

WHY WOMEN DON'T COME IN FOR CERVICAL CANCER SCREENING: Results of a Survey of KPNC Members Very Overdue for Pap Tests

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BACKGROUND

In January 2009, a report was presented to the Kaiser Permanente Cervical Cancer Screening Work Group summarizing findings of a Division of Research (DOR) – Quality Operations Support (QOS) study that examined whether demographic or other factors were associated with cervical cancer screening compliance in the year-end 2007 Cervical Cancer Screening HEDIS-eligible population. The report compared women who were screening compliant with those who were gently (<1 year) overdue, moderately (1-2 years) overdue, and severely overdue (no Pap test in KP for at least 5 years). Demographic factors included age, race/ethnicity, and English language proficiency. Other factors included length of enrollment, Pap test co-pay (visit + lab fees), outpatient utilization (any, primary care) during the previous 2 years, PCP type(s), and compliance with other cancer screening tests. Subsequent analyses examined BMI as a predictor of cervical cancer screening compliance and being severely overdue for a Pap test.

The major findings of the data-only studies were that there were no apparent race/ethnic differences in cervical cancer screening and that co-pay did not appear to be a factor in non-compliance, but that rates dropped off for all race/ethnic groups starting at age 45. Across all age groups, White, Black, and Latina women with a BMI ≥ 40 had significantly lower compliance rates compared to women in the normal to obese (BMI between 18.5-30) range

To explore reasons why approximately 15% of women who are very overdue for Pap tests (no Pap test at KP for at least 5 years) haven't been coming in for cervical cancer screening despite outreach efforts, DOR and the Cervical Cancer Screening Improvement Working Group decided to collaborate on a survey of current female KP members aged 45-64 (the age group with the highest percentage of Pap screening noncompliance) who had been KP members for at least 5 years and had no record of a Pap test at KP during that time. The specific aims of the survey were to:

- Identify the reasons why these women are not coming in for their Pap test, and
- Identify potential changes in KP cervical cancer screening education and service delivery that might increase these women's compliance with cervical cancer recommendations.

¹ Other DOR staff who helped conduct this survey included Paula Silver, Alice Ansfield, Pete Bogdanos, and Teresa Lin. Edward Huang provided coordination of QOS efforts and Chi Woo from QOS identified women eligible to be in the study population. Drs. Tracy Flanagan and Nancy Goler reviewed and commented on the survey materials. This survey was reviewed by the KPNC IRB and determined to be non-health services research that can be presented and published outside of KP. The study was funded by KPNC's Community Benefits Program in support of KPNC research to identify disparities in health and health care and explore ways to improve health care delivery.

METHODS

Study Sample

A sample of 600 women was randomly selected from among those who met the following eligibility criteria:

- Age 44-64
- HEDIS-eligible (including no known hysterectomy)
- Continuous KP member for at least 5 years
- At least one visit to any medical dept between May 2007 and April 2009 and at least one visit during the year before the survey (May 2008-April 2009)
- Race/ethnicity data available from clinical/administrative and research sources
- BMI in the past 12 months available from clinical/administrative and research sources
- Not limited in English proficiency
- No record of a Pap test at KP for at least 5 years

After an initial random sample of 500 was chosen, additional women were randomly selected from a subgroup of low utilizers (women who had no more than 2 visits May 2007-Apr 2009 with a maximum of one visit during the second year) and a subgroup of women with BMI ≥ 40 so that the final sample of 600 included 150 low utilizers and 200 women with BMI ≥ 40 . To accommodate this oversampling, the initial sample of 500 was reduced dropping in reverse order of selection based on random number assignment.

