



### Person County Pilot Study on HPV Vaccination (2006)

This study was conducted with women (n=146) in two healthcare facilities in Person County (a rural area of North Carolina) from April-May, 2006.

#### Preferred citation:

Fazekas, K. I., Brewer, N. T., & Smith, J. S. (2008). HPV vaccine acceptability in a rural, Southern area. *Journal of Women's Health*. 17(4), 539-48.

**\*\*\*NOTE:** Please consider using the CHIME Wave 1 survey (conducted during 2007) rather than items from this study. The CHIME survey had more extensive pilot testing and consultations with CDC experts.

## UNC Family Health Study

This survey is about several health topics important to women and their families. Remember, there are no right or wrong answers to these questions. We would like to know what *you* think about these important topics.

Please answer all questions. If you prefer not to answer an item, you should cross it out. If you are unsure of your answer, please give us your best guess.

A1. How would you describe your current health?

☐ Poor    ☐ Fair    ☐ Good    ☐ Excellent

### Vaccination

Tell us whether you agree or disagree with each of the following statements.

	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
A2. Vaccines are necessary to prevent certain diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3. Vaccines cause dangerous side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4. The body already naturally protects itself against the diseases that vaccines are used for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



A5. Vaccines enhance the body's ability to protect itself from illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6. Vaccines cause people to get sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7. I am concerned that vaccines are given to prevent diseases that are not serious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8. Vaccines are effective in preventing disease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A9. I am concerned that vaccines are given to prevent diseases that children are unlikely to get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10. Vaccines are important to protect children's health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11. I am concerned about the safety of routine childhood vaccines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A12. Vaccines cause autism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Personal Health

B1. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?

- ☐ 0 to 12 months
- ☐ 13 to 24 months
- ☐ 25 to 36 months
- ☐ Longer ago than 36 months
- ☐ Never had one

B2. If you have ever had a Pap smear, how many times have you had an abnormal Pap smear result?

- ☐ Never
- ☐ Once
- ☐ Twice
- ☐ Three or more times
- ☐ Does not apply

B3. Has a doctor or other medical professional ever told you that you had **genital warts**?

- ☐ No
- ☐ Yes
- ☐ Don't know

B4. Has a doctor or other medical professional ever told you that you had **cervical cancer**?

- ☐ No
- ☐ Yes
- ☐ Don't know

B5. Has a doctor or other medical professional ever told you that you have **HPV (human papilloma virus)**?

- ☐ No
- ☐ Yes
- ☐ Don't know

## Cervical Cancer

C1. Let's assume you maintain the same lifestyle and health behaviors you currently engage in. What is the chance that you will get cervical cancer in the future?

- ☐ No chance
- ☐ Low
- ☐ Moderate
- ☐ High
- ☐ Certain

C2. How serious an illness do you think cervical cancer is?

- ☐ Not at all
- ☐ A little
- ☐ Moderately
- ☐ Very
- ☐ Extremely



Imagine that a doctor told you that you have cervical cancer. For each question, circle the number that best reflects your views about cervical cancer.

C3. How much would having cervical cancer affect your life?

0	1	2	3	4	5	6	7	8	9	10
No effect at all									Severely affects my life	

C4. How long do you think your cervical cancer would last?

0	1	2	3	4	5	6	7	8	9	10
A very short time									Forever	

C5. How much control would you have over your cervical cancer?

0	1	2	3	4	5	6	7	8	9	10
Absolutely no control									Extreme amount of control	

C6. How much do you think treatment could help your cervical cancer?

0	1	2	3	4	5	6	7	8	9	10
Not at all helpful									Extremely	

C7. How much would you experience symptoms from having cervical cancer?

0	1	2	3	4	5	6	7	8	9	10
No symptoms at all									Many severe symptoms	

C8. How concerned would you be about having cervical cancer?

0	1	2	3	4	5	6	7	8	9	10
Not at all concerned									Extremely concerned	

C9. How well would you understand your cervical cancer?

0	1	2	3	4	5	6	7	8	9	10
Don't understand at all									Understand very clearly	

C10. How much would having cervical cancer affect you emotionally? (for example, does it make you angry, scared, upset or depressed?)

0	1	2	3	4	5	6	7	8	9	10
Not at affected emotionally									Extremely affected emotionally	

If you had cervical cancer, what the three things are most likely to have caused it?

C11. \_\_\_\_\_ (Most likely)

C12. \_\_\_\_\_ (Second most likely)

C13. \_\_\_\_\_ (Third most likely)



## HPV

The next questions are about human papilloma virus, also known as HPV.

D1. Have you ever heard of HPV (human papilloma virus)?

