox"/>
13. It is hard to find a nurse or doctor of the right sex	<input type="checkbox"/>
14. It is hard to find a nurse or doctor of the right ethnicity	<input type="checkbox"/>
15. It is hard to find a nurse or doctor who speaks my language	<input type="checkbox"/>
16. It is hard to travel to an appointment	<input type="checkbox"/>
17. It is too expensive to have a test	<input type="checkbox"/>
18. I have not received a reminder letter to have a test	<input type="checkbox"/>
19. I don't think test results are accurate enough	<input type="checkbox"/>
20. Other (please write down):	<input type="checkbox"/>
21. Rather not say	<input type="checkbox"/>

Of the reasons you have ticked above, please circle the main reason.

The following questions are about how you would like to have a cervical screening test in the future

10. Would you prefer to do your own test or have a nurse or doctor do the test?

	Tick only 1
1. I would prefer a nurse or doctor, <i>go to question 11</i>	<input type="checkbox"/>
2. I would prefer to take my own test at home, <i>go to question 12</i>	<input type="checkbox"/>
3. I would prefer to take my own test at a medical clinic, <i>go to question 12</i>	<input type="checkbox"/>
4. I don't intend to do a test again	<input type="checkbox"/>
5. Don't know/can't say	<input type="checkbox"/>

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11. If you would prefer to have a test taken by a nurse or doctor, please tick your main 2 reasons for this:

	Tick your 2 main reasons
1. The test is accurate	<input type="checkbox"/>
2. The test is less embarrassing	<input type="checkbox"/>
3. The test is simple to do	<input type="checkbox"/>
4. The test is convenient	<input type="checkbox"/>
5. The test may find other problems	<input type="checkbox"/>
6. I can ask the nurse or doctor about something else	<input type="checkbox"/>

12. If you would prefer to take your own test, please tick your main 2 reasons for this:

	Tick your 2 main reasons
1. The test is free	<input type="checkbox"/>
2. I do not need an appointment with a nurse or doctor to do the test	<input type="checkbox"/>
3. The test is accurate	<input type="checkbox"/>
4. The test is less embarrassing	<input type="checkbox"/>
5. The test is simple to do	<input type="checkbox"/>
6. The test does not require the use of instruments (eg. speculum)	<input type="checkbox"/>

13. If you were going to use this self-test kit again would you prefer to receive the kit:

	Tick only 1
1. In the mail, to do at home	<input type="checkbox"/>
2. Collect it from a clinic (such as your family doctor), to do at home	<input type="checkbox"/>
3. Collect it from a clinic (such as your family doctor), to do at the clinic	<input type="checkbox"/>
4. Collect it from a pharmacy, to do at home	<input type="checkbox"/>
5. Collect it from a community laboratory, to do at home	<input type="checkbox"/>
6. Other – please write down _____ _____	<input type="checkbox"/>
7. Would not use the self-test kit again, <i>go to question 19</i>	<input type="checkbox"/>

14. Why would you prefer to receive the kit this way?

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15. If you were going to be mailed a self-test kit would you prefer to be:

	Tick only 1
1. 'Automatically' sent the kit when you were due for your next smear	<input type="checkbox"/>
2. Get a letter or call first	<input type="checkbox"/>
3. Order the kit online from a health professional	<input type="checkbox"/>
4. Other – please write down _____ _____	<input type="checkbox"/>

16. Why would you prefer this?

17. If you were going to use this self-test kit, would you prefer to return your test:

	Tick only 1
1. By courier	<input type="checkbox"/>
2. Return it to a clinic (such as your family doctor)	<input type="checkbox"/>
3. Return it to a pharmacy	<input type="checkbox"/>
4. Return it to a community laboratory	<input type="checkbox"/>
5. Other – please write down _____ _____	<input type="checkbox"/>

18. Why would you prefer to return your test this way?

19. Would you recommend using the self-test to a friend or whānau?

	Tick only 1
1. Yes	<input type="checkbox"/>
2. No	<input type="checkbox"/>
3. Unsure/Don't know	<input type="checkbox"/>

20. If you were able to do the test yourself, is it more likely that you would regularly take part in cervical screening in the future?

	Tick only 1
1. Yes	<input type="checkbox"/>
2. No	<input type="checkbox"/>
3. Unsure/Don't know	<input type="checkbox"/>

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The following questions are to help us to look at any differences in women's views about self-tests and smear tests. We want to ask you some questions about your personal circumstances.

21. What is your highest level of schooling?

	Tick only 1
1. Primary school	<input type="checkbox"/>
2. Secondary school (college)	<input type="checkbox"/>
3. Technical or trade school diploma	<input type="checkbox"/>
4. Undergraduate university degree	<input type="checkbox"/>
5. Postgraduate university degree	<input type="checkbox"/>
6. None	<input type="checkbox"/>

22. What is your household's approximate gross (before tax, levies, etc) annual income?

	Tick only 1
1. \$1 - \$20,000	<input type="checkbox"/>
2. \$20,001 - \$50,000	<input type="checkbox"/>
3. \$50,001 - \$70,000	<input type="checkbox"/>
4. \$70,001 - \$100,000	<input type="checkbox"/>
5. \$100,001 - \$150,000	<input type="checkbox"/>
6. \$150,001 or more	<input type="checkbox"/>
7. Prefer not to say	<input type="checkbox"/>

23. Which generation of your family came to New Zealand?

	Tick only 1
1. I was born in New Zealand	<input type="checkbox"/>
2. I moved to New Zealand from another country	<input type="checkbox"/>
3. My parents moved to New Zealand	<input type="checkbox"/>
4. My grandparents moved to New Zealand	<input type="checkbox"/>
5. My family moved to New Zealand before my grandparents were born	<input type="checkbox"/>
6. Prefer not to say	<input type="checkbox"/>

24. Is English your first language?

1. Yes	<input type="checkbox"/>
2. No	<input type="checkbox"/>

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25. If you identify as Māori, do you know the name(s) of your iwi (tribe or tribes)?

