Individual data collection form for the study « Molecular characterization of high-risk human Papillomavirus in women in Lomé (TOGO) »

Date / / / /				
1- Surname and First name (s)				
2- Age :				
3-Occupation: Housewife /_/ Student /_/ Salaried /_/ Retired /_/ Unemployed /_/				
4- Address: Phone District				
5- Education : Illiterate /_/ Primary /_/ Secondary /_/ University /_/				
6- Marital status: Single /_/ Married /_/ Divorced /_/ Widow /_/				
7- When did you have your last period?: / / /				
8- At what age did you have your first sexual intercourse? (year)				
9- Number of pregnancies : Living children; Miscarriage				
10- Number of sexual partners:				
11- Do you use a condom during sex? Each time/_/ Never /_/ Sometimes /_/ Rarely /_/				
12- Do you use oral contraceptives? Yes /_/ No /_/				
13- Frequency of intercourse : 1 per week /_/ 1 per month /_/				
14- How many times do you go for a gynecological visit per year ?				
15- What is the reason for your current visit?				
16- Have you ever been screened for cervical cancer? Yes /_/ No /_/ If yes, how many times?:				
17- What do you think is the cause of cervical cancer?				
18- Have you ever had a vaginal swab ? Yes /_/ No /_/				
19- Have you ever had surgery on your cervix or uterus. Yes /_/ No /_/ If yes, specify the type				
20- Have you ever had a gynecological infection? Yes /_/ No /_/				
What kind of infection?				

Thank you for your participation!

1-Visual screening results				
	Result one minute after application of acetic acid (VIA)			
	Negatif /_/	Positif	/_/	
>	Result after application of lugol solution (VIL)			
	Negatif /_/	Positif	/_/	
2-Based on the result of the VIA / VIL, what did you suggest to the participant?				
Circle the number corresponding to the proposed solution				
b. c.	. Referral to immediate treatment			
	(Specify):			
3- HR-HPV real-time PCR result				
Ne	egatif /_/	Positif /_/		
HR- HPV Genotypes				
	Date :/	/		

This page is for medical staff only