Questionnaire description

A questionnaire was created based on review of the research literature and feedback from Ob/Gyn clinicians, Regional Health Education staff, and women in the pre-test, a two page questionnaire asked whether the woman had a total hysterectomy, and if not, whether the woman had gone for a Pap test outside of KP. Women who reported no total hysterectomy and no outside Pap test within the past 3 years then were asked to indicate from a checklist all the reasons why they had not come in for a Pap test in the past 3 years. These reasons included logistical reasons (e.g., being too busy, cost, transportation); perception that the Pap test wasn't needed (e.g., partial hysterectomy, sexually inactive or sexually active only with other women or with their husband, not knowing the recommendations for Pap test frequency, losing track of how long it had been); concerns about the experience of having a Pap test (e.g., embarrassment, discomfort, past bad experiences, history of molestation); and concerns related to large body-size (e.g., gowns that don't fit, exam tables that are too small or hard to get on and off, perceptions that clinical staff are disrespectful of them because of their weight). Women were also given the opportunity to write in other reasons. Following this checklist of reasons was another checklist of things KP could do to encourage them to come in to KP for a Pap test. Potential actions KP could take included making appointments more convenient (e.g., same day, walk-in, weekday evenings, Saturdays), guaranteeing a female clinician to do the Pap test, reducing the cost, providing gowns and exam tables more suitable for large-size women, and training clinicians and clinic staff to be more respectful and welcoming. Women were also able to indicate that they wanted to continue getting Pap tests outside of KP, or they just didn't want to have a Pap test, as well as to write in other suggestions or comments.

Survey mailing

Surveys were mailed at the end of August 2009, with a follow-up mailing approximately three weeks later to nonrespondents. Survey mailings consisted of a questionnaire, a cover letter and a stamped, pre-addressed envelope for returning the questionnaire. To encourage response,

participants were offered a \$5 Target or Safeway gift card upon return of a completed questionnaire or completion of the questionnaire via phone interview. Since by mid-October only 161 women had responded to the mailed survey, we decided to complete phone interviews with 52 women randomly selected from the nonrespondents in the BMI ≥ 40 subgroup and 20 nonrespondents with BMI < 40 . We wanted to increase the final sample for analysis as well as determine how nonrespondents' reasons might differ from those of respondents.

Response Rate

Altogether, surveys were sent to 603 women and information was obtained from 239 (approximately 40%). Of the remaining 364 in the sample, a total of 21 were excluded due to being unreachable (n=5), no longer a KP member (n=6), too ill to respond (n=2), deceased (n=1), or having had a Pap test between the 1st and 2nd mailings (n=7).

Characteristics of Final Respondent Sample (n=239)

Respondents ranged in age from 44 to 64, with a median age of 54. Approximately 59% were nonHispanic White, 10% Black, 11% Latina, 15% Asian, and 5% Native American. The age and race-ethnicity composition of the subsample of 199 women who were considered "Pap eligible" (no Pap test in the past 3 years, no total hysterectomy, and not transgender) were virtually the same. The BMI ≥ 40 subgroup numbered 105, and there were 53 low utilizers. Approximately half were listed as "Never Had a Pap" and the others "Very Overdue" in the PMT database.

RESULTS

Information relevant to eligibility to be in the Pap test outreach not in KP records: Of the 239 women who responded, 22 (9.2%) reported having had a hysterectomy leaving them with no uterus. An additional 2 were transgender women who are listed in KP records as Female. Sixteen (6.7%) women reported having had a Pap test outside of KP during the previous 3 years, and 11 of these 16 women planned to continue going to an outside provider for Pap tests. These 40 women were not asked to answer questions about reasons for not having a Pap test.

Pap test history: Of the 121 women listed in the PMT as never having had a Pap test, only 9 said that they had never had a Pap test. Thus, the category "Never Pap" more accurately labels women who never had a Pap test in KPNC. Of the 9 women who reported never having had a Pap test, 8 were largesize women (BMI ≥ 40). Of the 104 women listed in the PMT as "Very Overdue," 11 (10.6%) said that they had never had a Pap test.

