

Perceptions of HPV Vaccination and Risks for HPV among College Students

Before now, have you ever heard of the human papilloma virus (HPV)? (yes/no)

Before now, have you ever heard of the vaccine to protect against human papilloma virus (HPV)? (yes/no)

Knowledge and Awareness of HPV

Do you think any of the following can cause HPV to be transmitted or spread? (yes/no/DK)

- a. Genital contact
- b. Blood contact
- c. Exchange of bodily fluids

Do you think any of the following methods can prevent someone from getting HPV? (yes/no)

- a. Practicing abstinence
- b. Using condoms
- c. Taking antibiotics
- d. Practicing 'withdrawal'
- e. Getting a vaccine

Knowledge About HPV

Which of these statements are true or false? (T/F/DK)

- a. Men can be infected with HPV
- b. A person may be infected and not know it.
- c. Those with HPV may need Pap smears more often.
- d. HPV is spread by sexual intercourse.
- e. Pap smears can detect HPV.
- f. HPV can be cured with antibiotics.
- g. HPV causes abnormal menses.
- h. Smoking increases the risk of cervical cancer.
- i. Condoms do not help protect you from HPV.
- j. HPV goes away with the right treatment.
- k. Certain types of HPV cause cancer.
- l. HPV can cause problems with pregnancy.

Perceived Severity of HPV

How much do you agree with the following statements: (SA, A, D, SD)

- a. I would be embarrassed if I got HPV.
- b. I would be angry if I got HPV.
- c. Getting HPV could diminish my ability to find or stay with a steady partner.
- d. Getting HPV could hurt my ability to have children in the future.
- e. Getting HPV could harm my future health.
- f. Getting HPV would be a serious health problem for me.

Which of the following are commercial names for FDA approved HPV vaccines? (yes/no)

- a. Recombivax
- b. Avastin
- c. Gardasil
- d. Cervarix
- e. Provenge
- f. Zithromax
- g. Vytarin
- h. Crestor
- i. Vancomycin

What vaccines are required to attend middle school in your hometown (yes/no/DK)?

- a. Influenza Vaccine
- b. Pneumococcal Vaccine

- c. Meningitis Vaccine
- d. Rubella Vaccine
- e. Diphtheria Vaccine
- f. Measles/Mumps Vaccine
- g. Tetanus Vaccine
- h. Allergic Reaction Vaccine
- i. Cold Vaccine
- j. Hepatitis A Vaccine
- k. Hepatitis B Vaccine
- l. Hepatitis C Vaccine
- m. Yellow Fever Vaccine
- n. Staphylococcus Vaccine
- o. Human Papillomavirus Vaccine
- p. Typhoid Fever Vaccine
- q. Polio Vaccine

There is a HPV vaccine that has been approved for males. (T/F/DK)

If there was a HPV vaccine approved for both males and females, who do you think should get the vaccine? (males only, females only, both males and females, neither males nor females)

If there was a HPV vaccine approved for both males and females, who do you think should mandated to get the vaccine? (males only, females only, both males and females, neither males nor females)

Please indicate your level of agreement with the statements below: (SA, A, D, SD)

- a. I believe I have adequate information about the risks associated with the HPV vaccine.
- b. I believe I have adequate information about the benefits associated with the HPV vaccine.
- c. I believe the benefits of getting the HPV vaccine outweigh the risks.
- d. I believe I lack adequate information about the long-term risks associated with the HPV vaccine.

Perceived Benefits/Barriers to Vaccination

In your opinion, how likely is it that: (very likely, likely, unlikely, very unlikely)

- a. The HPV vaccine would prevent getting HPV?
- b. The HPV vaccine can prevent cervical cancer?
- c. The HPV vaccine would prevent getting genital warts?
- d. The HPV vaccine would prevent getting cervical cancer?
- e. The HPV vaccine would prevent the spread of HPV to a sexual partner?
- f. The HPV vaccine is safe?
- g. Getting the HPV vaccine could hurt my ability to have children in the future.
- h. Getting the HPV vaccine could harm my future health.
- i. Getting the HPV vaccine would hurt?
- j. Getting the HPV vaccine will cost a lot of money?
- k. Getting the HPV vaccine would compromise my faith and beliefs?

In your opinion, would getting the HPV vaccine, (yes/no)

- a. Be embarrassing?
- b. Be necessary for those who are not sexually active?
- c. Make it safer to have more sexual partners?
- d. Make it okay to use condoms less often?

