

Adolescent HPV Prevalence Survey

FOLLOW-UP QUESTIONNAIRE

Family/Given Name Initials _____	HPV _ _ _ _ _ _ _ _ U _ _ _ _ _ _ _ _ Study number Study number
OS/IN _ _ _ _ _ _ _ _ NTIHC number	

Date of Interview: _____ Date first seen: _____
(dd/mm/yy)

1. Name of Interviewer: _____
2. Type of visit (write the number not the visit type)..... []
 - 00= Unscheduled..... months from baseline..... [][]
 - 1= Baseline visit
 - 2= visit 1 (6 -12 months from enrolment into study)..... [][]
 - 3= visit 2 (13 -18 months from enrolment into study)..... [][]
 - 4= visit 3 (19 - 24 months from enrolment into study)..... [][]
 - 5= visit 4 (more than 24 months from enrolment into study)..... [][]

Section A: Demographic Information

3. Current Religion 1= Catholic; 2= Moslem; 3= Protestant; 4= Other, Specify _____ []
4. Current level of education 1= Nil 2= Primary 3= Secondary 4= High school/ college 5= University.... []
5. Tribe: _____
6. How old were you at your last birthday (in years)? _____ [][]
7. What do you do for work? _____ []
 - 1=agriculture/farming/fishing
 - 2=textile industry/manufacturing
 - 3=industrial/manufacturing other than textile
 - 4=administration/office
 - 5=services/sales/small business
 - 6=domestic (other house)
 - 7=bar/discotheque
 - 8= Student
 - 9=other, specify _____
8. What is your marital status: Are you now []
 - 1 = Single 2 = Married/cohabiting* 3 = Divorced/separated 4 = Widowed
 - *Living in the same house with or without legal or religious contract of marriage*

9. Are you in a polygamous family/marriage (the same husband or partner having more than one wife at the same time?)
 1=yes, 2=no []
10. If yes, how many women are married or cohabiting to your husband or partner at the same time that you are (including yourself)? []
 1=1 2=2, 3=3. 4=4 9=don't know

Section B: Contraceptive History

11. What method of contraception have you ever used?..... []
 1=None
 2=Oral contraceptives, specify type_____
- 3=Injection
 4= Male condoms
 5=Female sterilization
 6=Male sterilization
 7= Combination, specify types_____
- 8= Other methods, specify type_____
12. What method of contraception have you used since the last time you were examined?..... []
 1=None
 2=Oral contraceptives, specify type_____
- 3=Injection
 4= Male condoms
 5=Female sterilization
 6=Male sterilization
 7= Combination, specify types_____
- 8= Other methods, specify type_____

Section C: Reproductive and sexual history

13. How old were you when you had the first sexual intercourse? []
14. What is the estimated age of your first sexual partner?..... [][]
15. Were you forced by your partner to have sexual intercourse the very first time? (1= Yes; 2= No)... []
16. If your partner forced you, was the force
 (a) Physical (1= Yes; 2= No)..... []
 (b) Verbal (1= Yes; 2= No)..... []
 (c) Both (1= Yes; 2= No)..... []
17. Did you use a condom (male) the very first time you had sexual intercourse? (1= Yes; 2= No)..... []
18. Following the very first sexual intercourse, were there any associated problems? (1= Yes; 2= No) []
19. If yes, which ones?
 1= Vaginal bleeding (1= Yes; 2= No)..... []
 2=Pain during intercourse (1= Yes; 2= No)..... []
 3=Chronic pelvic pain 1= Yes; 2= No)..... []
 4=Pain on passing urine (1= Yes; 2= No)..... []
 5=Lower abdominal pain (1= Yes; 2= No)..... []
 6= Sexually transmitted diseases (1= Yes; 2= No)..... []

- 20. How long ago did you have your last menstrual period? ___ days ago [][]
- 21. Have you ever been pregnant? (1= Yes; 2= No)..... []
- 22. If yes, was your very first pregnancy wanted? (1= Yes; 2= No)..... []
- 23. Are you currently pregnant? (1= Yes; 2= No)..... []
- 24. If yes, is the pregnancy wanted? (1= Yes; 2= No)..... []
- 25. Since the last time you were examined, have you given birth? (1= Yes; 2= No) []
- 25.1 If yes, where did you give birth? (1=At home; 2=At the hospital; 3= Other, specify..... []
- 26. Since the last time you were examined, have you had an abortion (spontaneous or induced)? (1=Yes; 2=No ___ #) []
- 27. Since the last time you were examined, did you have a Pap smear? (Please ensure that women understand what a Pap smear is).(1= Yes; 2= No) []
- 28. Since the last time you were examined, did you undergo a surgical removal of the uterus? (1= Yes; 2= No)..... []

(If yes, woman is not eligible for the gynecological exam)

Section D: Sexually Transmitted infections history

- 29. Since the last time you were examined, have you suffered from sexually transmitted diseases? (1 = Yes; 2 = No; 9 = don't known)..... []
- 30. If yes, what symptoms did you have? **circle all that apply**.....

