INTERNATIONAL COLLABORATIVE	Participant ID Number	Interviewer Initials	Date of Visit
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			Day Month Year
		Reviewer Initials	Date of Review
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			Day Month Year

CONFOCAL DEVICE: PARTICIPANT EXIT INTERVIEW

Complete this form for only patients for whom the confocal device was used. I am going to ask you some questions about your experience getting screened for cervical cancer using the new device that has a strong light and camera.

For the following statements please respond as to whether you Strongly agree, Agree, neither agree or disagree with them, disagree or strongly disagree.

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1.	The procedure with the device was comfortable	O	O	O	O	O
2.	The procedure with the device caused me some pain	O	O	O	O	O
3.	I am satisfied with the care I received when I got screened with the device	O	O	O	O	O
4.	I was intimidated by the presence of the device during	O	O	O	O	O
5.	I am willing to be screened again in future using the device	O	O	O	O	O
6.	Record Any Comments					