

### Survey questionnaire

#### Project Title: Awareness of and barriers to cervical cancer screening among women in Mount Drutt, Blacktown in Western Sydney Local Health District

1. What age range are you?

- ☐ Under 25      ☐ 25-34      ☐ 35-49      ☐ 50-64      ☐ 65-74      ☐ Over 75

2. What is your country of birth? \_\_\_\_\_

3. Do you know what a Cervical Screening Test is (previously known as Pap test)?

- ☐ Yes (*Skip to 5*)      ☐ No

4. Would you like to talk with a nurse educator about the health benefits of having a Cervical Screening Test?

- ☐ Yes (*Please enter your contact details so the nurse educator can contact you. Alternatively, the nurse educator can be contacted on 0429 333 672, Tuesday and Wednesday 9am to 5pm*)

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

- ☐ No (*Please take a brochure about cervical screening from the table*)

(*End Questionnaire*)

5. Have you ever had a Cervical Screening Test?

- ☐ Yes      ☐ No (*Skip to 7*)

6. When did you last have a Cervical Screening Test?

- |   |  |
|---|--|
| <input type="checkbox"/> Within the last 12 months ( <i>Skip to 8</i> ) | <input type="checkbox"/> 3-5 years ago         |
| <input type="checkbox"/> 12-24 months ago ( <i>Skip to 8</i> )          | <input type="checkbox"/> More than 5 years ago |
| <input type="checkbox"/> About 2 years ago                              | <input type="checkbox"/> Can't recall          |
| <input type="checkbox"/> 2-3 years ago                                  | <input type="checkbox"/> Don't know            |

( ☐ *Stopped screening due to hysterectomy* )

7. Would you like a Nurse Educator to talk with you about cervical screening or assist you in finding a doctor for a test? She can call you at a time convenient for you.

☐ Yes *(Please enter your contact details so the nurse educator can contact you. Alternatively, the nurse educator can be contacted on 0429 333 672, Tuesday and Wednesday 9am to 5pm)*

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Best time to call: \_\_\_\_\_

☐ No

8. Why do you think some women delay or avoid having a Cervical Screening Test? (You can select more than one reason)

☐ They think it would be embarrassing

☐ They don't have time

☐ They are afraid

☐ They don't know where to get the test

☐ It is/would be uncomfortable

☐ They don't know about the test

☐ They don't know the importance of the test

☐ They are unable to get to a female doctor

☐ They have cultural reasons against it

☐ They are unable to travel to a doctor

☐ They don't want to know if they have cancer

☐ They are unable to find a doctor of their preferred ethnicity

☐ Other

[If 'Other', what other reasons do you think women delay or avoid having Cervical Screening Test?]

---



---



---



---



---



---

9. Why do you think some women do go for a Cervical Screening Test? (You can select more than one reason)

- |   |   |
|---|---|
| <input type="checkbox"/> They receive an invitation/reminder by phone   | <input type="checkbox"/> A doctor or nurse suggests it                              |
| <input type="checkbox"/> They receive an invitation/reminder by mail    | <input type="checkbox"/> They think that early detection is important               |
| <input type="checkbox"/> They receive encouragement from family/friends | <input type="checkbox"/> They see a promotional campaign                            |
| <input type="checkbox"/> They are overdue for a Cervical Screening Test | <input type="checkbox"/> They want reassurance that they don't have cervical cancer |
| <input type="checkbox"/> Other  |   |

[If 'Other', what other reasons do you think motivate women to have a Cervical Screening Test?]

---



---



---



---



---



---

**Thank you for participating in the survey.**

**Do you have any questions?**