Reasons indicated for not coming in for a Pap Test. Due to our targeted follow-up of women with a BMI ≥ 40 , a decision was made to analyze the reasons for not coming in for a Pap test separately for those with BMI < 40 (n=109) and those with BMI ≥ 40 (n=90). Because we thought that women who had never had a Pap test at KPNC might be different from those who had a record of a KPNC Pap test over 5 years before the survey, we also looked at whether within BMI groups, the percentages of women who indicated each response differed by Pap Due status (Very Overdue or Never Had). Table 1 shows the percentages of women who indicated each different reason by subgroup, identifying when percentages in one subgroup who indicated an answer were statistically significantly different from the other. Since women were told to indicate as many reasons as apply, the summed percentages exceed 100%. Highlights of the findings are bulleted below.

- The logistical reasons most frequently cited by women in both the BMI <40 and BMI ≥40 groups included feeling too embarrassed to schedule an appointment because they were overdue and didn't want to get lectured about it (22% and 16.8%, respectively) and feeling that their lives were too busy to come in (25.7% and 20.2%, respectively). Additionally, 31.2% of the BMI <40 group indicated that it was too hard to come in during weekday hours. Issues related to how to schedule an appointment, cost, and transportation didn't appear to be barriers for either group.
- Regarding perceived need for a Pap test, only 15% of the BMI <40 and 8% of the BMI ≥40 group said that they had lost track of how long it had been since they had a Pap test. Among women with BMI <40, 19% indicated that they thought a Pap was not needed every 2-3 years, only recommended at that interval. More frequently, reasons for not having had a Pap related to sexual behavior or symptoms of disease. Approximately 30% of each group didn't think a Pap test was necessary due to their being in a longtime monogamous relationship (3.7% and 5.6%, respectively), lesbian relationships (3.7% and 4.5%, respectively), or not having been sexually active for over 5 years (22.0% and 21.3% respectively). Slightly more than 10% of each group thought a Pap test wasn't needed because they weren't exhibiting symptoms of STDs, infections, or cancer.
- The two BMI groups showed more differences with regard to concerns related to the Pap test/Pelvic exam experience. Approximately equal numbers of women in both the lower and higher BMI groups indicated that they feel (or think they would feel) embarrassed lying on their back undressed in front of a clinician (33% and 27%, respectively), that they felt (or thought they would feel) uncomfortable having any clinician touch them in their vaginal area (16.5% and 16.8%, respectively), and that they heard a Pap and pelvic exam could be quite uncomfortable and painful (9.2% and 10.1% respectively).

However, women in the BMI ≥40 group were significantly more likely than those in the BMI <40 group to indicate barriers to coming in related to their body size. Specifically, while similar percentages of women said that they had previously had a bad experience with a clinician during a Pap test or other hands-on exam (15.6% and 13.5%, respectively), women with a BMI ≥40 were twice as likely (27.0% vs. 11.9%) to indicate having had bad experiences with clinicians who seemed uncomfortable, disrespectful, or negative towards them due to their large body size. Also, they were more likely to indicate that the gowns were too small or didn't cover enough of their body (32.6% vs. 3.7%), to indicate that the exam tables were too small or too uncomfortable (18.0% vs. 1.8%), and to indicate that it was too difficult for them to get on and off the exam tables (19.1% vs. 2.7%). Finally, 46.1% vs. 16.5% said that they didn't want to come in because they didn't want to be weighed or lectured about their weight or body size.

Changes related to service delivery that might motivate very overdue women to come in for a Pap test are shown in Table 2: Fewer women indicated potential changes KP could make in service delivery than had indicated reasons, so the following percentages are based on 94 women with BMI <40 and 78 women with BMI ≥40. It is also important to remember that many of these women either had never had a Pap test at KP or had their last one so long ago that they might not be aware that female nurse practitioners now customarily do the Pap tests and pelvic exams and that the days of having to schedule an appointment months ahead are gone. Overall, women in the lower BMI group were more interested than those in the higher BMI group in changes in appointment availability, while women in the higher BMI group were more concerned with making changes to make them feel more comfortable during the exam.

- 22.3% of women with BMI <40 and 15.4% of women with BMI ≥49 said that nothing would change their mind about coming in for a Pap test – they just didn't want one.