☐ No      ☐ Yes      ☐ Don't know

Please read each statement below and mark whether it is true or false. This is *not* a quiz. We just want to know your opinion.

	True	False	Don't Know
D2. HPV (human papilloma virus) is the virus that causes herpes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D3. Genital warts are caused by some types of HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D4. HPV is the virus that can cause cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D5. The best way to prevent disease caused by HPV is to have regular Pap smears performed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D6. If a woman's Pap smear is normal she doesn't have HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D7. Changes in a Pap smear may indicate that a woman has HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D8. Genital warts are caused by the herpes virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D9. HPV can cause cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D10. Pap smears will almost always detect HPV if a woman has it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D11. HPV can be passed from the mother to baby during birth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D12. The symptoms of HPV include... (Check ALL that apply)

- ☐ Warts that sometimes itch or bleed
- ☐ Sores on the penis or vagina that don't heal
- ☐ Discharge from genitals (watery, yellow, white discharge)
- ☐ Warty growths
- ☐ Burning upon urination
- ☐ Reduction of urine flow
- ☐ No visible signs or symptoms
- ☐ Don't know/never heard of it



D13. If untreated, HPV... (Check ALL that apply)

- ☐ Can cause cervical cancer
- ☐ Can cause infertility
- ☐ Can cause pre-cancer (dysplasia)
- ☐ Can cause warts
- ☐ Will usually disappear by itself
- ☐ Can cause death
- ☐ Can cause sterility
- ☐ Don't know

D14. Which of the following increases your risk for HPV infection? (Circle ALL that apply)

- ☐ If you begin having sex before the age of sixteen
- ☐ If you have many sexual partners
- ☐ If your partner has had many sexual partners
- ☐ Birth control pills
- ☐ Smoking
- ☐ Excessive stress
- ☐ Poor nutrition
- ☐ Don't know

**In case you have not heard of HPV, it is a sexually transmitted infection. Some common types of HPV lead to cervical cancer.**

D15. Do you think that you have ever been infected with one of the types of HPV that cause cancer?

- ☐ No      ☐ Yes      ☐ Don't know

D16. Let's assume you maintain the same lifestyle and health behaviors you currently engage in. What is the chance that you will be infected with a cancer causing type of HPV in the future?

- ☐ No chance    ☐ Low    ☐ Moderate    ☐ High    ☐ Certain

D17. If you became infected with a cancer causing type of HPV, how serious a threat to your health would it be?

- ☐ No threat   ☐ Very low   ☐ Low   ☐ Moderate   ☐ High   ☐ Very high



## HPV Vaccine

There is a new vaccine that prevents HPV infection with two cancer causing types of HPV. 7 out of 10 cervical cancer cases can be prevented if people use this vaccine.

E1. Have you heard of the HPV vaccine before today?

- ☐ No      ☐ Yes      ☐ Don't know

E2. What is the **most** you would pay out of pocket to get vaccinated against HPV? This is from your own money, not paid by insurance.

- ☐ Nothing  
☐ \$1-19  
☐ \$20-49  
☐ \$50-99  
☐ \$100-199  
☐ \$200-299  
☐ \$300-399  
☐ \$400 or more, how much? \_\_\_\_\_

E3. How likely would you be to get the HPV vaccine when it becomes available? Assume the vaccine is free.

- ☐ Very unlikely   ☐ Unlikely   ☐ Neither unlikely nor likely   ☐ Likely   ☐ Very likely

E4. How likely would you be to get the HPV vaccine if it prevented **cervical cancer**? Assume the vaccine is free.

- ☐ Very unlikely   ☐ Unlikely   ☐ Neither unlikely nor likely   ☐ Likely   ☐ Very likely

E5. How likely would you be to get the HPV vaccine if it prevented **genital warts**? Assume the vaccine is free.

- ☐ Very unlikely   ☐ Unlikely   ☐ Neither unlikely nor likely   ☐ Likely   ☐ Very likely

E6. How effective do you think the HPV vaccine is in preventing **HPV infection**?

- ☐ Not at all   ☐ Slightly   ☐ Moderately   ☐ Very   ☐ Extremely

E7. How effective do you think the HPV vaccine is in preventing **cervical cancer**?

- ☐ Not at all   ☐ Slightly   ☐ Moderately   ☐ Very   ☐ Extremely

E8. What would be the best age to give a person the HPV vaccine?

- ☐ 0-2  
☐ 3-10  
☐ 11-16  
☐ 17-25  
☐ 25+



Please tell us how much you agree or disagree with the following statements.

