Person with Disability Questionnaire – SHQ to U

These questions help us to gather your thoughts and preferences regarding cervical screening being offered at your home by a nurse. Your responses will help us better understand your needs and concerns

Age: _____

Gender: _____

Pronouns: _____

What suburb do you live in: _____

Where do you live:

☐ In family home

☐ Supported Accommodation:

With others ☐

By myself ☐

☐ Private accommodation

With others ☐

By myself ☐

1) **Do you know what a Cervical Screening Test is?**

☐ Yes

☐ No

If yes, what is it?
_____
_____
_____

2) **Do you know why having a Cervical Screening Test is important?**

☐ Yes

☐ No

If yes, why is it?
_____
_____
_____

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3) **Have you ever had a Cervical Screening Test?**

☐ Yes

☐ No

☐ Unsure

4) **How do you feel about having a health care provider come to your home to conduct your cervical screening?**

☐ Good idea

☐ Not okay

☐ Unsure

Comment:

_____

_____

_____

_____

5) **What would make you feel comfortable with a health care provider coming to your home for cervical screening? (You can tick more than one)**

☐ Explanation to me what is going to happen beforehand

☐ My privacy and confidentiality are respected

☐ A comfortable and safe environment is provided

What would make it safe and comfortable for you?

_____

_____

_____

_____

☐ Availability of support or assistance from a support worker if needed during the procedure

☐ Other (please specify)

_____

_____

_____

_____

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6) **How would you prefer to make the appointment for cervical screening at home?**

☐ I would prefer to make the appointment myself

☐ I would prefer my service provider makes the appointment

☐ I would prefer a family member/carer makes the appointment

☐ Other (Please specify) _____

7) **How would you prefer to find out your test results? (e.g., results discussion and next steps)**

☐ In person, at home

☐ Over the phone

☐ A letter in the mail

☐ Other

Comment: _____

8) **Do you have any other comments or ideas that could help improve your experience of a cervical screening at home?**

☐ Yes

☐ No

Please specify if you answer Yes:

_____
_____
_____
_____