A mandate is something that is required by law. Do you think the HPV vaccine should be mandated (e.g., required by law) for those: (yes/no)

- a. Between the ages of 9 and 11?
- b. Between the ages of 12 and 17?
- c. Between the ages of 18 and 26?
- d. Over age 26?

Which of the following are reasons you would support a mandate for HPV vaccine? (yes/no)

- a. I WOULD NOT support a mandate
- b. To protect the public from disease
- c. To lower societal healthcare costs
- d. To promote women's health concerns
- e. To eliminate cervical cancer
- f. To make casual sex safer

Which of the following are reasons why you would NOT support a mandate for HPV vaccine? (yes/no)

- a. I WOULD support a mandate
- b. Violates personal freedom of the individual
- c. Violates rights of parents
- d. Government is not trustworthy
- e. Vaccine safety concerns
- f. Vaccine cost concerns

How would your parents view a mandate for HPV vaccine? They would: (yes/no)

- a. Would NOT approve
- b. WOULD approve
- c. Would approve with education
- d. Would approve with cost support
- e. Would approve in the long term after more research is conducted

Normative Beliefs regarding Vaccination

Have you ever spoken with the following people about the HPV vaccine? (yes/no)

- a. Your current sexual or steady partner
- b. Your parents
- c. Your best friend
- d. Your religious leader
- e. Your healthcare provider

In general, do you think people who are important to you would approve of HPV vaccine mandates? (yes/no)

Thinking about the following people, do you think they would approve of HPV vaccine mandates?

(strongly approve, probably approve, probably not approve, definitely approve, NA)

- a. Your current sexual or steady partner
- b. Your parents
- c. Your best friend
- d. Your religious leader
- e. Your healthcare provider

If you had a daughter, would you have her vaccinated for HPV? (yes/no)

- a. Absolutely NOT.
- b. ABSOLUTELY.
- c. Possibly, need more safety information.
- d. Yes, if I had the financial resources.
- e. No, against my religious beliefs.
- f. No, I don't believe in vaccines.
- g. I would leave that choice to my daughter if she was between age 9 and 11.
- h. I would leave that choice to my daughter if she was between age 11 and 17.
- i. I would leave that choice to my daughter only if she was older than age 17.

SKIP QUESTION: What is your sex? (male/female)

- **IF FEMALE, CONTINUE TO SKIP QUE (AS INDICATED BELOW)**
- **IF MALE, SKIP TO SKIP QUE (AS INDICATED BELOW)**

Perceived Susceptibility to HPV

In the next 5 years, (%)

- What would you say your risk of getting HPV is?
- What would you say your risk of getting genital warts is?
- What would you say your risk of getting cervical cancer is?

Put in another way, (high, moderate, low, very low)

- What would you say your risk of getting HPV is?
- What would you say your risk of getting genital warts is?
- What would you say your risk of getting cervical cancer is?

Compared to other women your age, (more likely, same likelihood, less likely)

- What would you say about your risk of getting HPV?
- What would you say about your risk of getting genital warts?
- What would you say about your risk of getting cervical cancer?

Cervical Cancer Screening

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (yes/no)

When did you have your last Pap test? (less than a year ago, more than one but less than two years ago, more than two years ago, more than two but less than three years ago, more than three years ago)

In general, how often do you have Pap tests? (every year, every other year, every two years, less than every two years)

Have you ever been told that your Pap test was abnormal? (yes/no)

Has a doctor ever told you that you have cervical cancer? (yes/no)

SKIP QUESTION: The HPV vaccine is completed after the third shot is given. How many shots of the HPV vaccine have you ever received? (0, 1, 2, 3)

- IF 0, CONTINUE TO SKIP QUE (AS INDICATED BELOW)**
- IF 1 or 2, CONTINUE TO SKIP QUE (AS INDICATED BELOW)**
- IF 3, CONTINUE TO SKIP QUE (AS INDICATED BELOW)**

SKIP QUE: FOR THOSE WHO HAVE NOT INITIATED THE VACCINE (0 Shots)

How likely is it that you will try to get the HPV vaccine: (very likely, likely, unlikely, very unlikely, unsure)

- In the next 12 months?
- In the next 3 years?
- Ever in your lifetime?