	Strongly Disagree	Slightly Disagree	Neither Agree nor Disagree	Slightly Agree	Strongly Agree
E9. The HPV vaccine may have serious side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E10. The HPV vaccine is safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E11. The vaccine will prevent children from getting HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E12. The HPV vaccine can prevent cervical cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E13. The vaccine can cure HPV infection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E14. If an adolescent girl received the HPV vaccine, she may be more likely to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E15. Adolescent girls should be vaccinated against HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E16. Adolescent boys should be vaccinated against HPV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health Information

F1. I would like more information about **HPV**.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree

F2. I would like more information about the **HPV vaccine**.

☐ Strongly disagree ☐ Disagree ☐ Neither disagree nor agree ☐ Agree ☐ Strongly agree

How much attention do you pay to information about health and medical topics...

	Not at all	A little	Some	A lot	Don't know
F3. ... on the television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F4. ... on the radio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F5. ... in the newspaper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F6. ... in magazines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F7. ...on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F8. Imagine you had a strong need to get information about **cancer**. Where would you go first?  
Check ONLY one.



- ☐ Books
- ☐ Brochures, pamphlets etc.
- ☐ Family Friend/Coworker
- ☐ Health Care Provider (e.g. Doctor)
- ☐ Library
- ☐ Internet
- ☐ Magazine
- ☐ Newspaper
- ☐ Radio
- ☐ Telephone information (1-800-NUMBER)
- ☐ Television
- ☐ Cancer Organization

F9. Imagine you had a strong need to get information about the **HPV vaccine**. Where would you go first?  
Check **ONLY** one.

- ☐ Books
- ☐ Brochures, pamphlets etc.
- ☐ Family Friend/Coworker
- ☐ Health Care Provider (e.g. Doctor)
- ☐ Library
- ☐ Internet
- ☐ Magazine
- ☐ Newspaper
- ☐ Radio
- ☐ Telephone information (1-800-NUMBER)
- ☐ Television
- ☐ Cancer Organization

F10. Overall how confident are you that you could get advice or information about the HPV vaccine from your health care provider if you needed it?

- ☐ Not at all   ☐ A little   ☐ Some   ☐ A lot   ☐ Don't know



## UNC Family Health Study Part 2

You're almost done! Remember, there are no right or wrong answers to these questions. We would like to know what *you* think about these important topics.

### Your Daughter's Health

The next questions are about adolescent daughters. If you do not have a daughter, please answer these questions as if you do. If she is not an adolescent (11-16), imagine her being this age.

G1. What is the chance that your adolescent daughter will get **cervical cancer** in the future?

- ☐ No chance   ☐ Low   ☐ Moderate   ☐ High   ☐ Certain

G2. If she had **cervical cancer**, how serious a threat to her health would it be?

- ☐ No threat   ☐ Very low   ☐ Low   ☐ Moderate   ☐ High   ☐ Very high

G3. What is the chance that your adolescent daughter will be infected with **HPV** in her lifetime?

- ☐ No chance   ☐ Low   ☐ Moderate   ☐ High   ☐ Certain

G4. If your adolescent daughter were infected with **HPV**, how serious a threat to her health would it be?

- ☐ No threat   ☐ Very low   ☐ Low   ☐ Moderate   ☐ High   ☐ Very high

### Vaccinating your Daughter

When the new HPV vaccine is approved for public use, it will probably be recommended for adolescent girls between ages 11 and 16.

Please answer the next questions thinking about your adolescent daughter. If you do not have a daughter, please answer these questions as if you do. If she is not an adolescent (11-16), imagine her being this age.

H1. What is the most you would pay out of pocket to get your adolescent daughter vaccinated against HPV? This is from your own money, not paid by insurance.

- ☐ Nothing  
☐ \$1-19  
☐ \$20-49  
☐ \$50-99  
☐ \$100-199  
☐ \$200-299  
☐ \$300-399  
☐ \$400 or more



H2. How likely would you be to vaccinate your adolescent daughter against HPV when it becomes available? Assume the vaccine is free.

☐ Very unlikely ☐ Unlikely ☐ Neither unlikely nor likely ☐ Likely ☐ Very likely

H3. Imagine that the vaccine requires three shots. How likely would you be to get your adolescent daughter vaccinated, return **1 month** later for the second shot and then return 6 months later for the third shot?

☐ Very unlikely ☐ Unlikely ☐ Neither unlikely nor likely ☐ Likely ☐ Very likely

H4. Imagine that the vaccine requires three shots. How likely would you be to get your adolescent daughter vaccinated, return **2 months** later for a second shot and then return 6 months later for the third shot?