- 20.2% of women in the BMI <40 group and 12.8% in the BMI ≥40 group wanted just to have a Pap test with no speculum, stirrups, or pelvic exam.
- Approximately 1/3 of both groups (36.1% and 29.5%, respectively) wanted KP to guarantee that a female clinician would do the exam.
- Saturday appointments were desired by 31.9% of women with BMI <40 and 21.8% of women with BMI ≥40, while 26.6% and 12.8%, respectively, wanted weekday evening appointments. Same-day appointments didn't appear to be as much of an issue, desired by 8.5% of those in the BMI <40 group and 5.1% of those in the BMI ≥40 group.
- 18.1% and 6.4%, respectively, wanted to be called by KP to schedule an appointment and then reminded a few days before.
- 35.9% of women in the BMI ≥40 group vs. 4.3% of those in the BMI <40 group asked that KP provide gowns that fit better, and 10.3% vs. 2.1%, respectively asked for an exam table that could be raised and lowered to make it easier to get on and off.
- Approximately 1/4 of both groups (24.5% and 29.5%, respectively) thought it would help if KP trained OB/Gyn clinicians and clinic staff to be more respectful and welcoming. Many of these women also wanted the clinician doing the exam to be gentle and communicative about what was going to happen next in the exam process, and if they expressed fear or discomfort, to be supportive and encouraging rather than making disparaging comments about them.

CONCLUSIONS

This survey found that the majority of women either knew that they were very overdue for a Pap test or thought that it was not necessary because their sexual activity (or lack of sexual activity) reduced their risk of developing cervical cancer. Aside from some scheduling issues, women who have been avoiding coming in for a Pap test/pelvic exam have a lot of fears and other psychological issues that may have to be addressed up front in order to get them to come in for a Pap test. Many of these women indicated that they have had bad experiences being examined and that they think they will feel very uncomfortable and vulnerable during the exam. The fact that 1/3 of the women asked for a guarantee that a female clinician would do the exam suggests that much of this psychological discomfort and feeling of vulnerability is associated with having a male clinician doing the Pap test and pelvic exam. This suggests that when booking an appointment for a patient, it may help to mention that the Pap test and pelvic exam will be done by a female nurse practitioner. The possibility that the clinician might be male may also be of concern to women from cultures outside the U.S where having a male other than the husband see the woman disrobed is not permitted.

For certain women, it may be important to know that the nurse practitioners are trying to make the exam set up more comfortable, including padding or covering the stirrups with socks to make them cozier for the feet and not using cold metal speculums. To help largesize women feel more accommodated, facilities should have capes large enough to cover them or encourage these women to bring their own loose lounging dress or robe to wear during the exam. Facilities that have bariatric exam tables can publicize the availability of this equipment in their outreach communications (if the Women's Health unit doesn't have a bariatric table but another unit in the facility does, it might be possible to periodically schedule Pap tests for very large women in that other location).

Women of all sizes called for more clinician and clinic staff training to make patients feel more welcomed and cared for. This welcoming might start at the time women call in or are called to schedule a Pap test and NOT asking them how long it's been since they had a Pap test. It might continue at the appointment with the medical assistant and clinician NOT mentioning how long it's been since the woman has had the test but simply informing her about the

recommended Pap test interval. For women who are very anxious about the clinician inserting the speculum or fingers into the vagina to do the exams, clinicians or medical assistants may want to do something to help them relax their muscles, such as a quick foot massage and/or have a relaxing picture on the ceiling for the woman to focus on during the exam. Very large women do not consider being weighed and talked to about losing weight as welcoming and supportive behaviors, so even though BMI as a vital sign calls for these clinician actions, following through may result in patients' reluctance to come in for preventive exams in the future.

Finally, while cost did not appear to be an important barrier to getting the Pap test for these overdue women, it is likely that many don't know how much a Pap test would cost them with current co-pays for visits and lab. As co-pays increase and awareness of the cost of a Pap test increases, cost may become more of an issue for scheduling preventive services such as Pap tests.

