Using Self-Collection HPV Testing to Increase Engagement in Cervical Cancer Screening Programs in Rural Guatemala:

Supplementary Material

**Figure A1.** Changes in screening behavior over follow-up among participants with complete data.

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Figure A1. Changes in screening behavior over follow-up among participants with complete data. The percent of women who report receiving cervical cancer screening over the following time intervals: within three years prior to study participation (at baseline), one year post-baseline participation in the study (at FU1), and two years post-baseline participation in the study (at FU2), stratified by the following (non-exclusive) groupings: those who chose to self-collect a sample to be tested for HPV (Collected), those who did not self-collect (No collect), those who received the results of their test (Received), those who did not receive results (No receive), those who received a positive HPV result (Received pos), and those who received a negative HPV result (Received neg). The population is subset to only those individuals who had a reported screening history at all three timepoints (N = 320). McNemar tests for pair proportions were used to compare baseline percentages to follow-up percentages. A star and diamond on a 1-year or 2-year follow-up bar represent a statistically significant change in percent from three years prior to baseline at the 0.05 and 0.1 level, respectively. (A) includes all eligible participants of HPV MES, (B) includes the subset from Santiago, and (C) includes the subset from Livingston.
Figure A2. Changes in screening behavior over follow-up between literate and illiterate participants. The percent of women who report receiving cervical cancer screening over the following time intervals: within three years prior to study participation (at baseline), one year post-baseline participation in the study (at FU1), and two years post-baseline participation in the study (at FU2), stratified by the following (non-exclusive) groupings: those who chose to self-collect a sample to be tested for HPV (Collected), those who did not self-collect (No collect), those who received the results of their test (Received), those who did not receive results (No receive), those who received a positive HPV result (Received pos), and those who received a negative HPV result (Received neg). McNemar tests for pair proportions were used to compare baseline percentages to follow-up percentages. A star and diamond on a 1-year or 2-year follow-up bar represent a statistically significant change in percent from three years prior to baseline at the 0.05 and 0.1 level, respectively. (A) includes literate participants of HPV MES, (B) includes illiterate participants, and (C) includes literate participants who have data at all three time points and (D) includes illiterate participants who have data at all three time points.
Table A1. Changes in screening history among study participants with complete data over follow-up.

|                         | Ever Screened (N = 344) | Compliant (screened past 3 yrs) (N = 324) |
|-------------------------|-------------------------|------------------------------------------|
|                         | No. (%) – ever screened | No. (%) – screen compliant               |
|                         | Baseline | FU1 | FU2 | Baseline | FU1 | FU2 |
|                         | n = 344 | n = 344 | n = 344 | n = 324 | n = 324 | n = 324 |
| Overall                 | 261 (75.9) | 283 (82.3) | 260 (75.6) | 172 (53.1) | 224 (69.1) | 241 (74.4) |
| Age                     | n = 344 | n = 344 | n = 344 | n = 324 | n = 324 | n = 324 |
| 25-39                   | 159 (70.4) | 184 (81.4) | 170 (75.2) | 106 (49.5) | 153 (71.5) | 158 (73.8) |
| 40-54                   | 102 (86.4) | 99 (83.9) | 90 (76.3) | 66 (60.0) | 71 (64.5) | 83 (75.5) |
| Location                | n = 344 | n = 344 | n = 344 | n = 324 | n = 324 | n = 324 |
| Santiago                | 179 (74.9) | 201 (84.1) | 188 (78.7) | 107 (48.6) | 153 (69.5) | 182 (82.7) |
| Livingston              | 82 (78.1) | 82 (78.1) | 72 (68.6) | 65 (62.5) | 71 (68.3) | 59 (56.7) |
| Ethnicity               | n = 339 | n = 339 | n = 339 | n = 319 | n = 319 | n = 319 |
| Tz'utujil               | 171 (74.0) | 195 (84.4) | 180 (77.9) | 104 (48.8) | 148 (69.5) | 177 (83.1) |
| Ladino                  | 34 (79.1) | 39 (90.7) | 31 (72.1) | 25 (58.1) | 35 (81.4) | 25 (58.1) |
| Q'echchi                | 24 (66.7) | 22 (61.1) | 19 (52.8) | 20 (55.6) | 18 (50.0) | 14 (38.9) |
| Garifuna                | 28 (96.5) | 23 (79.3) | 25 (86.2) | 22 (81.5) | 20 (74.1) | 21 (77.8) |
| Literacy                | n = 343 | n = 343 | n = 343 | n = 323 | n = 323 | n = 323 |
| Reads and writes        | 161 (78.2) | 174 (84.5) | 159 (77.2) | 107 (54.3) | 139 (70.6) | 138 (70.1) |
| Does not read or write  | 99 (72.3) | 108 (78.8) | 100 (73.0) | 65 (51.6) | 84 (66.7) | 103 (81.7) |
| Education level         | n = 340 | n = 340 | n = 340 | n = 320 | n = 320 | n = 320 |
| Less than primary       | 156 (73.2) | 172 (80.8) | 156 (73.2) | 95 (48.0) | 133 (67.2) | 157 (79.3) |
| Primary or secondary    | 60 (81.1) | 59 (79.7) | 58 (78.4) | 44 (62.9) | 46 (65.7) | 49 (70.0) |
| More than secondary     | 43 (81.1) | 48 (90.6) | 44 (83.0) | 32 (61.5) | 41 (78.8) | 35 (67.3) |
| Collection status       | n = 344 | n = 344 | n = 344 | n = 324 | n = 324 | n = 324 |
| Collected               | 219 (75.8) | 242 (83.7) | 223 (77.2) | 140 (51.9) | 190 (70.4) | 213 (78.9) |
| No collect              | 42 (76.4) | 41 (74.5) | 37 (67.3) | 32 (59.3) | 34 (63.0) | 28 (51.9) |
| Receipt status          | n = 289 | n = 289 | n = 289 | n = 270 | n = 270 | n = 270 |
| Received results        | 181 (77.4) | 202 (86.3) | 184 (78.6) | 116 (52.7) | 163 (74.1) | 173 (78.6) |
| No results              | 38 (69.1) | 40 (72.7) | 39 (70.9) | 24 (48.0) | 27 (54.0) | 40 (80.0) |
| Results status          | n = 234 | n = 234 | n = 234 | n = 220 | n = 220 | n = 220 |
| Received pos            | 27 (67.5) | 38 (95.0) | 33 (82.5) | 21 (52.5) | 34 (85.0) | 30 (75.0) |
| Received neg            | 154 (79.4) | 164 (84.5) | 151 (77.8) | 95 (52.8) | 129 (71.7) | 143 (79.4) |
Table A2. Percentage of participants by longitudinal screening status

