**English Version questioner**

**Part 1. Questions to assess socio-demographic characteristics of the participant**

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| --- | --- | --- |
| S.No | Questions | Responses |
| 1 | How old are you? | \_\_\_\_\_\_\_\_\_\_\_\_years |
| 2 | What is your religion? | 1. Orthodox 2.Muslim 3.Protestant 4. Catholic 5.Others \_\_\_ |
| 3 | What is your ethnicity? | 1.Amhara 2.Tigray 3.Oromo 4. kemant 5. Others\_\_\_\_\_\_\_\_\_\_ |
| 4 | Where is your place of residence? | 1.Urban 2.Rural |
| 5 | What is your marital status? | 1.Single 2.Married 5.Separated 3.Divorced 4.widowed |
| 6 | What is your educational status (the highest grade you completed)? | 1.unable to read and write 4.Secondary(9-12)  2.Able to read and/write 5.Certificate and diploma  3.Primery education 6.colledge degree and above |
| 7 | If married in *Q. 5,* What is your husband’s educational status? | 1.unable to read and write 4.Secondary(9-12)  2.Able to read and/write 5.Certificate and diploma  3.Primery education 6.colledge degree and above |
| 8 | What is your occupation/ what kind of work do you mainly do/? | 1. Not employed 5. house wife  2. civil servant/Government employee 6. Student  3. Employee in private organization 7. Daily laborer  4. self-employed 8.other(specify)……. |
| 9 | What is your monthly income | \_\_\_\_\_\_\_\_\_\_\_ (in Ethiopian birr) |
| 10 | How many children do you have? | \_\_\_\_\_\_\_\_\_\_\_\_in number |
| 11 | Number of sexual partners you experience | \_\_\_\_\_\_\_\_\_\_\_\_in number |
| 12 | Self-reported HIV sero status | 1.posetive 2.Negetive 3.I do not know |

**Part 2. Questions assessing women’s perception using Health Belief Model**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| S.No | women’s perception | Responses | | | | |
| Strongly disagree | Disagree | Not sure | Agree | strongly  agree |
| 13 | **Perceived benefit** |  |  |  |  |  |
| VIA test can find cervical changes before they become cancer |  |  |  |  |  |
| If cervical changes are found early they are easily curable |  |  |  |  |  |
| It is important for a woman to have a VIA test so she will know if she is healthy |  |  |  |  |  |
| 14 | **Perceived barriers** |  |  |  |  |  |
| Screening is not necessary since there is no cure for cancer |  |  |  |  |  |
| The screening procedure is painful |  |  |  |  |  |
| It is embarrassing to have a VIA test |  |  |  |  |  |
| don't know where to go if wanted a VIA test |  |  |  |  |  |
| partner would not allow to have a VIA test |  |  |  |  |  |
| 15 | **Perceived susceptibility** |  |  |  |  |  |
| Women in your age group are at risk for getting cervical cancer. |  |  |  |  |  |
| Women in your age group are more likely than others to get cervical cancer |  |  |  |  |  |
| 16 | **Perceived seriousness**  Most women who develop cervical cancer will die from it. |  |  |  |  |  |
| A women life would change if she had cervical cancer. |  |  |  |  |  |
| 17 | **Cues to screening**  Women that you know go to have VIA screening done |  |  |  |  |  |
| Healthcare worker ever told you to get cervical cancer screening |  |  |  |  |  |
| 18 | **Perceived self-efficacy**  You feel capable of getting a VIA test. |  |  |  |  |  |
| You feel capable of managing any emotional distress caused by VIA test |  |  |  |  |  |

**Part 3.Questions assessing Knowledge on cervical cancer and cervical cancer screening**

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| --- | --- | --- | --- |
| S.No | Questions | Responses | |
| 1.Yes | 2.No |
| 19 | Risk factors of cervical cancer: |  |  |
| Having multiple sexual partner is a risk of cervical cancer |  |  |
| Exposure to early sexual debut is a risk of cervical cancer |  |  |
| Infection by virus (HPV) is a risk of cervical cancer |  |  |
| Low immunity due to HIV/AIDS is a risk of cervical cancer |  |  |
| 20 | Symptom of cervical cancer: |  |  |
| Vaginal discharge is a symptom of cervical cancer |  |  |
| Vaginal bleeding is a symptom of cervical cancer |  |  |
| Pain during coitus is a symptom of cervical cancer |  |  |
| 21 | Prevention of cervical cancer |  |  |
| Cervical cancer is preventable |  |  |
| Vaccination prevents cervical cancer |  |  |
| Screening prevents cervical cancer |  |  |
| 22 | Treatment for cervical cancer |  |  |
|  | Cervical cancer is treatable disease |  |  |
|  | Surgery is a treatment modality for cervical cancer |  |  |
|  | Chemotherapy is a treatment modality for cervical cancer |  |  |
|  | Radiation is a treatment modality for cervical cancer |  |  |
|  | Do not know a treatment modality for cervical cancer |  |  |
| 23 | Screening Frequency |  |  |
|  | I know screening frequency for cervical cancer |  |  |
|  | Screening frequency for women 30-49 years old is every five years |  |  |

**Part 4: Health facility and accessibility factors**

|  |  |  |
| --- | --- | --- |
| S.No | Questions | Responses |
| 24 | Reason of current health facility visit | Family planning……………………1  Immunization service………………..2  Under five clinic…………………..3  Other………………………………4 |
| 25 | How far is your home from health facility to get cervical cancer screening service | Specify……………….. |
| 26 | Transportation method used to reach for the health facility | foot………………………….1  Public bus……………………………….2  Taxi…………………………………3  Private motor bicycles, own car…………….4  Other method…………………………5 |
| 27 | Do you know where cervical cancer screening service is provided? | Yes.............1  No..............2 |
| 28 | Have you ever been recommended for screening by health worker? | Yes.............1  No..............2 |

**Part 5: Questions assessing cervical cancer screening uptake**

**NB: If the woman refused VAI screening test, go to part 6.**

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| --- | --- | --- |
| 29 | Today, have you agreed to do cervical cancer screening offered at the VIA site? | Yes……………1  No……………..2(if no, and if the woman refused for screening today go to part 6) |
| 30 | If the woman has performed the test, get the test results? | Negative…………1  Positive…………..2  Suspicious for pre-cancerous…….3 (if test result was Positive, go to question 31 ) |
| 31 | If test result was Positive in Q 30, Did you received cryotherapy treatment immediately after the result | Yes………………………………1  No………………………………..2 |

**Part 6: The Reasons for Cervical Cancer Screening Refusal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No  32 | What is the reason for refusal of the screening test? | Responses | | |
| 1.Yes | 2.No | 3.Don’t know |
|  | Lack of female screeners |  |  |  |
|  | Staff are unfriendly |  |  |  |
|  | I want to do it in the private sector |  |  |  |
|  | A skilled provider is not available |  |  |  |
|  | The screening center is very far |  |  |  |
|  | Transportation problem |  |  |  |
|  | The screening test is costly |  |  |  |
|  | Husband disapproval |  |  |  |
|  | Embarrassment |  |  |  |
|  | Anticipated pain of the screening procedure |  |  |  |
|  | Lack of privacy |  |  |  |
|  | I'm healthy, I'm not likely to get cancer |  |  |  |
|  | For the fear that cancer will be discovered |  |  |  |
|  | have no time to undergo screening |  |  |  |
|  | I feel uncomfortable during the test |  |  |  |