Table 1. Reasons indicated for not coming in for a Pap test

Reasons for Not Having Had a Pap Test in at Least 5 Years	Combined No Pap at KP+Very Overdue		BMI <40		BMI ≥40	
	BMI <40 (N=109) %	BMI ≥40 (N=90) %	No Pap at KP (N=49) % ¹	Very Overdue (N=60) % ¹	No Pap at KP (N=46) % ¹	Very Overdue (N=44) % ¹
Related to Logistics and Cost						
Didn't know how to schedule appt	7.3	2.2	10.2	5.0	2.2	2.3
Thought MD referral needed	1.8	2.2	0	3.3	2.2	2.3
Too embarrassed to come in because so overdue	22.0	16.8	24.5	20.0	17.4	16.3
Hard to come in during wkday hrs	31.2	19.1	24.5	36.7	17.4	20.9
Life too busy to come in for Pap	25.7	20.2	26.5	25.0	17.4	23.3
Cost is a barrier	9.2	9.0	6.1	11.7	8.7	9.3
Hard to get transportation	5.5	4.5	4.1	6.7	4.3	4.6
Didn't think Pap was needed:						
Lost track of how long ago had it	15.6	7.9	6.1	23.3*	4.3	11.6
Didn't think needed at her age	5.5	6.7	8.2	3.3	10.9	2.3
Didn't know Pap due every 2-3 yrs	6.4	3.4	8.2	5.0	6.5	0
Didn't think every 2-3 yrs was needed, just recommended	19.3	10.1	16.3	21.7	8.7	11.3
Regular doctor didn't say to get	4.6	2.2	6.1	3.3	2.2	2.3
Had a partial hysterectomy – thought no longer needed	2.7	3.4	6.1	0	4.3	2.3
No sexual activity for ≥ 5 yr	22.0	21.3	22.4	21.7	26.1	16.3
Sexually active only with women	3.7	4.5	2.0	5.0	4.3	4.6
Sexually active only with husband	3.7	5.6	0	6.7	4.3	7.0
Has had no symptoms of STD, infection, cancer	15.6	12.4	14.3	16.7	13.0	11.6

NOTES:

¹ Because of the subgroup sizes, 2% = 1-2 women. Because of the small cell sizes, a difference of 1 person can make a large difference in the percentage.

* Indicates statistically significant difference between subgroups by chi-square analysis at p<.05; ** at p<.01; *** at p<.001;

**** at p<.0001

Table 1 (continued). Reasons indicated for not coming in for a Pap test

Reasons for Not Having Had a Pap Test in at Least 5 Years	Combined No Pap at KP+Very Overdue		BMI <40		BMI ≥40	
	BMI <40 (N=109) %	BMI ≥40 (N=90) %	No Pap at KP (N=49) % ¹	Very Overdue (N=60) % ¹	No Pap at KP (N=46) % ¹	Very Overdue (N=44) % ¹
Have concerns about the Pap/Pelvic experience						
Heard Pap and pelvic exam can be uncomfortable and painful	9.2	10.1	14.3	5.0	15.2	4.6
Afraid of getting an infection	5.5	0	6.1	5.0	0	0
Feel embarrassed undressed, lying on back in front of clinician	33.0	27.0*	38.8	28.3	28.3	25.6
Feel very uncomfortable having any clinician touch vaginal area	16.5	16.8	16.3	16.7	28.3	4.6*
Too uncomfortable lying on exam table with feet in stirrups	10.1	20.2	18.4	3.3*	15.2	25.8
Last Pap/pelvic was very uncomfortable	23.8	13.5	26.5	21.7	15.2	11.6
Had a bad experience with a clinician during Pap test or other hands-on exam	15.6	13.5	10.2	20.0	10.9	16.3
Gowns too small or don't cover enough	3.7	32.6****	6.1	1.7	34.8	30.2
Exam tables too small/too uncomfortable	1.8	18.0****	2.0	1.7	19.6	16.3
Too difficult to get on-off exam table	2.7	19.1****	2.0	3.3	19.6	18.6
Have had bad experiences with clinicians who seemed uncomfortable, disrespectful, or negative due to my size	11.9	27.0**	10.2	13.3	32.6	20.9
Doesn't want to be weighed or lectured about weight or body size	16.5	46.1****	14.3	18.3	56.5	34.9*
Non-specified weight-related issues	0.9	1.1	0	1.7	2.2	0
Doesn't want to find out if has cervical cancer	11.0	7.9	12.2	10.0	8.7	7.0
Is afraid that procedure may remind her of past molestation/abuse	0.9	1.1	2.0	0	2.2	0

