**Supplementary file 2 - Questionnaire – Part 2/2 – knowledge.**

1. what is the objective of Pap test? \_\_\_\_\_\_\_\_\_\_\_

In questions 2 – 9 please refer to the Israeli Society of Obstetrics and Gynecology recommendations.

1. How often should a Pap smear be repeated? \_\_\_\_\_\_\_\_
2. Is the recommended frequency enough in your opinion?

Yes

No

1. What is the recommended age of first PAP test? \_\_\_\_\_\_\_\_\_
2. What is the recommended age of last PAP test? \_\_\_\_\_\_\_\_\_
3. What are the different HPV vaccines? \_\_\_\_\_\_\_\_\_\_\_
4. What are the HPV types the vaccine protects from? \_\_\_\_\_\_\_\_
5. What are the recommended ages for HPV vaccination in Israel? \_\_\_\_\_\_\_\_\_\_\_\_
6. What are the names of the vaccinations approved for use in Israel? \_\_\_\_\_\_\_\_
7. What is the upper age limit for administration of the HPV vaccines? \_\_\_\_\_\_\_\_\_\_\_\_
8. Would you recommend HPV vaccination? \_\_\_\_\_\_\_\_
9. What are the risk factors for cervical cancer?
* Multiple partners
* Contraceptive pill use
* Intra uterine device use
* Smoking
* Family history of cervical cancer
* Circumcision
* Genetic mutation