|                        | Overall (N = 344) | Santiago (N = 239) | Livingston (N = 105) |
|------------------------|-------------------|--------------------|----------------------|
|                        | N     | %    | N     | %    | N     | %    |
| Ever versus Never Screened<sup>a</sup> |        |      |        |      |        |      |
| Ever-Ever-Ever         | 182   | 52.9 | 126   | 52.7 | 56    | 53.3 |
| Ever-Ever-Never        | 41    | 11.9 | 30    | 12.6 | 11    | 10.5 |
| Ever-Never-Ever        | 21    | 6.1  | 15    | 6.3  | 6     | 5.7  |
| Never-Ever-Ever        | 42    | 12.2 | 34    | 14.2 | 8     | 7.6  |
| Never-Ever-Never       | 17    | 4.9  | 8     | 3.3  | 9     | 8.6  |
| Never-Never-Ever       | 18    | 5.2  | 11    | 4.6  | 7     | 6.7  |
| Never-Never-Ever       | 15    | 4.4  | 13    | 5.4  | 2     | 1.9  |
| Never-Never-Never      | 8     | 2.3  | 2     | 0.8  | 6     | 5.7  |
|                        | Overall (N = 324) | Santiago (N = 220) | Livingston (N = 104) |
| Compliant versus Non-Compliant Screening<sup>a</sup> |        |      |        |      |        |      |
| Comp-Comp-Comp         | 94    | 29.0 | 63    | 28.6 | 31    | 29.8 |
| Comp-Comp-Non          | 28    | 8.6  | 13    | 5.9  | 15    | 14.4 |
| Comp-Non-Comp          | 34    | 10.5 | 27    | 12.3 | 7     | 6.7  |
| Non-Comp-Comp          | 76    | 23.5 | 61    | 27.7 | 15    | 14.4 |
| Comp-Non-Non           | 16    | 4.9  | 4     | 1.8  | 12    | 11.5 |
| Non-Comp-Non           | 26    | 8.0  | 16    | 7.3  | 10    | 9.6  |
| Non-Non-Comp           | 37    | 11.4 | 31    | 14.1 | 6     | 5.8  |
| Non-Non-Non            | 13    | 4.0  | 5     | 2.3  | 8     | 7.7  |

<sup>a</sup> Each row represents screening status at all waves of data collection (baseline, FU1, FU2).
Figure A3. Alluvial plots of change in ever screened (A-C) and screen compliant (D-E). Ever screened is defined as at least one lifetime reported screen (ever/never), and screen compliant is reported screen in the past three years (compliant/non). (A) and (D) include all eligible participants, (B) and (E) include the subset from Santiago, and (C) and (F) include the subset from Livingston. Graphs include memory, movement between waves reflects individual screening histories.
| **Question Text**                                    | **Response Choices**                                                                 |
|-----------------------------------------------------|---------------------------------------------------------------------------------------|
| How old are you?                                    | Numeric                                                                               |
| In what year were you born?                         | Numeric                                                                               |
| With which one of the following ethnic groups do you identify yourself? | • Tz'tujil  
• Ladino  
• Garifuna  
• Q'eqchi'  
• Other (specify)  
• Don't know/don't remember  
• Decline to answer |
| Do you know how to read and write?                  | • Neither read nor write  
• Read only  
• Knows how to read and write  
• Refuses to answer |
| What level of education have you reached? | No formal schooling  
| | Primary school incomplete  
| | Primary school completed  
| | Secondary school completed  
| | Secondary school incomplete  
| | Technical school incomplete  
| | Technical school completed  
| | Pre-university incomplete  
| | Pre-University studies  
| | University incomplete  
| | University studies completed  
| | Post graduate work  
| | Don’t know/don’t understand  
| | Decline to answer  
| Have you ever been married or in a common law relationship? | Yes  
| | No  
| | Refuses to respond  
| What is your marital status? | Single  
| | Married  
| | Common law  
| | Separated  
| | Divorced  
| | Widowed  
| | Refuses to respond  
| How old were you when you got married or entered a common law relationship? | Age (years)  
| | Don't know/ don't remember  
| | Decline to answer  
| Which of the following best describes your spouse or partner’s main job over the past few years? | Government employee  
| | Private sector employee  
| | Independent worker  
| | Agricultural worker  
| | Unpaid worker  
| | Fishing  
| | Student  
| | Retired  
| | Unemployed (able to work)  
| | Unemployed (unable to work)  
| | Refuses to respond  
| | Other  

| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Which of the following options best describes your main job over the   | Government employee                                                   |
| past few years?                                                        | Employed in private sector                                              |
|                                                                        | Independent worker                                                      |
|                                                                        | Domestic Employee                                                       |
|                                                                        | Textiles                                                                 |
|                                                                        | Artisans                                                                 |
|                                                                        | Agriculture                                                             |
|                                                                        | Unpaid worker                                                           |
|                                                                        | Fishing                                                                  |
|                                                                        | Student                                                                  |
|                                                                        | Retired                                                                  |
|                                                                        | Unemployed (able to work)                                               |
|                                                                        | Unemployed (unable to work)                                             |
|                                                                        | Refuses to Respond                                                       |
|                                                                        | Other                                                                    |
| Using the past year as a reference, what was the average income in     | Per day                                                                 |
| your household? (Only answer one of the following)                      | Or per week                                                             |
|                                                                        | Or per month                                                            |
|                                                                        | Or per year                                                             |
|                                                                        | Don’t know                                                              |
|                                                                        | Decline to answer                                                        |
| Do you use any health services offered in or outside of your community?| Yes                                                                      |
|                                                                        | No                                                                       |
| What types of health services available in your community have you     | Puesto de Salud                                                          |
| used? (Choose as many as you like)                                      | Centro de Salud                                                          |
|                                                                        | Centro de Atención Médico Permanente (CAP)                              |
|                                                                        | Centro de Atención Materno Infantil (CAIMI)                             |
|                                                                        | Regional Hospital                                                       |
|                                                                        | Private Clinic                                                           |
|                                                                        | NGO Clinics                                                              |
|                                                                        | Pharmacist                                                               |
|                                                                        | Traditional Medicine                                                    |
|                                                                        | Other (specify)                                                          |
|                                                                        | Don't know/Don't remember                                                |
|                                                                        | Refuses to respond                                                       |
| What kind of services have you received from health care services?     | Informational Meeting                                                   |
| (Choose as many as apply)                                               | Vaccination                                                              |
|                                                                        | Birth control and family planning                                        |
|                                                                        | Delivery                                                                 |
|                                                                        | General Medicine                                                        |
|                                                                        | Emergency                                                                |
|                                                                        | Dentist                                                                  |
|                                                                        | Don't know/Don't remember                                                |
|                                                                        | Refused                                                                  |
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| What types of services provided in the previous health care services   | • Educational meetings
| have you received? (Choose as many as apply)                           | • Vaccination
|                                                                         | • Birth control and planning
|                                                                         | • Delivery
|                                                                         | • General Medicine
|                                                                         | • Emergency
|                                                                         | • Dentist
| When was the last time you consulted a doctor?                         | • Less than a month ago
|                                                                         | • Between 1 and 6 months
|                                                                         | • Between 6 months and a year
|                                                                         | • Between 1 and 2 years
|                                                                         | • Between 2 and 3 years
|                                                                         | • Between 3 and 4 years
|                                                                         | • More than 5 years ago
|                                                                         | • Never
|                                                                         | • Don't know/ don't remember
|                                                                         | • Decline to answer
| Have you ever consulted with a traditional medicine practitioner when | • Yes
| you were sick?                                                          | • No
|                                                                         | • Don't know/ don't remember
|                                                                         | • Refused to respond
| How many times have you visited a practitioner of traditional medicine | • Only once
| because you were sick (approximately)?                                 | • 2-5 times
|                                                                         | • 5-10 times
|                                                                         | • Between 10 and 20 times
|                                                                         | • More than 20 times
| How many times do you consult with a traditional medicine practitioner | • Always
| for being sick?                                                         | • Almost always
|                                                                         | • Sometimes
|                                                                         | • Almost never
|                                                                         | • Never
| For what types of diseases do you consult with a traditional medicine  | Text entry                                                              |
| practitioner?                                                          |                                                                         |
| Where do you go when you want to consult with a doctor?                | • A public clinic in your community
|                                                                         | • A private clinic
|                                                                         | • A traditional medicine practitioner
|                                                                         | • A hospital in your community
|                                                                         | • A hospital outside of your community
|                                                                         | • Other (specify)
|                                                                         | • Doesn't consult with a doctor
|                                                                         | • Refuses to answer
When was the last time you consulted with a dentist?

- Within the last 6 months
- Within the last year
- Within the last 5 years
- More than 5 years ago
- Never
- Don't know/ don't remember
- Refuses to answer

Have you been informed by health care professional (doctor or nurse) that you have one of the following?

| Yes | No | Don't know/ Don't remember | Refuses to respond |
|-----|----|----------------------------|-------------------|
| Diabetes          |    |                            |                   |
| High Blood Pressure |   |                            |                   |
| Heart Diseases   |    |                            |                   |
| High Cholesterol |    |                            |                   |
| Other (specify)  |    |                            |                   |

The breast exam can be performed by you or a health professional. This exam consists of using the hands to check for the presence of masses or bumps on breasts. Have you ever heard of the breast auto-examination?

- Yes
- No
- No sure
- Refuses to answer

When was the last time a doctor performed a breast examination?

- Less than a year ago
- 1-2 years
- More than 2 years
- Never
- Don't know/ Don't remember
- Refuses to answer

Have you ever been taught how to do a self-breast examination?

- Yes
- No
- Not sure
- Refuses to respond

A mammogram is an exam to detect masses or abnormalities in women’s breasts. Breasts are put in an x-ray machine in order to find these masses or abnormalities. Have you ever received a mammogram?

- Yes
- No
- Don't know/ don't remember
- Refuses to respond

When was the last time you received a mammogram?