A list of iwi can be found at the end of this questionnaire.

1. Yes <i>Mark your answer and print the name and home area, rohe or region of your iwi below.</i>	<input type="checkbox"/>
2. No, go to question 26	<input type="checkbox"/>
3. I'm not Māori, go to question 26	<input type="checkbox"/>

Iwi _____

Iwi _____

Iwi _____

26. Are there any other comments about the self-test that you would like to make, including any comments about what you think of the kit or the instructions?

Thank you for your time!

Please return this questionnaire to the laboratory with your sample or hand to the clinic nurse

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List of iwi to help answer question 25. This list is a guide only. All iwi names are counted even if they are not listed below.

Te Tai Tokerau / Tāmaki-makaurau (Northland / Auckland) Region

Te Aupōuri
Ngāti Kahu
Te Kawerau
Ngāti Kuri
Ngāpuhi
Ngāpuhi ki Whaingaroa-Ngāti Kahu ki Whaingaroa
Te Rarawa
Te Roroa
Ngāi Takoto
Te Uri-o-Hau
Ngāti Wai
Ngāti Whātua

Hauraki (Coromandel) Region

Ngāti Hako
Ngāti Hei
Ngāti Maru (Hauraki)
Ngāti Paoa
Patukirikiri
Ngāti Porou ki Harataunga ki Mataora
Ngāti Pūkenga ki Waiau
Ngāti Rāhiri Tumutumu
Ngāi Tai (Hauraki)
Ngāti Tamaterā
Ngāti Tara Tokanui
Ngāti Whanaunga

Waikato / Te Rohe Pōtae (Waikato / King Country) Region

Ngāti Haua (Waikato)
Ngāti Maniapoto
Ngāti Raukawa (Waikato)
Waikato

Te Arawa / Taupō (Rotorua / Taupō) Region

Ngāti Pīkiao (Te Arawa)
Ngāti Rangiteaorere (Te Arawa)
Ngāti Rangitīhi (Te Arawa)
Ngāti Rangiwewehi (Te Arawa)
Ngāti Tahu-Ngāti Whāoa (Te Arawa)
Tapuika (Te Arawa)
Tarāwhai (Te Arawa)
Tūhourangi (Te Arawa)
Ngāti Tūwharetoa (Te Arawa)
Uenuku-Kōpako (Te Arawa)
Waitaha (Te Arawa)
Ngāti Whakaue (Te Arawa)

Tauranga Moana / Mātaatua (Bay of Plenty) Region

Ngāti Awa
Ngāti Manawa
Ngāti Pūkenga
Ngāiterangi
Ngāti Ranginui
Ngāi Tai (Tauranga Moana / Mātaatua)
Tūhoe
Whakatōhea
Te Whānau-a-Apanui
Ngāti Whare

Taranaki Region

Te Atiawa (Taranaki)
Ngāti Maru (Taranaki)
Ngāti Mutunga (Taranaki)
Ngā Rauru
Ngā Ruahine
Pakakohi
Ngāti Ruanui
Ngāti Tama (Taranaki)
Tangāhoe
Taranaki

Te Tai Rāwhiti (East Coast) Region

Te Aitanga-a-Māhaki
Ngāti Porou
Rongowhakaata
Ngāi Tāmanuhiri

Te Matau-a-Māui / Wairarapa (Hawke's Bay / Wairarapa) Region

Ngāti Kahungunu ki Heretaunga
Ngāti Kahungunu ki Tāmakinui-a-Rua
Ngāti Kahungunu ki Tamatea
Ngāti Kahungunu ki Te Wairoa
Ngāti Kahungunu ki Wairarapa
Ngāti Kahungunu ki Te Whanganui-a-Orotu
Rangitāne (Te Matau-a-Māui / Hawke's Bay / Wairarapa)
Rongomaiwahine (Te Māhia)
Ngāti Pāhauwera
Ngāti Rākaipaaka

Whanganui / Rangitīkei Region

Ngāti Apa (Rangitīkei)
Te Ati Haunui-a-Pāpārangi
Ngāti Haua (Taumarunui)
Ngāti Hauiti

Manawatū / Horowhenua / Te Whanganui-a-Tara (Manawatū / Horowhenua / Wellington) Region

Te Atiawa (Te Whanganui-a-Tara / Wellington)
Te Atiawa ki Whakarongotai
Muaūpoko
Rangitāne (Manawatū)
Ngāti Kauwhata
Ngāti Raukawa (Horowhenua / Manawatū)
Ngāti Toarangatira (Te Whanganui-a-Tara / Wellington)
Ngāti Tama ki Te Upoko o Te Ika (Te Whanganui-a-Tara / Wellington)

Te Waipounamu / Wharekauri (South Island / Chatham Islands) Region

Ngāti Apa ki Te Rā Tō
Te Atiawa (Te Waipounamu / South Island)
Ngāti Koata
Ngāti Kuia
Kāti Māmoe
Moriōri
Ngāti Mutunga (Wharekauri / Chatham Islands)
Rangitāne (Te Waipounamu / South Island)
Ngāti Rārua
Ngāi Tahu / Kāi Tahu
Ngāti Tama (Te Waipounamu / South Island)
Ngāti Toarangatira (Te Waipounamu / South Island)
Waitaha (Te Waipounamu / South Island)