**PROJECT: CAUSES OF THE LATE DIAGNOSIS OF UTERINE NECK CANCER IN 3 DEPARTMENTS OF THE COUNTRY AND STRATEGIES TO IMPLEMENT A PROGRAM FOR ITS CONTROL**

**Survey Code**

[A + # = La Guajira], [B + # = Amazonas], and [C + # = Nariño]

**Date of completion (Year / month / day )**\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_ \_\_\_\_\_\_\_

**Name of the interviewer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_

**Survey start time**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

**Respondent's identification number**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Mark with an X the one that corresponds **Case**\_\_\_\_\_\_\_\_ **Control**\_\_\_\_\_\_\_\_

**Clinical data**- They must be filled out before surveying the participant if the information is not found, ask the patient if she has the reports

Date of cytology taking **(Year / month / day)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date l report of cytology **(Year / Month / Day)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cytology result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Colposcopy Date **(Year / Month / Day)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result of c olposcopia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of taking the biopsy **(Year / Month / Day)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biopsy Report Date **(Year / Month / Day)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biopsy Result \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 We're going to start with some general questions and then I'll ask you a little more private questions.

**1. How old are you?**\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

**2. What city were you born?**\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_

**3. In which municipality do you live?**\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_

**4. Do you live in?**

Municipal Head Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_

Corregimento Name: \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_ \_\_\_

Vereda/ community Name: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_ \_\_\_

**5. How long have you lived in this municipality ?**\_\_\_\_\_ years \_\_\_\_ months

**6. D and according to their culture Do you recognize as part of an ethnic group? For example, indigenous or Afro- descendant.**

Yes , which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Not

**7. What is your current marital status?**

Single

Married to

Free Union

Separated / divorced / widowed

**8. Have you ever been to school, college or university?**

Yes

No (GO TO 10)

**9. To what degree do I study? (write the number and specify if it is primary or high school )**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

**10. Can you read?**

     Easily

      With difficulty

      Don't know

**11. Are you currently working?**

Yes

Not

**12. Are you a dedicated ?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

**13. Do you receive money either for your work, subsidies or aid in kind?**

Yes

Not

**14. Which health regime do you belong to?**

     Contributive

     Subsidized

     Special (armed forces, magisterium, public universities)

     No affiliation (GO TO 14B)

**14 A. What is your EPS?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**14 B. Which hospital / health center do you go to ?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**15. ¿ In what socioeconomic stratum lives  (According to the services account):**\_\_\_\_\_\_\_

       Does not apply (places that do not have stratification such as indigenous communities)

       Do not know not answer

**16.  Who do you live with? (Let her respond spontaneously and check all that apply)**

      Alone

      Partner / partner (a)

      Own children

      Children of the couple

      Other relatives

      No relatives

**17. ¿ Which of NEXT 's services do you have in your home? (Check all that you have)**

        Electricity

        Natural gas connected to public grid

        Aqueduct

        Sewerage

        Garbage collection

        None

**18. Do you have it at home? (Check all that you have)**

  Landline

 Cell phone

   Radio

  Television

  Fridge

  Motorcycle

  Car

       Bicycle

      Canoe with or without motor

       Animals (NO pets)

**CHECK 18, IF YOU HAVE A PHONE ANSWER 19, IF NOT GO TO 20**

**19. The phone using only the person as your home or is shared with other families?**

  Exclusive

  Shared

**20. Do you live in?**

  House / apartment PROPI or

  House / apartment for rent

  Room for rent

  Indigenous housing

  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**21. How many rooms do those in your house sleep in?**\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

**22. What is the floor of your house made of?**

  Tile, brick, polished and lacquered wood

  Coarse wood, plank, other vegetable

  Cement, gravel

       Earth, sand

      Carpet

Other

**23. Of what are the walls of your home?**

  Tapia pisada, bahareque

Coarse   wood, plank, g uadua, other vegetable

Block, brick, stone, polished wood

  Precast material

  Zinc, canvas, cardboard, cans, plastics

  No walls

  Other:

**24. Do you have any religion?**

Yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      No (GO TO 26)

**25. Do you go to your church or participate in a group in your church?**

Yes

      Not

**26. Please answer me yes or no to the following questions**

|  | **Yes** | **Not** | **No answer** |
| --- | --- | --- | --- |
| 1. **Are there people who worry about what happens to you?** |  |  |  |
| **b. Do they compliment you or acknowledge you when you do things well?** |  |  |  |
| **c. Do they help you with things around the house?** |  |  |  |
| **d. Do they give you love and affection?** |  |  |  |
| **e. your friends or family visit?** |  |  |  |
| **F. Do you talk to someone about your problems?** |  |  |  |
| **g. Do they give you advice when you need it?** |  |  |  |
| **h. They help when you are sick?** |  |  |  |
| **I. Have you suffered physical or verbal violence by your partner or another person?** |  |  |  |

**27. How do you think your general health is?**

      Excellent

     Very good

     Good

      Regular

      Bad

**28. In the last year has gone to the doctor for something different cytology?**

      Yes

      Not

**The following questions are very personal, if you want to answer some of them please tell me**

**29. How old were you when you had your first sexual intercourse?**\_\_\_\_\_\_\_\_\_

Do not know not answer

**30. With how many people have had sex throughout life?**\_\_\_\_\_\_\_\_\_\_\_

Do not know not answer

**31. Do you use a condom in sexual intercourse?**

Forever

Almost always

Occasionally

Hardly ever

NUNCA

Do not know not answer

**32. Have you been pregnant?**

            Yes

     No (GO TO 39)

**33. How many pregnancies did you have?**\_\_\_\_\_\_\_\_\_\_\_\_

       Do not know not answer

**34. In her last pregnancy checks are made?**

      Yes

No (GO TO 37)

**35. Who performed the checkups during your pregnancy?**

Doctor

Nurse

Midwife / midwife

Other: Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Do not know not answer

**36. Where was the control (s) made?**

Hospital / Clinic / Health post

Private medical office

Other: Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

      Do not know not answer

**37. Where was your last delivery?**

Hospital / Clinic / Health post

Private medical office

At home

Other: Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

      Do not know not answer

**38. Who attended the last birth?**

Doctor

Nurse

      Midwife / Midwife

Family member and / or friend

      Other Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

      Do not know not answer

**39. Do you currently use any method to avoid getting pregnant?**

      Yes

      No (GO TO 41)

      Menopause (GO TO 41)

     Does not know / does not respond (GO TO 41)

**40. How do you avoid getting pregnant? (let the participant respond spontaneously and mark the one (s) that apply)**

Traditional method Which one? \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Condoms

     Injection

      Implant

      Other Which one? \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

      Do not know not answer

**41. Have you smoked at least 100 cigarettes (5 packs) in your life?**

Has never smoked (GO TO 45)

Yes

No (you have smoked, but less than 100 cigarettes)

Do not know not answer

**42. Do you smoke?**

Yes

     Not

**43. How many cigarettes do you / did you smoke per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**44. How many years have you smoked? \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**45. Do you know where the cervix is ​​on your body?**

Yes

      Not

**46. Do you know what is cervical cancer?**

      Yes

     No (GO TO 49)

      More or less

**47. Do you think cancer of the cervix can be prevented?**

Yes How? \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

      Not

       Sometimes

       Don't know / not sure

**48. Of the things I am going to read to you below, which ones do you think can cause cervical cancer in women? Answer me yes, no or maybe.**

|  | Yes | Not | Perhaps | Does not know |
| --- | --- | --- | --- | --- |
| **a. That the couple has sex with several people** |  |  |  |  |
| **b. Smoke** |  |  |  |  |
| **c. c. That women have sex with various s people** |  |  |  |  |
| **d. Lack of cleanliness** |  |  |  |  |
| **e. A virus** |  |  |  |  |
| **F. Untreated infections** |  |  |  |  |
| **g. Residues left after delivery** |  |  |  |  |
| **h. Abortions performed in poor condition** |  |  |  |  |
| **i. Using birth control pills / injections** |  |  |  |  |
| **j. Having many children** |  |  |  |  |
| **k. Punishment from god** |  |  |  |  |
| **l. Hex** |  |  |  |  |