How much does the opinion of the following people influence your decision about getting the HPV vaccine? (very much, somewhat, not very much, not at all)

- Your current sexual or steady partner
- Your parents
- Your best friend
- Your religious leader
- Your healthcare provider

Which of the following are reasons why have you not already received the HPV vaccine? (yes/no)

- My parents won't allow it
- I am still weighing the benefits and risks
- I am not sure the vaccine is safe
- I don't have enough money for the vaccine
- I don't want to receive a shot, they are physically painful
- My friends have not received it yet
- My friend received it, and had an allergic reaction
- My friend received it, and said it was physically painful
- I don't know where to get it

j. I don't feel comfortable discussing it with my healthcare provider

Do you consider any of the following to be barriers to initiate the three shot HPV vaccine regimen? (yes/no)

- a. Getting the HPV vaccine is not necessary
- b. I am not sexually active
- c. I have been diagnosed with HPV
- d. I think the HPV vaccine is dangerous/not safe
- e. I think getting the HPV vaccine may have short-term side effects
- f. I think getting the HPV vaccine may have long-term side effects
- g. I think getting the HPV vaccine may have side effects for my future children
- h. I think the cost of the HPV vaccine is too expensive
- i. I don't have access to healthcare services
- j. I don't have insurance
- k. I think getting the vaccine is painful (fear of needles)
- l. People I care about don't approve of me getting the HPV vaccine
- m. I am embarrassed to get the HPV vaccine
- n. If I get the HPV vaccine, others will see me as promiscuous
- o. My current physician doesn't offer the HPV vaccine
- p. My current physician doesn't recommend the HPV vaccine
- q. I don't know where to get the HPV vaccine

SKIP QUE: FOR THOSE WHO HAVE INITIATED THE VACCINE (1 or 2 Shots)

At what age did you receive your first HPV vaccine shot? (#)

At what age did you receive your last HPV vaccine shot? (#)

Whose decision was it for you to get the HPV vaccine? (yours, my parents, both)

How likely is it that you will try to complete the 3-shot HPV vaccine regimen: (very likely, likely, unlikely, very unlikely, unsure)

- a. In the next 12 months?
- b. In the next 3 years?
- c. Ever in your lifetime?

The HPV vaccine is completed after the third shot is given. Which of the following are reasons why would you not get another HPV vaccine shot? (yes/no)

- a. I plan to receive another shot.
- b. I had an allergic reaction to the first shot.
- c. The first shot was physically painful to receive
- d. I lost my insurance coverage since beginning the regimen
- e. The costs became too high to continue the regimen
- f. My family convinced me to stop the regimen
- g. My friends convinced me to stop the regimen
- h. My religious leader convinced me to stop the regimen
- i. My sexual partner convinced me to stop the regimen

Do you consider any of the following to be barriers to completing the HPV vaccine three-shot regimen? (yes/no)

- a. This is an inconvenient time in my life to get the vaccine
- b. This is an inappropriate time in my life to get the vaccine
- c. I am not sexually active
- d. The cost of the vaccine is too expensive
- e. I don't have access to healthcare services
- f. I don't have insurance
- g. I think getting the vaccine is painful (fear of needles)
- h. It is difficult to remember the recommended time schedule between HPV shots
- i. I keep forgetting to get the next HPV vaccine shot
- j. I think the HPV vaccine is dangerous/not safe

- k. I think getting the HPV vaccine may have short-term side effects
- l. I think getting the HPV vaccine may have long-term side effects
- m. I think getting the HPV vaccine may have side effects for my future children
- n. Current physician doesn't offer the vaccine
- o. Current physician doesn't recommend the vaccine
- p. Don't know where to get the vaccine

How much did the opinion of the following people influence your decision about getting the HPV vaccine? (very much, somewhat, not very much, not at all)

- a. Your current sexual or steady partner
- b. Your parents
- c. Your best friend
- d. Your religious leader
- e. Your healthcare provider

SKIP QUE: FOR THOSE WHO HAVE COMPLETED THE VACCINE (3 Shots)

At what age did you receive your first HPV vaccine shot? (#)

At what age did you receive your last HPV vaccine shot? (#)

Whose decision was it for you to get the HPV vaccine? (yours, my parents, both)

Before you got the HPV vaccine, were any of the following reasons you considered not getting the HPV vaccine? (yes/no)