☐ Very unlikely ☐ Unlikely ☐ Neither unlikely nor likely ☐ Likely ☐ Very likely

H5. How likely would you be to vaccinate your adolescent daughter against HPV if it prevented **cervical cancer**? Assume the vaccine is free.

☐ Very unlikely ☐ Unlikely ☐ Neither unlikely nor likely ☐ Likely ☐ Very likely

H6. How likely would you be to vaccinate your adolescent daughter against HPV if it prevented **genital warts**? Assume the vaccine is free.

☐ Very unlikely ☐ Unlikely ☐ Neither unlikely nor likely ☐ Likely ☐ Very likely

H7. Who is the **best** person to give an HPV vaccination to an adolescent daughter?  
Please check ONLY one.

- ☐ Family doctor or general practitioner
- ☐ Doctor who specializes in children's health (pediatrician)
- ☐ Doctor who specializes in women's health (OB/GYN)
- ☐ Nurse or physician assistant
- ☐ Community health worker trained to give vaccinations
- ☐ None of the above

H8. Who is the **second** best person to give an HPV vaccination to an adolescent daughter?  
Please check ONLY one.

- ☐ Family doctor or general practitioner
- ☐ Doctor who specializes in children's health (pediatrician)
- ☐ Doctor who specializes in women's health (OB/GYN)
- ☐ Nurse or physician assistant
- ☐ Community health worker trained to give vaccinations
- ☐ None of the above



H9. Where would you prefer the vaccine to be given to an adolescent daughter?

Please check ONLY one.

- ☐ Public clinic
- ☐ Private doctor's office
- ☐ Her school
- ☐ Other preference (please specify) \_\_\_\_\_
- ☐ I have no opinion.

How much would the following things discourage or encourage you to get your adolescent daughter vaccinated against HPV?

	Discourage a lot	Discourage a little	No Effect	Encourage a little	Encourage a lot
H10. Doctor's recommendation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H11. Receiving a reminder (postcard, call)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H12. Ease of getting to the place offering the vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H13. Low cost of the vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H14. Free or paid for by insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H15. Highly effective in preventing HPV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H16. Vaccine has side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H17. Others (please specify) _____					

## Background Information

Z1. What is your age? \_\_\_\_\_

Z2. Are you Hispanic or Latina?

- ☐ No    ☐ Yes

Z3. What is your race?

- ☐ Asian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or Pacific Islander
- ☐ White or Caucasian
- ☐ Other, please specify \_\_\_\_\_



Z4. What is your marital status?

- |   |  |
|---|--|
| <input type="checkbox"/> Married or living as married | <input type="checkbox"/> Separated     |
| <input type="checkbox"/> Divorced                     | <input type="checkbox"/> Never married |
| <input type="checkbox"/> Widowed                      |  |

Z5. How many children do you have? \_\_\_\_\_

Z6. Please list the age and sex of each child, including adult children.

Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male

Z7. What is the highest grade in school you completed?

- |  |   |
|--|---|
| <input type="checkbox"/> Less than high school       | <input type="checkbox"/> Technical or professional degree       |
| <input type="checkbox"/> Some high school            | <input type="checkbox"/> College degree                         |
| <input type="checkbox"/> High school/GED equivalence | <input type="checkbox"/> Some graduate school                   |
| <input type="checkbox"/> Some college                | <input type="checkbox"/> Advanced degree (Masters, PhD, MD, JD) |
| <input type="checkbox"/> Associate's degree          |   |

Z8. What type of health insurance coverage do you have?

Check ALL that apply.

- ☐ None
- ☐ Medicaid
- ☐ Medicare
- ☐ Managed care plan (such as HMO, PPO)
- ☐ Commercial insurance (such as Blue Cross/Blue Shield)
- ☐ Other, specify \_\_\_\_\_

Z9. Do you currently work for pay?

- ☐ Yes    ☐ No

Z10. Without giving exact dollars, how would you describe your household's financial situation right now?

- ☐ After paying the bills, you still have enough money for special things that you want.
- ☐ You have enough money to pay the bills, but little spare money to buy extra or special things.
- ☐ You have money to pay the bills, but only because you have cut back on things.
- ☐ You are having difficulty paying the bills, no matter what you do.



Is there anything else that you wanted to tell us that we did not ask about? If so, please tell us about it below.

***Thank you for helping us with the study!***



## References

1. Broadbent, E., Petrie, K. J., Main, J., & Weinman, J. (2006). The Brief Illness Perception Questionnaire (BIPQ). *Journal of Psychosomatic Research*, 60, 631-637.
2. Yacobi E., Tennant C., Ferrante J., Pal N., Roetzheim R. (1999). University students' knowledge and awareness of HPV. *Preventive Medicine* 1999 June;28(6):535-41.