Epidemiology of Genital *Chlamydia trachomatis* Infection Identified by Real-time PCR Targeting MOMP and Cryptic Plasmid Among Women of Reproductive Age in the West Region of Cameroon

Questionnaire:

Section 1: Sociodemographic Information

1. What is your age? (in years) _____

2. What is your ethnic group?

( ) Bantu ( ) Semi-Bantu ( ) Sudano-Sahelian

3. What is your highest level of education completed?

( ) None ( ) Primary ( ) Secondary ( ) University

4. What is your marital status?

( ) Single ( ) Married ( ) Concubinage ( ) Living apart together ( ) Divorced

5. What is your current occupation?

( ) None ( ) University student ( ) Secondary student ( ) Trader ( ) Farmer

( ) Other: _____

Section 2: Behavioral Characteristics

6. At what age did you have your first sexual intercourse? _____ years

7. How often do you use condoms during sexual intercourse?

( ) Always ( ) Occasionally ( ) Never

8. How many sexual partners do you currently have?

( ) One ( ) More than one

9. Do you smoke? ( ) No ( ) Moderate smoker ( ) Heavy smoker

10. Do you consume alcohol?

( ) Yes ( ) No

11. Have you ever used substances (drugs, alcohol, etc.) before sex?

( ) Yes ( ) No

12. Have you ever practiced anal sex?

( ) Yes ( ) No

13. Are you a sex worker?

( ) Yes ( ) No

Section 3: Knowledge and History of STIs

14. Do you know about sexually transmitted infections (STIs)?

( ) Yes ( ) No

15. Do you know how STIs are transmitted?

( ) Yes ( ) No

16. Have you ever been diagnosed with Chlamydia trachomatis (CT) infection?

( )Yes ( ) No

Section 4: Clinical Symptoms and History

17. Have you experienced vaginal itching?

( ) Yes ( ) No

18. Have you experienced pain during sexual intercourse (dyspareunia)?

( ) Yes ( ) No

19. Have you noticed any abnormal vaginal discharge?

( ) Yes ( )No

20. Have you experienced vaginal bleeding?

( ) Yes ( ) No

21. Have you experienced lower abdominal pain?

( ) Yes ( )No

22. Do you feel pain after sexual intercourse?

( ) Yes ( ) No

23. Have you had any history of abortion?

( ) Yes ( ) No

24. Have you had any history of infertility?

( ) Yes ( ) No

25. Have you ever had an ectopic pregnancy?

( ) Yes ( ) No