**49. Do you know what it is Pap smear?**

      Yes, what for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Not

**50. How did you find out about the Pap smear?**(**Check all that apply)**

Family

     friends

      Radio

      Television

     Health institution

      Newspaper / magazine / brochures

      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      She does not remember

**51. How s old were you when you made the first cytology?**\_\_\_\_\_\_\_\_\_\_

She does not remember

She has never had it **(go to 53 )**

**52. How often is Pap smear done?**

       More than once a year (GO TO 54)

       Every year (GO TO 54)

       Every three years

   It has been done only once (ANSWER 5 3 AND GO TO 66)

      Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**53. What is the reason why cytology was not performed frequently or why was it never done? *(If cytology has never been done, answer this question and then go to 66 and 67)*(Let the participant respond spontaneously and if she does not respond, read the options, mark all those mentioned and circle the main reason)**

**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  |  |
| --- | --- |
| **Personal** | **Service** |
| I did not know that I had to do it | Service is far |
| Very expensive transportation | It was but they did not attend |
| Very expensive service | Poor quality service |
| You don't trust the staff taking the Pap smear | Many procedures |
| Cytology taking times do not work for you | You do not know where they provide the service |
| Lack of time | Delay in assigning appointments |
| I thought that I Podi to wait | Delay in service on the site |
| Fear | EPS did not authorize or |
| Laziness / carelessness | They didn't explain that it was important |
| At his age she thinks it is not necessary | Doctor has not ordered it |
| Does not have sex | They did not give me the result |
| Does not feel sick |  |
| Shameful examination |  |
| Does not know | |

**54. Approximately how many pap smears have you had throughout your life?**\_\_\_\_\_\_\_\_\_\_\_

**55. Prior to this latest smear, did you have another abnormal result?**

  Yes Do you remember I had? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       Not

       Don't know / don't remember

***Questions 56 to 60 refer to pre-to-last cytology***

**56. Previous cytology was more than 3 years? (the one before the last)**

 Yes

Not

       Don't know / don't remember

**57. Where was this cytology done (the previous one to the last)?**

  Hospital / clinic

  Health post

  Private medical office

       Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       She does not remember

**58. Did you claim the result of that cytology (the previous one to the last)?**

Yes (GO TO 60)

No (ANSWER 59 AND GO TO 61)

They did not give it  (GO TO 61)

Does not know / does not respond (GO TO 61)

**59. What does not claim the result of the cytology (the one before the last)?**

  Fear of being told you have cancer

  You felt mistreated / offended when you were tested

  She is not interested in the result

  Could not go

   Distant services

  Lack of money

  They agreed to call her or let her know

  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**60. What was the result of that cytology (the previous one to the last)?**

Normal

I had problems. Do you know which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

She does not remember

**61. Have you ever paid to have a Pap test?**

Yes

Not

      Do not know not answer

**62. In the past had made her a colposcopy? If the woman asks what that is, read: "It is similar to a cytology, but they look with a device and take out very small pieces to examine them"**

      Yes (GO TO 64)

      They ordered it but they did not do it (ANSWER 63 AND GO TO 66)

      They had never ordered one (GO TO 66)

      Not known / do not remember (GO TO 66)

**63. What was the reason why they did not make her a colposcopy/ biopsy? (Let the participant respond spontaneously and if she does not respond, read the options, mark all the ones mentioned and circle the main reason) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Personal** | **Service** |
| Lack of time | Service is far |
| Very expensive transportation | It was but they did not attend |
| Very expensive service | Poor quality service |
| Do not trust health personnel | Many procedures |
| Consultation hours do not serve you | You do not know where they provide the service |
| Thought i could wait | Delay in assigning appointments |
| Not know what to do | Delay in service on the site |
| Fear | They didn't explain that it was important |
| Laziness / carelessness |  |
| Did not believe in the result | Do not know not answer |