NOTES:

¹ Because of the subgroup sizes, 2% = 1-2 women. Because of the small cell sizes, a difference of 1 person can make a large difference in the percentage.

* Indicates statistically significant difference between subgroups by chi-square analysis at p<.05; ** at p<.01; *** at p<.001;

**** at p<.0001

Table 2. Changes that might motivate women to come into KP for a Pap test

Changes That Might Motivate Women to Come into KP for a Pap Test	Combined No Pap at KP+Very Overdue		BMI <40		BMI ≥40	
	BMI <40 (N=94) %	BMI ≥40 (N=78) %	No Pap at KP (N=46) % ¹	Very Overdue (N=48) % ¹	No Pap at KP (N=40) % ¹	Very Overdue (N=38) % ¹
Just don't want a Pap test (won't specify reason)	22.3	15.4	16.7	28.3	12.5	18.4
Offer same-day or next-day appointments	14.9	5.1	10.9	18.7	2.5	7.9
Schedule Pap test at a time when will already be at KP	8.5	2.6	8.7	8.3	2.5	2.6
Offer Saturday appointments	31.9	21.8	23.9	39.6	17.5	26.3
Offer weekday evening appointments	26.6	12.8	17.4	35.4*	10.0	15.8
Call me to schedule an appt and then remind me a few days before	18.1	6.4	15.2	20.8	5.0	7.9
Guarantee a female clinician to do exam	36.1	29.5	34.8	37.5	37.5	21.0
Provide gowns that fit better	4.3	35.9****	2.2	6.2	40.0	31.6
Have exam tables that can be raised and lowered	2.1	10.3*	0	4.2	10.0	10.5
Just use a swab for the Pap test – no speculum, stirrups, or pelvic exam	20.2	12.8	19.6	20.8	17.5	7.9
Train clinicians/clinic staff to be more respectful and welcoming	24.5	29.5	15.2	33.3*	32.5	26.3
Reduce my cost for the Pap test	16.0	9.0	8.7	22.9	7.5	10.5
Cover my transportation costs	0	2.6	0	0	2.5	2.6

NOTES:

¹ Because of the small subgroup sizes, 2% = 1 woman. Because of the small cell sizes, a difference of 1 person can make a large difference in the percentage.

* Indicates statistically significant difference between subgroups by chi-square analysis at p<.05; ** at p<.01; *** at p<.001;

**** at p<.0001

**IMPROVING KAISER PERMANENTE
CERVICAL CANCER SCREENING SERVICES (PAP TEST)**

Your medical record shows that you have not had a Pap test at Kaiser Permanente in the past 5 years. We want to learn why some women aren't coming in for Pap tests and if there are things we can do to help more women get this important cancer screening procedure. Your responses are important to us. **Please fill out this questionnaire and we will thank you with a \$5 gift card.** Your answers are confidential. They will not go into your medical record nor be shared outside the Division of Research in a way that can identify you.

1. Have you had a total hysterectomy (both ovaries and uterus/womb surgically removed)?

- No → Continue with Question 2
- Yes → *Please skip to the end of the questionnaire to choose your gift card*

2. Have you had a Pap test in the past 5 years?

- No → Continue with Question 3
- I've never had a Pap test → Continue with Question 3
- I don't know → Continue with Question 3
- Yes, I had a Pap test **outside of Kaiser Permanente**
→ *If YES, please answer Questions 2a and 2b below:*

2a. Where do you plan to get your next Pap test?

