

Questionnaire

1. Have you been vaccinated against human papillomavirus (HPV) ?

yes no don't know

If yes : date of 1st dose : ___/ ___/ 20___ number of doses : _____

Vaccine : Gardasil Cervarix don't know

2. Have you had sexual relations?

Yes No

If yes :

a) How old were you at 1st sexual relationship: _____

b) How many partners have you had in total? (Please indicate all sexual partners, short or long duration).

Number of sexual partners: _____

c) Please indicate age and sex of your last sexual partner, as well as the calendar year when sexual relationship started:

Last partner age: ___ ; sex: M / F

Year of 1st sexual contact with partner: _____

3. Do you smoke cigarettes ?

Daily often sometimes never

4. Do you use condoms ?

Always often sometimes never