**64. ¿ Were there any after treatment of the colposcopy / biopsy (before last)?**

  Yes (GO TO 66)

  Not

  Does not know / does not respond (GO TO 66)

**65. Why didn't you receive treatment?**

Did not need

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Personal** | **Service** |
| Lack of time | Service is far |
| Very expensive transportation | It was but they did not attend |
| Very expensive service | Poor quality service |
| Do not trust health personnel | Many procedures |
| Consultation hours do not serve you | You do not know where they provide the service |
| Thought i could wait | Delay in assigning appointments |
| Not know what to do | Delay in service on the site |
| Fear | They didn't explain that it was important |
| Laziness / carelessness |  |
| Did not believe in the result |  |
| I didn't know i had the right | Do not know not answer |

**66. Have you heard of the Human Papillomavirus or HPV?**

**If no, read: “Papillomavirus or HPV is the virus that causes cervical cancer. Have you heard it before? "**

       Yes

       Yes, with help

       Not

**67. Have you heard of a vaccine to prevent cancer? *(IF THE CYTOLOGY HAS NEVER BEEN DONE, SKIP TO 73)***

Yes Yes    What have you heard? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Not

**68. Why did the last Pap smear?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**69. Who made the decision to have that last Pap smear done?**

     You decided alone

You decided in the company of another person

Someone else decided Who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**70.WHERE was the last Pap smear ?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**71. Before doing the smear test, did you feel that something was wrong with your private parts?**

Yes

     No (GO TO 7 6 )

**72. What did you feel?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **73**How long did it take from when you had symptoms or felt bad until you saw your doctor the first time? | T: \_\_\_\_\_\_\_\_\_\_ | Did not consult \_\_\_\_ ( go to 75) | Why didn't you consult? |
| **74.**What was recommended to you at that medical appointment? (if it is cytology (go to 76) colposcopy, biopsy, (go to 79) / MRI, go to the emergency room, go to a specialist, ultrasound, other (Go to 87 ) | Answer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **75**. How long it was from when you had symptoms or felt bad until you had a Pap test | T: \_\_\_\_\_\_\_\_\_\_\_ | **They did not do a cytology**\_\_\_\_ (go to 79) | Cytology date \_\_\_\_\_\_\_\_\_\_\_ |
| **76.**Did you need authorization for the cytology? | Yes \_\_\_\_  No\_\_\_\_ (go to 78) |  |  |
| **77.**How much time passed between the authorization and the performance of the cytology? | T: \_\_\_\_\_\_\_\_\_\_ |  |  |
| **78.**How much time elapsed between the cytology and the delivery of the results? | T: \_\_\_\_\_\_\_\_\_\_ | They were not given to you or you did not pick them up \_\_\_ | Cytology results delivery date  \_\_\_\_\_\_\_\_\_\_\_\_ |
| **79.**Was / did you have a colposcopy or biopsy? | Yes \_\_\_\_  No\_\_\_\_ (go to 84) |  |  |
| **80.**Did you need authorization for this colposcopy or biopsy? | Yes \_\_\_\_  Not\_\_\_\_ |  |  |
| **81.**How long did it take from the authorization to the day you had the colposcopy? | T: \_\_\_\_\_\_\_\_\_\_ |  | Colposcopy date    \_\_\_\_\_\_\_\_ \_\_\_ |
| **82.**During that Colposcopy did you take a biopsy? | Yes \_\_\_\_  No\_\_\_\_ (go to 86) |  | Biopsy date    \_\_\_\_\_\_\_\_ \_\_\_ |
| **83.**Did you need additional authorization for the biopsy? | Yes \_\_\_\_  Not\_\_\_\_ |  |  |
| **84.**How long was the delivery of the biopsy results delayed? | T: \_\_\_\_\_\_\_\_\_ | They were not delivered or did not pick them up \_\_\_ | Results delivery date    \_\_\_\_\_\_\_\_\_\_ |
| **85.**How long did it take between the delivery of the biopsy results and the interpretation or the doctor explaining that I had | T: \_\_\_\_\_\_\_\_\_ |  | Reading date      \_\_\_\_\_\_\_\_\_\_ |
| **86.**Total time between the first consultation or cytology and the definitive diagnosis | T: \_\_\_\_\_\_\_\_\_ |  |  |

Write **SD**(No Data) on the line when information is not available.

