

Questionnaire No. _____, Date: dd /mm /yyyy

QUESTIONNAIRE

Study title: Impact of a health education program on cervical cancer screening uptake among primary school teachers in Phnom Penh Cambodia

NOTICE

This is not a test. You will not be evaluated on the results of your answers to these questions. Please answer the question in your own way, without discussing it with others.

Please circle the appropriate number.

SECTION 1: BACKGROUND OF RESPONDENT

Please circle the appropriate number or tick ☒ box.

No	QUESTION	Response
1.1	Name	
1.2	Sex	1. Male 2. Female
1.3	Primary school Name	
1.4	Telephone number	
1.5	Date of birth (dd/mm/yyyy)	dd /mm /yyyy
1.6	Age	
1.7	National ID number	
1.8	Which Khan do you live?	
1.9	What is the highest level of school you attended?	1. College and higher 2. High school 3. Secondary 4. Other (Specify_____)
1.10	What is your employment status?	1. Full-Time Teacher (Permanent employee) 2. Part-time Teacher (Contract employee) 3. Others (Specify_____)
1.11	What is your marital status?	1. Single 2. Married 3. Divorced 4. Widowed

1.12	Have you ever got pregnant?	1. Yes 2. No
1.13	How many children do you have? (if no children, select 0)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> more than 5
1.14	How many minutes does it take to get to the Phnom Penh Municipality Education Office from your residence?	<input type="checkbox"/> 0-5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-15 min <input type="checkbox"/> 16-20 min <input type="checkbox"/> 21-25 min <input type="checkbox"/> 26-30 min <input type="checkbox"/> 31-35 min <input type="checkbox"/> 36-40 min <input type="checkbox"/> 41-50 min <input type="checkbox"/> 51-55 min <input type="checkbox"/> 56-60 min <input type="checkbox"/> > 60 min
1.15	Which transportation do you use to go to the Phnom Penh Municipality Education Office from your residence?	1. Moto 2. Car 3. Bus 4. On foot 5. Other (Specify _____)
1.16	Which national hospital is the closest from your residence?	1. National Maternal and Child Health Center 2. Khmer Soviet Friendship Hospital 3. Calmette Hospital
1.17	Which transportation do you use to go to the closest hospital?	1. Moto 2. Car 3. Bus 4. On foot 5. Other (Specify _____)
1.18	How many minutes does it take to go to the closest hospital from your residence?	<input type="checkbox"/> 0-5 min <input type="checkbox"/> 6-10 min <input type="checkbox"/> 11-15 min <input type="checkbox"/> 16-20 min

	<input type="checkbox"/> 21-25 min <input type="checkbox"/> 26-30 min <input type="checkbox"/> 31-35 min <input type="checkbox"/> 36-40 min <input type="checkbox"/> 41-50 min <input type="checkbox"/> 51-55 min <input type="checkbox"/> 56-60 min <input type="checkbox"/> > 60 min
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SECTION 2: Knowledge on cervical cancer and its screening

Please circle the appropriate number

No	QUESTION	Response options
2.1	What causes cervical cancer? <i>(Select one)</i>	1. Poor genital hygiene 2. Chemicals in food 3. Frequent abortion 4. Human Papillomavirus (HPV) 5. Do not know 6. Other (Specify _____)
2.2	What are the symptoms of cervical cancer? <i>(Select all that apply)</i>	1. Bleeding from vagina after sexual contact 2. Bleeding from vagina between menstrual cycle or after menopause 3. Discharge from vagina that smells bad 4. Itching of vagina 5. Do not know 6. Other (Specify _____)
2.3	What are the ways to prevent cervical cancer? <i>(Select all that apply)</i>	1. Get HPV vaccination when you are young (before starting sexual contact) 2. Get HPV vaccination when you are over 30 years old 3. Visit a health facility regularly and get screened when you are over 30 years old 4. Visit a health facility when you feel very sick or a lot of bleeding from vagina 5. Eat healthy food 6. Keep genital hygiene 7. Do not know 8. Other (Specify _____)

2.4	What should a women do if her screening result is negative? <i>(Select one)</i>	1. Do not go for screening anymore 2. Go for screening routinely 3. Go to a hospital for additional follow-up test 4. Do not know 5. Other (Specify_____)
2.5	What should a women do if her screening result is positive? <i>(Select one)</i>	1. Do not go for screening anymore 2. Go for screening routinely 3. Go to a hospital for additional follow-up test 4. Do not know 5. Other (Specify_____)
2.6	“Cervical cancer can be cured if found early”. Is this statement true or false?	1. True 2. False 3. Do not know

SECTION 3: Attitudes towards cervical cancer

Please circle the appropriate number.

No	QUESTION	Response options
3.1	Do you think it is helpful for you to detect cervical cancer early? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
3.2	Do you think you have the chance of getting cervical cancer? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
3.3	Do you think getting cervical cancer is a serious for you? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
3.4	Do you think any women can acquire cervical cancer? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

3.5	Do you think screening helps to prevent cervical cancer? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
3.6	Do you think you should get screening? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree
3.7	Do you think cervical cancer can be cured if found early? <i>(Select one)</i>	1. Strongly agree 2. Agree 3. Neutral 4. Disagree 5. Strongly disagree

SECTION 4: Practice towards cervical cancer screening

Please circle the appropriate number.

No	QUESTION	ANSWER (CORDING CATEGORIES)
4.1	Have you ever had screening for cervical cancer?	1. Yes (If yes) select all that apply <input type="checkbox"/> 1. Physician recommended <input type="checkbox"/> 2. I think it is necessary or important for my health <input type="checkbox"/> 3. Others (Specify _____) 2. No (If No) select all that apply <input type="checkbox"/> 1. I am healthy <input type="checkbox"/> 2. It may be painful <input type="checkbox"/> 3. I feel shy <input type="checkbox"/> 4. I do not know where to receive screening <input type="checkbox"/> 5. I'm busy (No time to go to gynecologist) <input type="checkbox"/> 6. It is expensive <input type="checkbox"/> 7. Others (Specify _____)
4.2	What would you do if your screening result is negative? <i>(Select one)</i>	1. Do not go for screening anymore 2. Go for screening routinely 3. Go to a hospital for additional follow-up test

		4. Do not know 5. Other (Specify_____)
4.3	What would you do if your screening result is positive? <i>(Select one)</i>	1. Do not go for screening anymore 2. Go for screening routinely 3. Go to a hospital for additional follow-up test 4. Do not know 5. Other (Specify_____)
4.4	Where do you go for screening if you willing to do? <i>(Select one)</i>	1. National Maternal and Child Health Center 2. Khmer Soviet Friendship Hospital 3. Calmette Hospital 4. Phnom Penh Municipality Department of Education, Youth and Sports.