

Identification Code:

Year of birth:

Height:

Weight:

Level of Education

- Elementary school
- Middle school
- High school
- Degree

Civil Status

- Single
- Married
- Divorced
- Widow

Smoking status: Yes/No

Menopause status: Yes/No

Use of contraceptives: Yes/ No

Use of condoms

- Never
- Occasionally
- Only in the past
- Always

Previous history of STIs: Yes/NO

Year of previous Pap-test:

Acceptability questionnaire:

Q1: Did you find the self-collection instruction clear and understandable?	Yes/NO
Q2: Did you find self-collection easy to perform?	Yes/NO
Q3: Do you prefer using the vaginal self-collection than the clinician-collection device?	Yes/NO