**Supplementary file – 1**

QUESTIONNAIRE ENGLISH

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| 1 | Name of Respondent |  |
| 2 | Street name |  |
| 3 | Village name |  |
| 4 | Age of father (in years) |  |
| 5 | Age of mother (in years) |  |
| 6 | Age of Adolescent girl (in years) |  |
| 7 | Parent | * Mother
 | * Father
 |
| 8 | Religion: | * Hindu
 | * Christian ☐Muslim
 |
| 9 | Type of Family: | * Nuclear
 | * Joint ☐Extended
 |
| 10 | Educational Status of Mother (Code0-14): |  |
| 11 | Educational Status of Father (Code0-14): |  |
| 12 | Educational Status of the adolescent girl (Code0-14):Current educational status | ☐in school ☐out school |
| 13 | Type of school: | ☐govt ☐aided ☐ private |
| 14 | Occupation of Father: | * Employed
 | * Un Employed
 |
| 15 | Occupation of Mother: | * Employed
 | * Un Employed
 |
| 16 | Total Income of Family (In Rs. Per Month): |  |
| 17 | Color of ration card |  ☐yellow ☐pink |
| 18 | No of household members: |  |
| 19 | Any health insurance card,if yes which one?(private /govt/other) |  ☐yes ☐no  |
| 20 | Mother’s age at the time of marriage (in years) |  |
| 21 | No of children: |  |
| 22 | Age of mother when first child born (In yrs) |  |
| 23 | Mother ever did cervical cancer screening? if yes, When? | * screend
 | * not screened
 |
| 24 | Immunization history of daughter(BCG till 5yr TT) | * fully ☐partially ☐not
 |
| 25 | Availed of any optional vaccines (PCV, varicella, HepA, typhoid) | * Yes ☐ No
 |
| 26 | From where you availed vaccinations other than birth dose? | * govt ☐private ☐both
 |
| 27 | Covid immunization status of respondent | * fully ☐partially ☐ not applicable
 |
| 28 | Decision maker of the family for health-related events | * father ☐mother ☐both together
 |
| 29 | Source of information for health-related doubts? | * Television ☐doctor ☐ASHA/ANM
* internet ☐Relatives ☐friends ☐others
 |
| 30 | To whom do you consult when you get urinary tract infections and other genital infections? | * Self-treatment ☐friends ☐ASHA/ANM
* internet ☐Relatives ☐Doctor
 |
| 31 | Have you ever heard about cervical cancer? If yes source of information | * Yes ☐ No
* Television ☐Newspaper ☐Radio
* internet ☐Relatives ☐Doctor
* ANM/ASHA ☐Friends
 |
| 32 | Do you know someone with cervical cancer? | * Yes ☐No
 |
| 33 | Do you know the cause of cervical cancer?Ask cause- correct/incorrect | * Yes ☐ No
 |
| 34 | Do you know which age group is more prone to cervical cancer? | * Yes ☐ No
 |
| 35 | Do you think cervical cancer is preventable? | * Yes ☐ No
 |
| 36 | Do you know how it can be detected early? | * Yes ☐ No
 |
| 37 | Do you know how cervical cancer is diagnosed? | * Yes ☐ No
 |
| 38 | What is your opinion on vaccination for cervical cancer, whether any vaccine is available for cervical cancer | * Yes ☐ No
 |
| 39 | Do you know where the vaccine for cervical cancer will be available? | ☐ govt ☐pvt ☐both |

|  |  |  |
| --- | --- | --- |
| 40 | Do you think with healthy practices you can prevent infections and get protected more naturally than vaccinated? | ☐ Yes ☐ No  |
| 41 | Do you think your daughter may be at risk of getting an HPV infection presently? | ☐Yes ☐No ☐Don’t know |
| 42 | Do you believe that HPV infection can cause serious health problems? | ☐Yes ☐No ☐Don’t know |
| 43 | Do you think it’s likely that your daughter may get an HPV infection in the future? | ☐Yes ☐ No ☐ Don’t know |
| 44 | How confident are you that you can prevent your adolescent from being infected with HPV now and in the future without vaccinating against HPV? | ☐least ☐moderate ☐ most |
| 45 | What is your opinion on effectiveness of HPV vaccine is in protecting women from getting HPV infection? | ☐least ☐ moderate ☐ most |
| 46 | How confident are you that you can prevent your adolescent from being infected with HPV now and in the future by vaccinating against HPV? | ☐least ☐ moderate ☐ most |
| 47 | Are you worried about the safety of the HPV vaccine? | ☐Yes ☐ No |
| 48 | Do you think it is possible that your daughter will get cervical cancer in the future? | ☐Yes ☐ No ☐ Don’t know |
| 49 | Do you think that the vaccine will prevent cervical cancer? | ☐Yes ☐ No |
| 50 | Do you think it is very important that your daughter receives all her vaccinations? | ☐Yes ☐ No |

|  |  |  |
| --- | --- | --- |
| 51 | Are you willing to vaccinate your daughter against HPV if it available under private supply | * Yes ☐ No ☐Not sure
 |
| 52 | Are you willing to vaccinate your daughter against HPV if it is available under universal immunization | * Yes ☐ No ☐ Not sure
 |
| 53 | Your daughter willingness for vaccination | * Yes ☐ No ☐ Not sure
 |
| 54 | How much willing to pay for HPV vaccination  | * Less than 1000 ☐ 1000-2000 ☐ more than 2000
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