- At Kaiser Permanente
- At a non-Kaiser Permanente office or clinic

2b. When did you have your last Pap test?

- Less than 1 year ago
- 1-2 years ago
- 2-3 years ago
- Over 3 years ago

If you think you had your last Pap test over 3 years ago, continue with Question 3.

If you had one less than 3 years ago, skip to Question 4.

3. Women have different reasons for not getting Pap tests as frequently as recommended.

Please mark the box next to each reason that describes your situation. The list continues on the next page, and there is space at the end to write in other reasons. (*Check ALL that apply*)

I have problems with scheduling, cost, or transportation:

- I wasn't sure how to schedule an appointment for a Pap test
- I thought I needed a doctor's referral to get a Pap test
- I feel embarrassed about coming in because I know I'm overdue
- It's hard for me to come during a week day for a non-urgent appointment
- My life is just too busy to come in for this screening test
- I can't or don't want to spend money to get a Pap test
- It's hard for me to get transportation during weekday hours

I didn't think I needed a Pap test because:

- I didn't realize it had been that long since I had my last Pap test
- I didn't realize I still needed a Pap test at my age
- I didn't realize a Pap test was needed every 2-3 years
- I didn't think having a Pap test every 2-3 years was necessary, only recommended
- My regular doctor didn't tell me I needed to get a Pap test
- I had a partial hysterectomy (still have my cervix) and thought a Pap test was no longer needed
- I haven't been sexually active in the past 5 or more years
- I have been sexually active but only with a woman partner
- I am only sexually active with my husband/male partner
- I haven't had any symptoms of cervical cancer, sexually transmitted disease or infection

Please continue on other side ►►►

I have concerns about the Pap test:

- I've heard that the Pap test and pelvic exams can be uncomfortable or even painful
- I'm afraid of getting an infection
- I feel embarrassed undressed, lying on my back in front of a health practitioner
- I feel very uncomfortable having a clinician touch in that area of my body, even a woman clinician
- It's too uncomfortable lying on the exam table with my feet in the stirrups
- My last Pap test was very uncomfortable
- I've had a bad experience with a clinician during a Pap test or other hands-on exam
- Paper or cloth gowns are too small for me or don't cover me enough
- Exam tables are too small or too uncomfortable
- It's too difficult for me to get on and off the exam table

I have other reasons for not wanting to have a Pap test:

- I've had bad experiences with clinicians who seemed uncomfortable, disrespectful, or negative toward me due to my size
- I don't want to be weighed or lectured to about my weight or body size
- I don't want to find out if I have cervical cancer
- I'm afraid that this procedure may remind me of a past experience of being molested or abused
- Other (*please describe*): _____

If you marked more than one reason for not having a Pap test, please put a star (*) to the left of the box of your *main 1 or 2 reasons*.

4. Is there anything Kaiser Permanente could do to encourage you to come into Kaiser Permanente for a Pap test? (Check ALL that apply and list others)

- No, I prefer to continue to get my Pap tests outside of Kaiser Permanente
- No, I just don't want to have a Pap test
- Have same-day or next-day Pap test appointments available
- Schedule it at a time when I will already be at Kaiser Permanente for other appointments
- Have Saturday Pap test appointments
- Offer weekday evening Pap test appointments
- Call me to schedule an appointment; remind me a few days before and the night before
- Guarantee that a female clinician will do my Pap test and pelvic exam
- Provide gowns that fit better
- Have exam tables that can be raised or lowered
- Just do the swab for the test – don't use a metal speculum, stirrups, or do a pelvic exam
- Train clinicians and clinic staff to be more respectful and welcoming
- Reduce my cost for the Pap test
- Cover my transportation costs
- Other: _____

If you marked more than one thing that would encourage you to come in for a Pap test, please put a star (*) to the left of the box of the *most important thing* we could do.

Study ID: _____