

Questionnaire on the cervical cancer screening study

Identifiant:

Socio-demographic data

1. What is your age in years?
2. Where do you live? ☐ Urbain ☐ Rural
3. What is your marital status ? ☐ Married ☐ widowed ☐ single ☐ divorced
4. What is your level of education? ☐ Able to read and write ☐ Unable to read and write
5. What is the household's monthly income in dirhams: ☐ Strictly less than 3000 ☐ 3000 or more
6. Do you have health insurance? yes ☐ No
7. What is the distance between your home and ESSP: ☐ Strictly less than 5km ☐ 5 to 10km ☐ more than 10km
8. How long does it take you to get to the CS? ☐ 30 min ☐ between 30 min and 1 h ☐
9. How will you get around? ☐ Walking ☐ Car ☐ Public transport

Cervical cancer

10. Are the following risk factors for cervical cancer?
 - Tobacco: ☐ yes ☐ no ☐ I don't know
 - Sexual intercourse with multiple partners: ☐ yes ☐ no ☐ I don't know
 - Not using condoms systematically: ☐ yes ☐ no ☐ I don't know
 - Prolonged use of hormonal contraceptives: ☐ yes ☐ no ☐ I don't know
 - Decreased immune defenses: ☐ yes ☐ no ☐ I don't know
 - Lack of screening: ☐ yes ☐ no ☐ I don't know
11. Are the following symptoms associated with cervical cancer?
 - Vaginal bleeding outside of menstruation: ☐ yes ☐ no ☐ I don't know
 - Persistent vaginal discharge with a foul odor: ☐ yes ☐ no ☐ I don't know
 - Discomfort or pain during sexual intercourse: ☐ yes ☐ no ☐ I don't know
 - Lower abdominal pain: ☐ yes ☐ no ☐ I don't know
 - Lower back pain: ☐ yes ☐ no ☐ I don't know
 - Vaginal bleeding during or after sexual intercourse: ☐ yes ☐ no ☐ I don't know Heavier and longer than usual periods: ☐ yes ☐ no ☐ I don't know
 - Leg pain: ☐ yes ☐ no ☐ I don't know
 - Burning during urination: ☐ yes ☐ no ☐ I don't know
12. Are the following complications associated with cervical cancer?
 - Metastasis: ☐ yes ☐ no ☐ I don't know
 - Kidney failure: ☐ yes ☐ no ☐ I don't know
 - Vaginal bleeding, bowel bleeding, and bleeding during urination as a result of metastases to the bladder, bowels, and vagina: ☐ yes ☐ no ☐ I don't know
 - A fistula between the vagina and rectum: ☐ yes ☐ no ☐ I don't know
13. Are the following preventive measures against cervical cancer?
 - Smoking cessation: ☐ yes ☐ no ☐ I don't know
 - Regular use of male or female condoms: ☐ yes ☐ no ☐ I don't know
 - Cervical cancer screening: ☐ yes ☐ no ☐ I don't know

- HPV vaccination: ☐ yes ☐ no ☐ I don't know

Knowledge about screening

14. Are you aware that there is a cervical cancer screening program at health centers? ☐ yes ☐ no
15. Which women are covered by the program? ☐ 20 to 40 years old ☐ 30 to 49 years old ☐ 30 to 60 years old
☐ Family history of cervical cancer ☐ I don't know
16. Is cervical cancer screening only done if symptoms are present? ☐ yes ☐ no
17. Is cervical cancer screening only done in sexually active women? ☐ yes ☐ no
18. Is the cervical cancer screening test offered free of charge by the Ministry of Health? ☐ yes ☐ no
19. Are you aware of any healthcare facilities that offer free cervical cancer screening? ☐ Yes ☐ No
20. After how many years should you repeat the cervical cancer screening test?.....
21. Are you familiar with the care pathway in the event of a positive screening test? ☐ Yes ☐ No
- What is this circuit:.....
22. Did healthcare staff raise awareness among women about the availability of cervical cancer screening tests? ☐ Yes ☐ No
23. Were the women offered cervical cancer screening tests by healthcare professionals? ☐ Yes ☐ No
24. Do healthcare professionals have a negative attitude towards you during screening? ☐ Yes ☐ No
25. Do you think the testing room is cold? ☐ Yes ☐ No
26. Are you afraid of having to pay lab fees to confirm the diagnosis if the screening test is positive? ☐ Yes ☐ No
27. Are you afraid you'll have to pay for treatment if the screening test is positive? ☐ Yes ☐ No
28. Are you worried about transportation costs between cities if you test positive? ☐ Yes ☐ No
29. Do you think your husband isn't encouraging you to get tested? ☐ Yes ☐ No
30. Do you think your friends and family aren't encouraging you to get tested? ☐ Yes ☐ No
31. Do you think the cervical cancer screening test is painful? ☐ Yes ☐ No
32. Are you embarrassed about showing your genitals for the screening test? ☐ Yes ☐ No
33. Are you embarrassed to undress for the screening test? ☐ Yes ☐ No
34. Are you afraid of a lack of confidentiality? ☐ Yes ☐ No
35. Are you afraid of a positive test result? ☐ Yes ☐ No
36. Are you afraid of being rejected by society if you test positive? ☐ Yes ☐ No
37. Are you afraid your husband will leave you after a positive test? ☐ Yes ☐ No
38. Have you ever been screened for cervical cancer? ☐ Yes ☐ No
39. Have you ever been screened for cervical cancer in your lifetime? ☐ Yes ☐ No
40. Would you like to take the cervical cancer screening test today? ☐ Yes ☐ No
- Results of the cervical cancer screening test:.....
- Diagnostic confirmation result: