
SURVEILLANCE NETWORK FOR HPV INFECTION IN MANITOBA

STUDY SURVEY CANCERCARE MANITOBA / UNIVERSITY OF MANITOBA INSTRUCTIONS FOR THE SURVEY

This survey has 30 questions on:

- Your personal background
- Your life style
- Your sexual life
- Your knowledge of cervical cancer

It takes 5 to 10 minutes to complete the survey.

Most questions ask you to mark a box with an "X". Others need a specific answer, such as age or a date. Depending on your answer, you will be told to skip questions. This is to save you time.

There is no right or wrong answer. Many questions ask you to think back over your adult years to recall specific information. Please take your time. Please answer all the questions. A good guess is always better than nothing at all.

THANK YOU FOR TAKING PART IN THE STUDY

Participant study number

-
- 1 How old are you?** _____ years
- 2 What are the three first characters of your postal code**

- 3 In what country were you born?**

- 4 If not Canada, when did you move to Canada?**

Year: _____

- 5 My ethnic cultural background is ... (check one box)**

- White (Caucasian)
- First Nations
- Métis
- Inuit
- Middle-Eastern/West Asian (ex: Armenian, Egyptian, Iranian, Lebanese, Moroccan, Israeli)
- Chinese
- Filipino
- Japanese
- Korean
- Latin American (ex: Central or South American)
- Black African
- Black Caribbean
- South Asian (ex: Indian, Pakistani, Bangladeshi, Sri Lankan)
- South-East Asian (ex: Indonesian, Thai, Cambodian, Malay)
- Other, specify _____

- 6 The financial situation of my family is**

- Difficult
- Moderate
- Comfortable
- Very comfortable

- 7 My level of education is ...**

- None
- Elementary school
- Some high school
- High school diploma
- Some college
- College diploma
- Some university
- University degree
- Don't know

- 8 Have you ever smoked cigarettes?**

- Yes, daily
- Yes, occasionally
- I used to smoke but I quit
- No

- 9 Have you used oral contraceptives in the past?**

- Yes
- No
- Don't know

- 10 If yes, how long have you used oral contraceptives?**

_____ years

- 11 If yes, are you currently using oral contraceptives?**

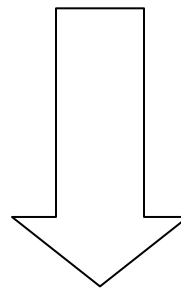
- Yes
- No
- Don't know

- 12 Have you ever had a Pap test before today?**

- Yes
- No
- Don't know

- 13 If yes, when did you have your last Pap test?**

- Less than 6 months ago
- 6 months to less than 1 year ago
- 1 year to less than 3 years ago
- 3 years to less than 5 years ago
- 5 or more years ago
- Don't know



See next page

Sexual History

The next questions are about your sexual history. This is a personal subject but very important to the study. Please take the time to recall the information as accurately as possible. Remember that this is private information and will not be shared with anyone.

15 Have you ever had a sexually transmitted infection?

- Yes
 No
 Don't know

16 If yes, how many infections have you had?

- 1
 2
 3 to 5
 6 or more
 Don't know

17 Would you be able to say which infection it was?

	Yes	No	Don't know
Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital or anal warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18 How old were you when you had sex for the first time?

_____ years old

- Never had sexual intercourse
 Don't remember

19 How many sexual partners did you have approximately in your life?

20 How many children have you given birth to?

- None
 1
 2
 3 or more

21 During the last year, have you had sex?

- Yes
 No
 Not sure

22 If yes, with how many people have you had sex during the last year?

23 During the last year, have you had unprotected anal sex?

- Yes
 No
 Don't know

24 Are you currently involved in a stable relationship?

- Yes
 No
 Not sure

25 Have you received the new HPV vaccine (HPV means "human papilloma virus")?

- Yes
 No
 Don't know

26 Are you aware that HPV is the cause of anogenital warts?

- Yes
 No
 Don't know

27 Are you aware that HPV is the cause of cervical cancer?

- Yes
 No
 Don't know

28 Are you aware that there is a vaccine that can lower your risk of anal and genital warts and cervical cancer?

- Yes
 No
 Don't know

29 How important is it for women who received the HPV vaccine to have regular pap tests? (pap tests are used to check for cervical cancer, which is caused by HPV)

- Extremely important
 Very important
 Somewhat important
 Not at all important
 Not sure

30 How important is it for women who have the HPV vaccine to continue to practice safe sex?

- Extremely important
 Very important
 Somewhat important
 Not at all important
 Not sure

Thank you for your time