Appendix D. Participant Baseline Survey

CHICOS

Baseline Survey

PROCESS FROM INTAKE LETTER TO BASELINE:

- Study Intake completed by RA entering information on iPad.
- RA complete Eligibility survey for/with participant on iPad.
- Determine whether participant is interested and eligible (as parent or young adult).
- If participant is eligible, obtain paper consent.
- iPad randomized to study Arm, based on: primary language, clinical site and parent vs. adult candidate.
- If in un/tailored arm/s: participant gets iPad for pre- and post-intervention surveys before the visit begins. Must complete both the pre- and post-intervention survey to get \$.
- If in usual care arm: participant gets paper form; post visit survey and \$ after the visit is complete.
- ALL questions for Intake, Eligibility & Baseline are required.

Green is characteristic name.

Green is for the values for each characteristic. Red is survey commands, or instructions.

SURVEY: (Red T = tailoring variable)

First some questions about you and your family.

AdultAge (T)

How old are you? (drop down 1-100)

Validation (Loose): if Age<18

Note to RA: (if parent enters less than 18 not eligible) – If young adult participant, must be between ages of 18-26, otherwise not eligible)

ParentMarital

Are you...

- Single [Single]
- o Married [Married]

- Divorced [Divorced]
- o Widowed [Widowed]
- o In a committed relationship but not married [Partnered]

HighestGrade

What is the highest grade or level of school you have completed?

- Less than 12th grade [LessThanTwelve]
- o 12th grade or GED [HiSchOrGED]
- Some college [SomeCollege]
- o College graduate [CollegeGrad]

Ethnicity=="Yes"

Heritage

What is your heritage or cultural background?

- Mexican [Mexican]
- o Other [Other]

PrevExpAnyone (T)

As far as you kı	now, have you o	r anyone close t	to you ever h	ad any of the	following of	diseases
Please choose	all that apply.					

Positive HPV test [ExpWHPV]
Genital warts [ExpWGenWts]
Abnormal Pap smear [ExpWAbPap]
Cervical cancer [ExpWCervCanc]
None of the above [ExpWNone]

AdultCandidate=="Yes"

Intercourse

Have you ever had vaginal sexual intercourse?

- o Yes [Yes]
- o No [No]
- Prefer not to answer [NotAnswer]

AdultCandidate=="Yes"

AdultName (T)

What name do you prefer to be called? _____

ParentCandidate=="Yes"

For the following, please answer questions about your adolescent child. In this study, a child is considered an adolescent if they are between 9 and 17 years old.

If you have more than one adolescent, pick <u>one</u> to do the survey about. If you have both sons and daughters that are adolescents, answer the questions about your daughter.

ChildGender

What is the gender of the child you have picked to answer questions about?

- o Male [Male]
- o Female [Female]

AgeChild

What is their age? (drop down menu ranging 9-18 years)

ParentCandidate=="Yes"

ChildName

What name does your

ChildGender=="Mal e" son ChildGender=="Fem ale" daughter

prefer to be called?_____(T)

The next set of questions asks about your views on vaccines to prevent human papillomavirus infection.

Human papillomavirus (HPV) is a very common virus that is spread through intimate contact (this includes intimate touching with hands or mouth and also sexual intercourse). In most cases HPV infection does not cause any symptoms. However, in some people HPV infection can lead to genital warts, abnormal Pap smear tests, and/or cancers of the cervix, vagina, penis, anus, tonsils, and throat.

HPV vaccines are recommended for all females ages 9-26 years and all males ages 9-21 years. You need three doses (shots) of the vaccine to be protected from HPV infection.

DocRecHPV

Now that you have read a bit about HPV infection and vaccination, how likely would you be to

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ParentCandidate=="
Yes" allow
$ChildName to get
AdultCandidate=="Y
es" get
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a dose of the HPV vaccine today if the doctor recommended it?

- Very likely [VeryLikely]
- Somewhat likely [SomewhatLikely]
- Somewhat unlikely [SomewhatUnlikely]
- Very unlikely [VeryUnlikely]

BELIEFS AND CONCERNS

There are many reasons why

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ParentCandidate=="Yes"
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parents may or may not want their ChildGender=="Male"

sons

ChildGender=="Fem ale" daughters

AdultCandidate=="Yes"

people may or may not want

to get the HPV vaccine.