- a. The fear that getting the HPV vaccine would give me an allergic reaction
- b. The fear that getting the HPV vaccine would be painful
- c. I thought the HPV vaccine is dangerous/not safe
- d. I thought getting the HPV vaccine may have short-term side effects
- e. I thought getting the HPV vaccine may have long-term side effects
- f. I thought getting the HPV vaccine may have side effects for my future children
- g. My insurance status
- h. The costs of the HPV vaccine
- i. My family did not support me getting the HPV vaccine
- j. My friends did not support me getting the HPV vaccine
- k. My religious leader did not support me getting the HPV vaccine
- l. My sexual partner did not support me getting the HPV vaccine
- m. My healthcare provider did not support me getting the HPV vaccine

Were any of the following barriers you encountered when completing the three shot HPV vaccine regimen? (yes/no)

- a. It was difficult to remember the recommended time schedule between HPV shots
- b. I kept forgetting to get the next HPV vaccine shot
- c. My physician didn't offer the vaccine
- d. My physician didn't recommend the vaccine
- e. I didn't know where to get the vaccine (other of the 3 shots)

How much did the opinion of the following people influence your decision about getting the HPV vaccine? (very much, somewhat, not very much, not at all)

- a. Your current sexual or steady partner
- b. Your parents
- c. Your best friend
- d. Your religious leader
- e. Your healthcare provider

SKIP QUE: ALL MALES CONTINUE BELOW THIS POINT

SKIP QUE: ALL FEMALES CONTINUE BELOW THIS POINT

Vaccinations

A flu shot is an influenza vaccine injected into your arm or given in a nasal spray. During the past 12 months, have you received the influenza vaccine? (yes/no)

The hepatitis B vaccine is completed after the third shot is given. Have you ever received the hepatitis B vaccine? (yes/no)

Has anyone in your *immediate* family (mother, sisters) ever had cervical cancer? (yes/no/DK)

Have any of your friends ever had cervical cancer? (yes/no/DK)

How many of your friends are currently considering getting the HPV vaccine? (most or all, a few, none, don't know)

How many of your friends have already had HPV vaccine? (most or all, a few, none, don't know)

Sexual Health

Have you ever had sexual intercourse? By sexual intercourse, we mean activity involving vaginal, anal, or oral penetration. (yes/no)

Are you currently sexually active? (yes/no)

How old were you when you had sexual intercourse for the first time? (age in years)

How many sexual partners have you had in the *last 12 months*? (#)

How many people have you had sexual intercourse with *in your lifetime*? (#)

The last time you had sexual intercourse, did you or your partner use any method to prevent pregnancy or sexually transmitted infections (STIs)? (yes/no)

Have you ever been told that you have HPV? (yes/no)

Have you ever been told that you have genital warts? (yes/no)

Demographic Characteristics

How old are you? (#)

How many years have you been enrolled in college? (1 to 10)

In what school or department are you enrolled? (list)

What is your major course of study? (fill in blank)

Which one of these groups would you say *best* represents your racial and ethnic background?

- a. Non-Hispanic White
- b. Black or African American
- c. Hispanic or Latino
- d. Asian
- e. Native Hawaiian or Other Pacific Islander
- f. American Indian or Alaska Native
- g. Other

Which of the following best describes you?

- a. Single, and not in a monogamous relationship
- b. Single, but in a monogamous relationship
- c. Married
- d. Divorced
- e. Other

Do you have health insurance? (yes/no)

What type of health insurance you have?

- a. None
- b. Parent's policy
- c. School policy
- d. Individually purchased policy
- e. Military policy
- f. Government policy (e.g., Medicaid or Medicare)

Is there a specific doctor, nurse, physician assistant, or other healthcare provider that you consider to be your *regular* healthcare provider? (yes/no)

Where do you go for regular visits to a healthcare provider? (yes/no)

- a. Provider in hometown
- b. Provider off campus
- c. Provider on campus (including student health service)
- d. Don't regularly visit a provider

Please indicate your religion. Please check all that apply.

- a. Non-denominational Christian
- b. Catholic
- c. Protestant
- d. Mormon
- e. Jewish
- f. Hindu
- g. Buddhist
- h. Islamic
- i. Atheist
- j. Agnostic
- k. Other

What is your political affiliation? Please check all that apply.

- a. Republican
- b. Democrat
- c. Independent
- d. Libertarian
- e. Tea Party
- f. Green Party
- g. Other

While you were in high school, what was the 5-digit ZIP code for your home address? (#)