01= Lower abdominal pain	02= urethral discharge
03= Foul smelling vaginal discharge	04= Burning pain on passing urine
05= Swelling in genital area	06= Genital sores or ulcers
07= Genital warts	08= Genital itching
09= Other, Specify_____	
- 31. Since the last visit, did you receive treatment for the STD(s) you mentioned above? (1 = Yes; 2 = No)..... []
- 32. Which drugs did you take (1 = Azithromycin – single dose 2 = Doxycycline for 1 week 3= Other, specify ----- 9 = don't known)..... []
- 33. Did your partner(s) receive similar treatment? (1 = Yes; 2 = No; 9 = don't known)..... []

Section E: Sexual behaviour history

- 34. How many husbands/regular partners have you had since the last time you were examined?..... [][]

We call a regular partner a man with whom you have had a regular sexual relationship for at least 6 months with or without a legal or religious contract of marriage, irrespective of living in the same house or not.

35. Are all your husband/regular partner circumcised?
(1= Yes, all are circumcised 2= Yes, some are circumcised 3=None is circumcised 9= Don't know)..... []
36. As far as you know did any of your husbands/regular partners have other sexual partners/wives?..... []
(1 = yes, frequently 2 = yes, occasionally 3 = no 9 = don't know)
37. As far as you know did your husband/regular partners have contact with prostitutes?
(1 = yes, frequently 2 = yes, occasionally 3 = no 9 = don't know)..... []
38. With your husband/ regular partners, do you use condoms? []
1 = always
2 = sometimes (include use of condom with some partners but not others or use of condoms for some rounds and not others)
3 = never
39. What is the age of your regular sexual partner(s) or spouse?..... []
(Please write for both spouse and regular partner separately)
1= exactly same age
2= Younger (*by 5 years*)
3= Older (*by 5 years*)
4= Older *by more than 5 years*
40. What is the HIV serostatus of your regular sexual partner or spouse in last 6 months?..... []
(Please write for both spouse and regular partner separately)
1= Negative
2= Positive
3= Don't know
41. Did you use a condom with your regular sexual partner (spouse) in last sexual intercourse?..... []
1= No
2= Yes
- 41.1. If yes, how would you describe the frequency of condom use in the last sexual intercourse with your regular partner or spouse?..... []
1 = always (all the rounds of intercourse)
2 = sometimes (include use of condom with some rounds but not others)
3 = never (Condoms not used at all)

<p>Instructions to the interviewer, please make sure questions (a).....(e) are answered by each subject and write the answers in the space provided.</p>

- 41.2 If condoms were used **always** used, can you describe exactly what always means to you?
- 41.3 Whose decision was it to use condoms? Yours or your partners? Please explain
- 41.4 If condoms were used **sometimes**, can you describe exactly what sometimes means to you?
- 41.5 Whose decision was it to use condoms? Yours or your partners?, explain
- 41.6 If condoms were **never** used, why? Whose decision was it not to use condoms? Please explain
- 41.7 Did your partner force you to have the last sexual intercourse (1= Yes; 2= No)..... []

42. Apart from regular partner(s) have you had casual intercourse or relationships?

Partners lasting less than 6 months with anyone else, even if this happened only once 1 = yes 2 = no.....[]

43. IF YES: What is the approximate number of casual partners you have had since the last time you were examined?..... [] []

44. Are all your casual sexual partner circumcised?
(1= Yes, all are circumcised 2= Yes, some are circumcised 3=None is circumcised 9= Don't know)..... []

45. As far as you know did any of your casual partner(s) have other sexual partners/ spouses?
..... []
(1 = yes, frequently 2 = yes, occasionally 3 = no 9 = don't know)

46. As far as you know did your casual sexual partner(s) have contact with prostitutes?
(1 = yes, frequently 2 = yes, occasionally 3 = no 9 = don't know)..... []