- Less than 1 year ago
- Less than 3 years ago
- Less than 5 years ago
- More than 5 years ago
- Don't know/ don't remember
- Refuses to respond
| Question                                                                 | Yes | No | Don't know/ don't remember | Refuse |
|-------------------------------------------------------------------------|-----|----|-----------------------------|--------|
| Were you ever vaccinated against one of the following diseases?         |     |    |                             |        |
| (If possible, use your vaccination card to answer this section).         |     |    |                             |        |
| Hepatitis B                                                             |     |    |                             |        |
| BCG/Meningitis/Tuberculosis                                              |     |    |                             |        |
| Rotavirus                                                               |     |    |                             |        |
| OPV/Poliomyelitis                                                        |     |    |                             |        |
| Pentavalente (DPT/HB/Hib)                                               |     |    |                             |        |
| MMR                                                                     |     |    |                             |        |
| DPT                                                                     |     |    |                             |        |
| Influenza                                                               |     |    |                             |        |
| Tetanus                                                                 |     |    |                             |        |
| A Pap smear is a medical procedure that is used to observe the cells in|     |    |                             |        |
| the uterus and vagina. This procedure detects early abnormalities in    |     |    |                             |        |
| the cervix, which can turn into cancer. The sample is obtained by a     |     |    |                             |        |
| cervical scraping done by a doctor or nurse. Have you ever had a Pap    |     |    |                             |        |
| smear?                                                                  | Yes | No | Don't know/ don't remember  |        |
|                                                                         | No  |    | Don't know/ don't remember  |        |
|                                                                         | Don't know/ don't remember |    |                             |        |
|                                                                         | Refused to respond           |    |                             |        |
| When was the last time that you had a Pap smear?                        |     |    |                             |        |
|                                                                         | Within the last 6 months     |    |                             |        |
|                                                                         | Within the last year         |    |                             |        |
|                                                                         | Within the last 2 years      |    |                             |        |
|                                                                         | Within the last 3 years      |    |                             |        |
|                                                                         | Within the last 5 years      |    |                             |        |
|                                                                         | More than 5 years ago        |    |                             |        |
|                                                                         | Don't know/ don't remember   |    |                             |        |
|                                                                         | Refused to respond           |    |                             |        |
| How many times have you had a Pap smear in your lifetime?               |     |    |                             |        |
|                                                                         | 0                            |    |                             |        |
|                                                                         | 1-2                          |    |                             |        |
|                                                                         | 3-4                          |    |                             |        |
|                                                                         | 5 or more                    |    |                             |        |
|                                                                         | Don't know/ don't remember   |    |                             |        |
|                                                                         | Refused to respond           |    |                             |        |
| Have you ever had an abnormal Pap smear result?                         |     |    |                             |        |
|                                                                         | Yes                          |    |                             |        |
|                                                                         | No                           |    |                             |        |
|                                                                         | The results were not         |    |                             |        |
|                                                                         | reported back to me          |    |                             |        |
|                                                                         | Don't know/ don't remember   |    |                             |        |
|                                                                         | Refused to respond           |    |                             |        |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| How many times have you had an abnormal Pap smear result?               | 1 time, 2 times, 3 or more times, Don't know/ don't remember, Decline to answer |
| Did you receive any treatment for your abnormal Pap smear (cervical treatment)? | Yes, No, Don't know/ don't remember, Refused to respond                 |
| What is the main reason that you have never gotten a Pap smear?         | No reason/never thought about it, Didn't need it/didn't know I needed this kind of test, Haven't had any problems or reason, Too expensive/no insurance/cost, Too painful, unpleasant, embarrassing, I don't have any knowledge of this test, Other (specify), Don't know, Refused to respond |
| Which of the following would encourage you to get screened for cervical cancer? (Choose as many as apply) | Your doctor recommending it, Being able to do the test yourself at home, Being able to do it for free, A friend or family member telling you why screening is important, Other (specify), Refuses to respond |
| VIA, also known as the vinegar test, is a method to identify premalignant or malignant lesions in the cervix. During this test, acidic acid (vinegar) is applied to the uterus neck and if there are lesions, they will turn white. Have you ever had visual inspection using acetic acid (VIA)? | Yes, No, Don't know/ don't remember, Refuses to respond |
| When was the last time you were screened for cervical cancer using VIA? | Less than a year ago, 1 to 3 years ago, 3 to 5 years ago, More than 5 years ago, Don't know/ don't remember, Refuses to respond |
| How many times have you had a VIA?                                      | 0, 1, 2-3, 4 or more                                                    |
| Has a doctor ever told you that you had genital warts?                  | Yes, No, Don't know/Don't remember, Refuses to respond                  |
| Question                                                                 | Yes                     | No                      | Don't know/Don't remember | Refuses to respond |
|-------------------------------------------------------------------------|-------------------------|-------------------------|---------------------------|--------------------|
| Has a doctor ever told you that you had premalignant lesions in your cervix? | - Yes                   | - No                    | - Don't know/Don't remember | - Refuses to respond |
| Has a doctor ever told you that you have cervical cancer?               | - Yes                   | - No                    | - Don't know/Don't remember | - Refuses to respond |
| Have you ever been treated for malignant lesions or cervical cancer?     | - Yes                   | - No                    | - Don't know/Don't remember | - Refuses to respond |
| Have you ever had any of the following tests?                           |                         |                         |                           |                    |
| Fecal blood test                                                        |                         |                         |                           |                    |
| Colonoscopy                                                              |                         |                         |                           |                    |
| Have you been vaccinated for HPV (human papillomavirus)?                 | - Yes                   | - No                    | - Don't know/Don't remember | - Decline to answer |
| Have you ever smoked?                                                    | - Yes                   | - No                    | - Refuses                 | - Refuses to respond |
| How old were you when you started smoking?                               | Numeric                 |                         |                           |                    |
| Do you currently smoke?                                                 | - Yes                   | - No                    | - Refused                 | - Refuses to respond |
| How many cigarettes do you smoke per day?                                | Numeric                 |                         |                           |                    |
| How old were you when you quit smoking?                                  | Numeric                 |                         |                           |                    |
| How many cigarettes did you smoke per day during the time you smoked?   | Numeric                 |                         |                           |                    |
| Are you exposed to cigarette smoke?                                      | - Yes                   | - No                    | - Don't know/Don't remember | - Refuses to respond |
| Do you use wood or coal in order to cook?                                | - Yes                   | - No                    | - Refuses to respond       |                    |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Does your stove have a chimney or ventilation system?                   | • Yes  
• No  
• Don't know/Don't remember  
• Refuses to respond |
| How much time a day do you spend cooking, approximately?                 | • Less than 30 minutes  
• 30 minutes to an hour  
• Between an hour and two hours  
• Between two and three hours  
• More than three hours  
• Don’t know/Don’t remember  
• Refuses to respond |
| Have you ever consumed alcohol?                                          | • Yes  
• No  
• Refuses to respond |
| Do you drink alcohol regularly?                                          | • Yes  
• No  
• Refuses to respond |
| During the past 30 days, on how many days did you have at least one drink of alcohol? | • 0  
• 1-2  
• 3-5  
• 6-9  
• 10-19  
• 20-29  
• Everyday  
• Refuses to respond |
| During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, meaning, within a couple of hours? | • 0  
• 1  
• 2  
• 3-5  
• 6-9  
• 10-19  
• 20 or more  
• Decline to answer |
| Has anyone in your family ever been diagnosed with cervical cancer?      | • Yes  
• No  
• Don't know/Don't remember  
• Refuses to respond |
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Who in your family has been diagnosed with cervical cancer?            | - Mother  
- Grandmother  
- Sister  
- Daughter  
- Cousin  
- Niece  
- Aunt  
- Other (specify)  
- Don’t know/Don’t remember  
- Refuses to answer |
| Have you ever had sexual relations or any other type of sexual contact (with the mouth, hands, or contact with your vagina)?| - Yes  
- No  
- Decline to answer |
| Are you sexually active?                                               | - Yes  
- No  
- Refuses to respond |
| Circumcision is defined as the surgical removal of the foreskin that covers the head of the penis. It is usually performed at the moment of birth or at a very young age. Is your current partner circumcised? | - Yes  
- No  
- Don't know/ don't remember  
- Refuses to respond |
| How old were you when you first had vaginal intercourse?               | - I've never had vaginal intercourse  
- Age (numeric)  
- Don't know/ don't remember  
- Refuses to respond |
| How old was your partner when he had had vaginal intercourse for the first time? | - Age  
- Don't know/ don't remember  
- Decline to answer |
| Oral sex is defined as the stimulation of genitalia using the mouth (or any part of the oral cavity) or the throat (or any part of the oropharynx). Have you ever received or performed oral sex? | - Yes  
- No  
- Don't know/ don't remember  
- Refuses to respond |
| With how many people have you had vaginal intercourse in the LAST SIX MONTHS? | Numeric |
| With how many people have you had vaginal intercourse in the LAST YEAR? | Numeric |
| With how many people have you had vaginal intercourse in your LIFETIME? | Numeric |
| How often do you use protection during vaginal intercourse?            | - Always  
- Almost always  
- Sometimes  
- Rarely  
- Never  
- Don't know/ don't remember  
- Decline to answer |
Please indicated if you have ever been tested for or diagnosed with any of the following sexually transmitted infections (STIs).

