Questionnaire

- 1. Serial No:
- 2. Date:
- 3. Age: (years)
- 4. Educational level: Non () Primary () Secondary () Tertiary ()
- 5. Marital Status: Single (), Married (), Divorced (), Widow ()
- 6. Does your spouse have multiple sexual partners? Yes () No ()
- 7. What type of job do you currently do?
- 8. Age at first menstrual period (menarche): years
- 9. Menopause? Yes () No ()
- 10. Date of last menstrual cycle week (), 1-2 weeks (), 3-4 weeks (), more than 1 month
 - (), less than 12 months (), more than 12 months ()
- 11. Have you ever had sexual intercourse? Yes (), No ()
- 12. Number of sexual partners in a lifetime:
- 13. Age at first sexual intercourse (coitarche): years
- 14. Have you ever been pregnant? Yes (), No ()
- 15. Number of pregnancies including miscarriages.....
- 16. Number of childbirths (parity):
- 17. Age at birth of first child.....
- 18. Are you circumcised? Yes (), No ()
- 19. Is your partner/husband circumcised? Yes (), No ()
- 20. Do you smoke? Yes (), No ()
- 21. For how long have you smoked:
- 22. Do you take alcohol? Yes (), No ()
- 23. For how long have you been taking alcohol:
- 24. Have you ever used any birth control method? Yes (), No () if Yes, what type:
- 25. Any history of vaginal infection: Yeast infection () Bacterial infection ()
- 26. Any history of sexually transmitted infection/disease (s): Yes (), No ()
- 27. Indicate (Tick) type of STD: HIV, Chlamydia infection, Genital warts, Gonorrhea, Hepatitis, Herpes simplex virus infection, PID, Syphilis, Trichomoniasis. Others specify:

- 28. Have you ever had excessive vaginal discharge? yes (), No ()
- 29. Does your external anogenitalia (Private part) itch? Yes (), No ()
- 30. Do you experience pain during sexual intercourse? Yes (), No ()
- 31. Do you bleed during sexual intercourse? Yes (), No ()
- 32. Do you experience intermenstrual bleeding? Yes (), No ()
- 33. Any family history of cervical cancer? Yes (), No ()
- 34. Have you been vaccinated against genital HPV? Yes (), No ()
- 35. If yes, how old were you when you took the vaccine? (years)
- 36. Name the type of HPV vaccine received before: