QUESTIONNAIRE

A. PERSONAL BIODATA

1. How old are you now?
___________________

2. How would you describe your race?
{ } Malay { } Chinese { } Indian { } Other

3. What is your religion?
{ } Islam { } Buddhism { } Hinduism
{ } Christianity { } Taoism/Confucianism { } Others

4. Which year of university program are you in?
{ } Undergraduate year 1 { } Undergraduate year 2
{ } Undergraduate year 3 { } Undergraduate year 4

5. What is your marital status?
{ } Single { } Married

6. If you are single, how would you describe your relationship?
{ } Not dating
{ } Dating, no steady partner
{ } Steady partner, not living together
{ } Steady partner, living together

7. Did your family have history of cervical cancer?
{ } Yes { } No

8. Which type of HPV vaccine do you receive?
{ } Bivalent HPV vaccine (Cervarix) { } Quadrivalent HPV vaccine (Gardasil)

9. When do you receive the HPV vaccine? Please state the age and the date of the complete vaccination.
________________________________________________

10. From where did you obtain your information about HPV vaccination for cervical cancer prevention? (Tick all that apply)
{ } Educational book { } Internet { } GP practice
{ } Mass Media { } School { } Friends
{ } Family { } National HPV vaccination programme
B. The following questions are because we are interested in how much YOU know about HPV infection and cervical cancer at the moment. If you do not know the answer, please don’t guess!

1. HPV can cause genital warts.
   { } True { } False

2. HPV can cause cervical cancer.
   { } True { } False

3. Most people with genital HPV have no visible signs or symptoms.
   { } True { } False

4. If a woman’s Pap smear is normal, she does not have HPV.
   { } True { } False

5. Changes in a Pap smear may indicate that a woman has HPV.
   { } True { } False

6. Pap smear will almost always detect HPV.
   { } True { } False

7. HPV can be passed from mother to her baby during pregnancy.
   { } True { } False

8. A negative test for HPV means that you do not have HPV.
   { } True { } False

9. A vaccine exists to prevent HPV infection.
   { } True { } False

10. Having one type of HPV means that you cannot acquire new type.
    { } True { } False

11. I can transmit HPV to my partner even if I have no HPV symptoms.
    { } True { } False
C. The following questions are because we are interested in how much YOU know about HPV vaccination for cervical cancer prevention at the moment. If you do not know the answer, please don’t guess!

1. HPV vaccine protects against cervical cancer.
   { } True { } False

2. HPV vaccine protects against all types of the virus that causes cervical cancer.
   { } True { } False

3. HPV vaccine protects against all sexually transmitted infections.
   { } True { } False

4. HPV vaccine is available for both man and woman.
   { } True { } False

5. Women who receive HPV vaccine need less frequent pelvic examination.
   { } True { } False

6. Women who receive HPV vaccine do not have to get Pap smear.
   { } True { } False

7. Women who had vaccinated is free from cervical cancer in the future.
   { } True { } False
D. The following questions are because we are interested in YOUR opinion in regards to HPV infection, its seriousness, benefit of HPV vaccine, and factors that influence you for HPV vaccination.

1. Do you think you can be easily infected with HPV?
   { } Yes { } No

2. Do you think HPV infection is a serious disease?
   { } Yes { } No

3. Do you think HPV vaccine benefit you?
   { } Yes { } No

4. What is the most influential factor that influenced YOU for the vaccination? Please tick ONLY one.
   { } Free of charge (National Vaccination Program)
   { } Self Health Conscious / self interest
   { } Parents Encouragement/ positive family history of cervical cancer
   { } Peer Influence/ mass media exposure
   { } Education level
   { } Facilities (accessibility information by health worker, access to vaccination)
   { } Socio-demography - race, religion,
   { } Lifestyle - sexual activity