| I have never been tested for it. | I have been tested for it, but never had it. | I have been diagnosed with it at least once. | Don’t know. | Prefer not to answer. |
|----------------------------------|---------------------------------------------|---------------------------------------------|-------------|----------------------|
| HPV                              |                                             |                                             |             |                      |
| Gonorrhea                        |                                             |                                             |             |                      |
| Syphilis                         |                                             |                                             |             |                      |
| Hepatitis B                      |                                             |                                             |             |                      |
| Hepatitis C                      |                                             |                                             |             |                      |
| HIV                              |                                             |                                             |             |                      |

Have you ever used oral contraceptives?
- Yes
- No
- Don't know/Don't remember
- Refuses to respond

For how many total years did you taken oral contraceptives?
- 0-6 months
- 6 months to a year
- 1-2 years
- more than 2 years
- Refuses to respond

Have you used an injected family planning method?
- Yes
- No
- Don't know/Don't remember
- Refuses to respond

How often do you get an injected family planning method?
- Every month
- Every 2 months
- Every 3 months
- Don't know/Don't remember
- Refuses to respond

How long have you been using an injected family planning method?
- 0-6 months
- 6 months to a year
- 1-2 years
- More than 2 years
- Don't know/Don't remember
- Refuses to respond
| **Have you ever used an IUD (Intrauterine Device)?** | • Yes  
• No  
• Don't know/Don't remember  
• Refuses to respond |
|--------------------------------------------------|-------------------------------------------------|
| **For how many total years in total have you used an IUD?** | • 0-6 months  
• 6 months to a year  
• 1-2 years  
• More than 2 years  
• Don't know/Don't remember  
• Refuses to respond |
| **Have you ever used any of these other types of contraceptives?** | | |
| | Yes | No, but I have heard of it before | No, I have not heard of it before | Prefer not to answer | Don't know/Don't remember |
| | Male Condom | | | | |
| | Female Condom | | | | |
| | Injection | | | | |
| | Patch | | | | |
| | Female Diaphragm | | | | |
| | Vaginal Ring | | | | |
| | Rhythm | | | | |
| | Breast Feeding | | | | |
| | Other (specify): | | | | |
| **How many times have you become pregnant (including abortions or miscarriages)?** | • Numeric  
• Refuses to respond |
| **How many children do you have?** | • Numeric  
• Refuses to respond |
| **How old were you when you had your first child?** | Numeric |
| **How serious is cervical cancer?** | • Not at all  
• A little  
• Moderately  
• Very serious  
• Extremely serious |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Assuming you maintain the same lifestyle and health behaviors that you  | • Not likely<br>• Unlikely<br>• Moderately Probable<br>• Highly probable<br>• Surely<br>• Don't know |
| currently engage in, what are the chances that you will get cervical    |                                                                         |
| cancer in the future?                                                   |                                                                         |
| Who should be screened for cervical cancer? (Choose as many as apply)   | • All women regardless of age<br>• All women beginning at puberty<br>• All women when they begin their sex lives<br>• Only women who are more sexually active<br>• Women with a family history of cervical cancer<br>• Only women with vaginal bleeding or discharge<br>• Older women<br>• Menopausal women<br>• Refuses to respond |
| If I were diagnosed with cervical cancer, it would strongly affect my   | • Strongly Agree<br>• Agree<br>• Neutral<br>• Disagree<br>• Strongly Disagree<br>• Don't know/Unsure<br>• Refuses to respond |
| life.                                                                   |                                                                         |
| I believe that cervical cancer is a disease that lasts a long time.     | • Strongly Agree<br>• Agree<br>• Neutral<br>• Disagree<br>• Strongly Disagree<br>• Don't know/Unsure<br>• Refuses to respond |
| If I were diagnosed with cervical cancer, I would have the ability to   | • Strongly Agree<br>• Agree<br>• Neutral<br>• Disagree<br>• Strongly Disagree<br>• Don't know/Unsure<br>• Refuses to respond |
| control it.                                                              |                                                                         |
| Cervical cancer is often curable with early detection and proper        | • Strongly Agree<br>• Agree<br>• Neutral<br>• Disagree<br>• Strongly Disagree<br>• Don't know/Unsure<br>• Refuses to respond |
| medical treatment.                                                      |                                                                         |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| If I developed cervical cancer, I would experience symptoms that would affect my life. | • Strongly Agree  
• Agree  
• Neutral  
• Disagree  
• Strongly Disagree  
• Don't know/Unsure  
• Refuses to respond |
| I believe that I am at risk for developing cervical cancer.             | • Strongly Agree  
• Agree  
• Neutral  
• Disagree  
• Strongly Disagree  
• Don't know/Unsure  
• Refuses to respond |
| Being diagnosed with cervical cancer would affect me emotionally (for example, it would make you angry, scared, upset or depressed). | • Strongly Agree  
• Agree  
• Neutral  
• Disagree  
• Strongly Disagree  
• Don't know/Unsure  
• Refuses to respond |
| If I were diagnosed with cervical cancer, which would be the three most probable causes? | • The most probable (text entry)  
• The second most probable (text entry)  
• The third most probable (text entry) |
| Before today, had you heard of HPV (human papillomavirus)?             | • Yes  
• No  
• Refuses to respond |
| Have you ever heard there is a test to find HPV?                        | • Yes  
• No  
• Don't know |
| How many times have you been tested for HPV?                            | • 0  
• 1  
• 2  
• 3-5  
• More than 5 |
| What was your age at your last test for HPV?                            | Numeric |
| Has a doctor ever told you that you have HPV?                           | • Yes  
• No  
• Don't know/Don't remember  
• Refuses to respond |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Have you heard that HPV can lead to the following conditions? (choose all the apply) | - Genital warts  
- Warts in the oral cavity or oropharynx  
- RRP (recurrent respiratory papillomatosis)  
- Cervical cancer  
- Anal cancer  
- Other genital cancers  
- Oropharyngeal cancer  
- Other head and neck cancers  
- I have not heard that HPV can lead to any of these conditions |
| I feel I am at risk of having HPV.                                      | - Yes  
- No  
- Don't know/Don't remember  
- Refuses to respond |
| Do you think that HPV is a sexually transmitted disease?                | - Yes  
- No  
- Don't know/Don't remember  
- Refuses to respond |
| I feel I should get tested for HPV.                                    | - Yes  
- No  
- Don't know/Don't remember  
- Refuses to respond |
| If present, HPV… (Check ALL that apply)                                | - Can cause cervical cancer  
- Can cause infertility  
- Can cause warts  
- Will usually disappear in its own  
- Can cause death  
- Can cause sterility  
- Don't know |
| Which of the following increases your risk for HPV infection? (Circle ALL that apply) | - If you begin your sex life at an early age  
- If you have many sexual partners  
- If your partner has many sexual partners  
- Birth control pills  
- Smoking  
- Excessive stress  
- Poor nutrition  
- Don't know |
| Have you heard that there is a vaccine against HPV?                    | - Yes  
- No  
- Refuses to respond |
| I believe that the HPV vaccine prevents most genital warts.             | - Yes  
- No  
- Refuses to respond |
| Question |
|----------|
| I believe that the HPV vaccine prevents most cervical cancer. |
| HPV is one of the main risk factors for cervical cancer. It is transmitted sexually and there exists a vaccine that prevents the most common strains of the virus. |
| If an HPV vaccine were available in Guatemala, would you get it? |
| Would you vaccinate your daughters against HPV? |
| What concerns would you have about getting the HPV vaccine? Name up to three concerns. |
| HPV is the main cause of the majority of cervical cancers. Therefore, the HPV test is being considered as a prevention and early detection strategy against cervical cancer. There are kits that allow you to take the sample yourself in the privacy of your own home to collect a sample and then mail in the sample to be tested for HPV. |
| Where would you prefer to have a test for HPV performed? |
| Who would you prefer to perform the swab for the HPV test? |
| I would be willing to collect a sample at home. |
| I would be embarrassed to collect a sample at home. |
| I am worried that I would not collect the sample properly. |
| I am afraid that HPV testing will show that I have cervical cancer. |

| Options |
|---------|
| Yes |
| No |
| Refuses to respond |
| Yes |
| No |
| Don't know/Don't remember |
| Refuses to respond |
| Yes |
| No |
| Don't know |
| Decline to answer |
| Yes |
| No |
| I don't have any daughters |
| Don't know/Don't remember |
| Decline to answer |
| Concern #1 (text response) |
| Concern #2 (text response) |
| Concern #3 (text response) |
| None |
| At home |
| At a doctor's office |
| Don't know/ No response |
| My doctor |
| Myself |
| Don't know/ no response |
| Yes |
| No |
| Don't know/ no response |
| Yes |
| No |
| Don't know/ no response |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| I am afraid that HPV testing will make other people think that I have cervical cancer. | Yes, No, Don't know/ no response                                          |
| I am worried the self-sampling will be painful.                         | Yes, No, Don't know/ no response                                          |
| I would be willing to have a health worker drop off a swab to take a self-collection HPV sample. | Yes, No, Don't know/ no response                                          |
| I would need my husband/partner's approval to collect the sample.       | I don't have a husband/partner, Yes, No, Don't know/ no response          |
| I would be willing to go to the nearest health center to drop off the swab. | Yes, No, Don't know/ no response                                          |
| My religion/spiritual belief would affect my decision to be screened.  | Yes, No, Don't know/ no response                                          |
| I believe it is necessary to be screened for cervical cancer.           | Yes, No, Don't know/ no response                                          |
| I would be willing to try an HPV self-collection test (using a kit provided by the study). | Yes, No, Don't know/ no response                                          |
| I would be willing to go to the clinic for a pelvic examination and Pap smear if the self-collected sample was found abnormal. | Yes, No, Don't know/ no response                                          |
| Question Text | Response Choices |
|---------------|------------------|
|               |                  |
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|------------------------------------------------------------------------|
| How old were you when you had your first period?                       | Numeric                                                                 |
| Did you ever receive a Pap/VIA before participation in this study?     | • Yes  
• No  
• Don't know/don't remember                                           |
| Why have you never received a Pap/VIA prior to participation in this study? | • Didn't know about it  
• Didn't know I needed one  
• Too expensive without voucher  
• I was unable to attend a clinic  
• My family doesn't allow me to get one  
• I would be ashamed  
• Other                                                                     |
| When was the last time you received a Pap/VIA before participation in this study? | • Less than 1 year ago  
• 1-3 years ago  
• More than 3 years ago  
• Don't know/don't remember                                               |
| Approximately how many Pap/VIAs have you received in your lifetime?    | • 1-2  
• 3-4  
• 5-6  
• 7 or more  
• Don't know/don't remember                                               |
| Did you choose to perform a self-collection HPV test during your participation in the study? | • Yes  
• No                                                                                    |
| Did you receive the results of this test?                              | • Yes  
• No                                                                                   |
| What were the results of your HPV test?                                | • Positive  
• Negative  
• Don't know/don't remember                                                    |
| How would you rate the quality of the explanation you received of your HPV results? | • Very satisfactory  
• Satisfactory  
• Neutral  
• Poor  
• Very poor                                                               |
| Did you follow the recommendations provided to you with your results?  | • Yes  
• No  
• Unsure/don't know                                                               |
| Have you received a Pap/VIA since your participation in this study?    | • Yes  
• No                                                                                   |
| Why did you choose to receive a Pap/VIA since you started participating in the study, when you have never received one before? | • Didn't know about it before study  
• Didn't know I needed one before study  
• Too expensive without voucher  
• Other                                                                      |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|
| Where did you receive the Pap/VIA?                                       | • CAIMI  
• Fundaecco  
• Rxin Tnamet  
• Private doctor/hospital  
• Jornada de Salud  
• Other |
| How would you rate your experience at the location where you received your Pap/VIA? | • Very satisfactory  
• Satisfactory  
• Neutral  
• Poor  
• Very poor |
| Did you use your voucher provided by the study?                          | • Yes  
• No |
| Were you informed of the results of your Pap/VIA?                        | • Yes  
• No |
| How were you informed of your results?                                   | • Phone call  
• In person |
| What were the results of your Pap/VIA?                                   | • Normal/negative/all fine  
• Abnormal/positive/need follow-up  
• Don't know |
| Were you recommended for further follow-up?                              | • Yes  
• No |
| What follow-up was recommended?                                          | • Colposcopy  
• Biopsy  
• Cryotherapy  
• Follow-up testing  
• Cancer referral  
• Don't know/don't remember |
| What institution were you referred to for this follow-up?               | • CAIMI  
• Hospital Nacional (de Solola o de la Amistad Japon Guatemala)  
• APROFAM  
• INCAN  
• Private doctor/hospital  
• Other |
| Have you scheduled the recommended follow-up?                           | • Yes  
• No |
| Have you attended the visit and received the results from the follow-up?| • Yes  
• No |
| What were the results of the recommended follow-up?                     | • Normal/negative/all fine  
• Abnormal/positive/needs another follow up  
• Don't know |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|--------------------------------------------------------------------------|
| What is the most important reason for why you have not scheduled the    | • Haven't had time                                                       |
| recommended follow-up?                                                  | • Don't know where to go                                                 |
|                                                                         | • Don't have the money                                                   |
|                                                                         | • Don't think it is important                                             |
|                                                                         | • My family didn't want me to go                                          |
|                                                                         | • The place that I need to go is too far away                             |
|                                                                         | • Other                                                                  |
| When are you planning to get your next cervical cancer screening test?  | • The next time that I go to the doctor                                  |
|                                                                         | • Within a year                                                          |
|                                                                         | • Within the next two years                                              |
|                                                                         | • More than 2 years from now                                             |
|                                                                         | • Unsure/Don't know                                                      |
|                                                                         | • When there is another opportunity                                      |
| Why did you choose not get a Pap/VIA?                                   | • I haven't had time                                                     |
|                                                                         | • I tested positive for HPV, but don't think I need one                  |
|                                                                         | • I tested negative for HPV, so don't think I need one                   |
|                                                                         | • My family doesn't want me to get one                                   |
|                                                                         | • Other                                                                  |
| Are you planning to get a Pap/VIA in the next 6 months?                 | • Yes                                                                    |
|                                                                         | • No                                                                     |
| Why are you not planning to get a Pap/VIA?                              | • I won't have time                                                      |
|                                                                         | • I don't need one                                                       |
|                                                                         | • My family doesn't want me to get one                                   |
|                                                                         | • Other                                                                  |
| Question Text | Response Choices |
|--------------|------------------|
|              |                  |
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Have you ever had a Pap/VIA?                                           | • No                                                                    |
|                                                                        | • Yes                                                                   |
| At what age did you have your first Pap/VIA?                           | Numeric                                                                 |
| How often do you get a Pap/VIA exam?                                  | • Every year or more frequently                                         |
|                                                                        | • Every 1-3 years                                                        |
|                                                                        | • More than 3 years                                                     |
|                                                                        | • I have had it only once or twice                                       |
| Approximately how many Pap/VIAs have you received in your lifetime?   | Numeric                                                                 |
| At what age did you have your last Pap/VIA?                           | Numeric                                                                 |
| Where did you get your last Pap/VIA?                                  | • Hospital                                                              |
|                                                                        | • Centro de salud                                                       |
|                                                                        | • Puesto de salud                                                       |
|                                                                        | • Otro público                                                          |
|                                                                        | • Clínica / hospital privado                                             |
|                                                                        | • Consultorio médico                                                    |
|                                                                        | • APROFAM                                                               |
|                                                                        | • Farmacia                                                              |
|                                                                        | • IGSS                                                                  |
|                                                                        | • Otro privado                                                          |
|                                                                        | • Sin información                                                       |
| Did you get it at any of the following?                               | • CAIMI                                                                 |
|                                                                        | • Hospital Nacional (de Solola o de la Amistad Japon Guatemala)          |
|                                                                        | • APROFAM                                                               |
|                                                                        | • INCAN                                                                 |
|                                                                        | • Fundaeco                                                              |
|                                                                        | • Rxin Tnamet                                                           |
|                                                                        | • Private doctor/hospital                                                |
|                                                                        | • Jornada de Salud                                                      |
|                                                                        | • I did not get it at any of the above                                   |
| Question                                                                 | Options                                                                 |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Which of the following reasons contributed to you never receiving a Pap/VIA? | • Did not know about it  
• Did not know I needed one  
• Too expensive  
• Clinic is too far  
• My family does not allow me to get one  
• I would be ashamed  
• I would not want to go alone  
• I am afraid to have a Pap/VIA because I might find out something is wrong  
• I am afraid to have a Pap/VIA because I do not understand what will be done  
• I do not know how to go about getting a Pap/VIA  
• Concerned that there may not be a provider at the clinic  
• Concerned that there may not be a female health provider at the clinic  
• Having a Pap/VIA is too embarrassing  
• Having a Pap/VIA takes too much time  
• Concerned that there may not be Pap/VIA available at the clinic  
• Having a Pap/VIA is too painful  
• People doing Pap/VIA are rude to women  
• Having a Pap/VIA exposes me to unnecessary radiation  
• I cannot remember to schedule a Pap/VIA  
• I have other things to do more important than getting a Pap/VIA  
• I am too old  
• I am afraid that getting a Pap/VIA would get me pregnant  
• None of these apply                                                                 |
| Did you have Pap/VIA within the past two years (since June 2016 when you first participated in our study)? | • No  
• Yes  
• Don’t know  
• Don’t remember  
• Refused to answer                                                                 |
| Did you have Pap/VIA within the past year (since June 2017 or the last time we talked)? | • No  
• Yes  
• Don’t know  
• Don’t remember  
• Refused to answer                                                                 |
| Question                                                                 | Options                                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| Why did you choose to get your last Pap/VIA?                            | - My doctor recommended it<br> - It was my time (Me toca)
|                                                                        | - My friends/relatives recommended it<br> - I did not have to go by myself<br> - I learned from
|                                                                        | the study that I should do it<br> - Because of the test I got as part of the study<br> - Because I
|                                                                        | was positive for the HPV test<br> - Because the study provided me with a voucher<br> - I knew it
|                                                                        | was offered at the clinic<br> - There was a female health provider at the clinic<br> - I knew there
|                                                                        | would be a Pap/VIA available at the clinic<br> - As a follow-up of another Pap/VIA exam<br> - None
|                                                                        | of these apply to me                                                                             |
| Were you informed of the results of your last Pap/VIA?                  | - No<br> - Yes<br> - Don’t know<br> - Don’t remember<br> - Refused to answer                       |
| How were you informed of your results of your last Pap/VIA?             | - Phone call<br> - In person<br> - Community health care worker<br> - Don’t remember                 |
| What were the results of your Pap/VIA?                                 | - Normal/negative/all fine<br> - Abnormal/positive/need follow-up<br> - Don't know<br> - Don’t
|                                                                        | remember<br> - Refused to answer                                                                 |
| Were you recommended for further follow-up?                            | - No<br> - Yes<br> - Don’t know<br> - Don’t remember<br> - Refused to answer                       |
| What follow-up was recommended?                                        | - Colposcopy<br> - Biopsy<br> - Cryotherapy<br> - Follow-up testing<br> - Cancer referral<br> - Another Pap/VIA<br> - Don’t know<br> - Don’t remember<br> - Refused to answer |
| What institution were you referred to for this follow-up? | • CAIMI  
• Hospital Nacional (de Solola o de la Amistad Japon Guatemala)  
• APROFAM  
• INCAN  
• Private doctor/hospital  
• Fundaecco  
• Rxiiin Tnamet  
• Centro de salud  
• Puesto de salud  
• Jornada de Salud  
• Clínica / hospital privado  
• Consultorio médico  
• Farmacia  
• IGSS  
• None of these institutions  
• Don’t know  
• Don’t remember  
• Refused to answer |
| Have you scheduled the recommended follow-up? | • No  
• Yes  
• Don’t know  
• Don’t remember  
• Refused to answer |
| Have you attended the visit and received the results from the follow-up? | • No  
• Yes  
• Don’t know  
• Don’t remember  
• Refused to answer |
| What were the results of the recommended follow-up? | • Normal/negative/all fine  
• Abnormal/positive/needs another follow up  
• Don’t know  
• Don’t remember  
• Refused to answer |
What is the most important reason for why you have not scheduled the recommended follow-up?