If not applicable, write **NA**

**T: Specify**time **in months or days.**

**87**. **How was cancer diagnosed?**

     She felt bad and went to the emergency room

For a hospitalization

You went to another doctor / specialist

You had an ultrasound / CT scan

Other Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clarifications**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Did they send you treatment or medicine?**

Yes

     No (GO TO 92)

     Does not know / does not respond (GO TO 92)

1. **Did you start or take the treatment or medicine?**

Yes (ANSWER 90 AND GO TO 92)

     No (GO TO 91)

     Does not know / does not respond (GO TO 92)

1. **What treatment do you receive or received? (Check all that apply)**

Medicine

Conization

Radiotherapy

Chemotherapy

     Other Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     Do not know not answer

1. **Why have you not received treatment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Do you know that you have the right to have colposcopy done without paying if you need it?**

Yes

Not

1. **When you need medical care always receive it?**

       Yes (GO TO 96)

        Not

1. **Why didn't you get medical attention? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **When you go to the doctor and they don't see you, what do you do?**

They have always attended her

       Go to another institution

       Nothing

       Go to organizations (NGOs)

       File a guardianship

       Traditional medicine

       Other Which one?

1. **Where is the place where you went to the doctor the last time?**

       In the same neighborhood where you live or work

       In the same city, town or village where you live or work

       In the same municipality where you live or work

       In another municipality

       Does not know

1. **The last time you went to the doctor, How did you get there? (Check all that apply)**

        Walking

        Particular car

        bus

        Cab

        Motorcycle

        Animal transport

        She does not remember

        Other\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **The last time you went to the doctor, how long did it take you from home to the hospital or doctor?**

         \_\_\_\_\_\_\_\_ Minutes

         \_\_\_\_\_\_\_\_\_ Hours

        \_\_\_\_\_\_\_\_\_\_ Days

              Does not know

**Next I am going to ask you some questions regarding the care you received in your last Pap smear or colposcopy , please answer me if it seemed good, fair or bad.**

|  | **Good** | **Regular** | **Bad** | **Does not apply** |
| --- | --- | --- | --- | --- |
| 1. **The time for the appointment seemed to her** |  |  |  |  |
| 1. **The hours of operation were** |  |  |  |  |
| 1. **The time I waited to be seen on the day of the appointment seemed** |  |  |  |  |
| 1. **The examination or treatment that you received during the appointment seemed** |  |  |  |  |
| 1. **The explanation that the doctor gave him about the problem she had seemed to her** |  |  |  |  |
| 1. **The level of trust with the doctor who treated her was** |  |  |  |  |
| 1. **Did the doctor explain what to do after the consultation?**   Yes (answer the classification)    Not |  |  |  |  |
| 1. **The time that the consultation lasted was** |  |  |  |  |
| 1. **Privacy during the consultation was** |  |  |  |  |
| 1. **How did the following people treat you?** 2. The doctor 3. The assistant or nurse 4. The receptionist or secretary 5. Other personnel (porters, cleaning personnel, etc.) |  |  |  |  |
| 1. **The facilities in general seemed to her** |  |  |  |  |
| 1. **Your opinion on equipment and materials is** |  |  |  |  |
| 1. **Considering the reason why I consulted, think that the attention was** |  |  |  |  |
| 1. **In general terms, how did you feel about the care you received?** |  |  |  |  |

**Survey end time**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Some family member or other person collaborated in carrying out this survey**

Yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No