For each statement, please indicate how much you agree or disagree.

HPVRisk

ParentCandidate=="Yes"

I'm worried that \$ChildName might get infected with HPV someday. (T)

AdultCandidate=="Yes"

I am worried I might get infected with HPV someday. (T)

HPVGenitalWarts

ParentCandidate=="Yes"

I'm worried that \$ChildName might get genital warts someday. (T)

AdultCandidate=="Yes"

I am worried I might get genital warts someday. (T)

HPVCervical

ParentCandidate=="Yes" and ChildGender=="Female"

I'm worried that \$ChildName might get cervical cancer someday (T)

AdultCandidate=="Yes" and

AdultGender=="Female" I am worried I might get

cervical cancer someday (T)

HPVCancer

ParentCandidate=="Yes" and ChildGender=="Male"

I'm worried \$ChildName might get cancer from HPV someday (T)

AdultCandidate=="Yes" and AdultGender=="Male"

I am worried I might get cancer from HPV someday (T)

HPVGetVirus

ParentCandidate=="Yes"

I am worried that \$ChildName might get the HPV virus from the vaccine. (T)

AdultCandidate=="Yes

I am worried that I might get the HPV virus from the vaccine. (T)

HPVReprodProb

ParentCandidate=="Yes"

I am worried that if I get \$ChildName vaccinated against HPV, it might make it difficult for him/her to have children in the future (T)

AdultCandidate=="Yes

I am worried that if I get vaccinated against HPV it might make it difficult for me to have children in the future. (T)

HPVImmuneProb

ParentCandidate=="Yes"

I am worried that \$ChildName might have other health problems from the HPV vaccine. (T)

AdultCandidate=="Yes

I am worried that I might have other health problems from the HPV vaccine. (T)

HPVCost

I am concerned that the HPV vaccine costs more than I can

pay. (T) HPVEffect

I think the HPV vaccine is effective. (T)

HPVNotSafe

I think the HPV vaccine is safe. (T)

HPVSideEffects

I am worried about side effects from the HPV vaccine. (T)

HPVTooNew

ParentCandidate=="Yes"

The HPV vaccine is too new. I want to wait a while before deciding if \$ChildName should get it. (T)

AdultCandidate=="Yes

The HPV vaccine is too new. I want to wait a while before deciding if I should get it. (T)

HPVTalkFam

ParentCandidate=="Yes"

I would want to talk to other family members or friends before deciding if \$ChildName should get the HPV vaccine. (T)

AdultCandidate=="Yes

I would want to talk to other family members or friends before deciding if I should get the HPV vaccine.

(T)

HPV3DosesImp

It is important to get three doses of the HPV vaccine. (T)

HPVSexOK

ParentCandidate=="Yes" and ChildGender=="Male"

I worry that if I let \$ChildCame get the HPV vaccine, he might think it is OK to have sex. (T)

ParentCandidate=="Yes" and ChildGender=="Male"

I worry that if I let \$ChildCame get the HPV vaccine, she might think it is OK to have sex. (T)

HPVTooYoung

ParentCandidate=="Yes"

I think \$ChildCame is too young to worry about sexually transmitted infections like HPV. (T)

Below is a list of things people may consider when making decisions about the HPV

vaccine. (T)

Please indicate on the scale, from 1 meaning Not Important At All to 5 meaning Very Important, how important each of these issues are for you.

Not Impo	ortant			
•		Ver	γAt	
All				
		lmı	oorta	
nt				
1	2	3	4	5

VAPreventCancers

Preventing HPV cancers (cancer of the cervix, penis, anus, vagina, throat) VAPreventGWarts

Preventing genital warts (warts on

Not Imp	ortant			
ΛII		Very At		
All		Importa		
nt				
1	2	3	4	5

the genitals that are not cancer)

VASpreadHPV

Spreading HPV infection to others

VANoPain

Not having to experience pain

VADocRec

Doing what the doctor recommends

VAAvoidEffects

Avoiding side effects from vaccines

Thank You!

That's it! You've reached the end of the questionnaire. Thank you for your time and input. Please click NEXT to continue.