- Did not know about it
- Do not know where to go
- Did not know I needed one
- Do not think it is important
- Have not had time
- Too expensive
- Clinic is too far
- My family does not allow me to get one
- I would be ashamed
- I would not want to go alone
- I am afraid to have a Pap/VIA because I might find out something is wrong
- I am afraid to have a Pap/VIA because I do not understand what will be done
- I do not know how to go about getting a Pap/VIA
- Concerned that there may not be a provider at the clinic
- Concerned that there may not be a female health provider at the clinic
- Having a Pap/VIA is too embarrassing
- Having a Pap/VIA takes too much time
- Concerned that there may not be Pap/VIA available at the clinic
- Having a Pap/VIA is too painful
- People doing Pap/VIA are rude to women
- Having a Pap/VIA exposes me to unnecessary radiation
- I cannot remember to schedule a Pap/VIA
- I have other problems more important than getting a Pap/VIA
- I am too old to need a routine Pap/VIA
- I am afraid that getting a Pap/VIA would get me pregnant
- I am pregnant
- None of these apply

When are you planning to get your next cervical cancer screening test?

- The next time that I go to the doctor
- Within a year
- Within the next two years
- More than 2 years from now
- When there is another jornada
- Unsure/Don't know
**Why did you choose not get a Pap/VIA within the past two years?**

- I have not had time
- I tested positive for HPV, but do not think I need one
- I tested negative for HPV, so do not think I need one
- My family does not want me to get one
- I am afraid to have a Pap/VIA because I might find out something is wrong
- I am afraid to have a Pap/VIA because I do not understand what will be done
- I do not know how to go about getting a Pap/VIA
- Having a Pap/VIA is too embarrassing
- Having a Pap/VIA takes too much time
- Having a Pap/VIA is too painful
- People doing Pap/VIA are rude to women
- Having a Pap/VIA exposes me to unnecessary radiation
- I cannot remember to schedule a Pap/VIA
- I have other problems more important than getting a Pap/VIA
- I am too old to need a routine Pap/VIA
- I am afraid that getting a Pap/VIA would get me pregnant
- I was pregnant
- None of these apply to me

**Are you planning to get a Pap/VIA in the next year?**

- No
- Yes
- Don't Know

**Why are you not planning to get a Pap/VIA?**

- I don't have time
- I do not need one
- My family does not want me to get one
- I am afraid to have a Pap/VIA because I might find out something is wrong
- I am afraid to have a Pap/VIA because I do not understand what will be done
- I do not know how to go about getting a Pap/VIA
- Having a Pap/VIA is too embarrassing
- Having a Pap/VIA takes too much time
- Having a Pap/VIA is too painful
- People doing Pap/VIA are rude to women
- Having a Pap/VIA exposes me to unnecessary radiation
- I cannot remember to schedule a Pap/VIA
- I have other problems more important than getting a Pap/VIA
- I am too old to need a routine Pap/VIA
- I am afraid that getting a Pap/VIA would get me pregnant
- I was pregnant
- None of these apply to me