47. Do you use condoms with your casual sexual partners? []
1 = always
2 = sometimes (include use of condom with some partners but not others or condoms with some rounds of Sexual intercourse and not others)
3 = never

50. What is the age of your casual sexual partner(s)?|__|
(Please write for each casual partner if more than one separately)

- 1= exactly same age
- 2= Younger by 5 years
- 3= Older by 5 years
- 4= Older by more than 5 years

51. What is the HIV serostatus of your casual sexual partner(s) in the last 6 months:.....|__|
(Please write for each casual partner separately)

- 1= Negative
- 2= Positive
- 3= Don't know

52. Did you use a condom with your casual sexual partner in last sexual intercourse.....|__|
1= No
2= Yes

52.1. If yes, how would you describe the frequency of condom use in the last sexual intercourse with your casual partner(s)?.....|__|

- 1 = always (all the rounds of intercourse)
- 2 = sometimes (include use of condom with some rounds but not others)
- 3 = never (Condoms not used at all)

Instructions to the interviewer, please make sure questions (a).....(e) are answered by each subject and write the answers in the space provided.

52.1a. If condoms were used **always** used, can you describe exactly what always means to you?

52.1b. Whose decision was it to use condoms? Yours or your partners? Please explain

52.1c. If condoms were used **sometimes**, can you describe exactly what sometimes means to you?

52.1d. Whose decision was it to use condoms? Yours or your partners?, explain

52.1e. If condoms were **never** used, why? Whose decision was it not to use condoms? Please explain

53. 1f. Did your casual partner force you to have the last sexual intercourse ?
(1= Yes; 2= No)..... []

54. How many partners (**regular or casual**) have you had during since the last time you were examined?.....[][][]

55. To sum up, with approximately how many men have you had sexual intercourse in your lifetime?..... [][][]

56. **INTERVIEWER:** if the subject is not able to answer, please try to find out in which of the following categories she could belong..... []
1 = 1 2 = 2-3 3 = 4-10 4 = 11-20 5 = 21-50 6 = 52-99 7 = >=100

*NOTE: AT THIS POINT THE INTERVIEWER **MUST** VERIFY THAT THE FIGURE GIVEN HERE. SUMMARIZES APPROXIMATELY WHAT HAS BEEN REPORTED PREVIOUSLY: THE NUMBER OF REGULAR PARTNERS (Ques. 18) PLUS THE NUMBER OF CASUAL PARTNERS (Ques. 24).*

57. **Since the last time you were examined**, were you paid or received presents or food to have sex?
1= yes 2=no []

58. **If yes, since the last time you were examined** has this happened:..... []
1= frequently 2= occasionally

59. As far as you know had any of your partners (regular or casual) ever suffered from any sexually transmitted diseases? 1 = yes 2 = no 9 = don't know..... []

60. **If yes**, which of the following symptoms did they have? [circle or tick all that apply]
1= genital ulcers 2= penile discharge
3= condylomata/warts 4= blisters
5= Yes, but don't know which

Section F: Other behavioral history

Since the last time you were examined, have you used? (Applies to Q41– Q43)

61.0 Cigarettes 1 = Yes 2 = No []
61.1 If yes, on average, how many cig per day? [][]
61.2 Are you still smoking cigarettes?.....1= Yes 2= No..... []

62.0 Marijuana/hashish/bangi 1 = Yes 2 = No []
62.1 If yes, on average, how many times per week? [][]
62.2 Are you still smoking marijuana/hashis/bangi?.....1= yes 2= no []

63.0 Mirrah/Cath 1 = Yes 2 = No..... []
63. 1 If yes, on average, how many times per week? [][]
63. 2 Are you still smoking mirrah/cath?..... 1= Yes 2= No..... []

64. Do you use a wood fire for cooking at home or at the workplace? 1= Yes 2= No..... []

If yes, how frequently?

1= every day 2= Occasionally.....[]

65. Do you use charcoal for cooking at home or at the workplace?
1= Yes 2= No..... []

65.1 If yes, how frequently?

1= every day 2= Occasionally..... []

66. In your childhood, were you sexually abused?
1= Yes 2= No..... []

66.1 If yes, by whom?

1= Father

2= Brother

3= Other relative, specify _____

Section G: Contact Information

67. What will be the best way of contacting you (circle one and indicate the details)..... []

1= By phone, telephone number _____

2= By mail, Contact Address _____

3= Other, specify _____

68. Date of next scheduled visit _____