Table 1: Demographic characteristic of survey respondents (n=73).

	Options	Percentage (%) of respondents (n)
Age (years)	18–24	0.0% (0)
	25–34	11.0% (8)
	35–44	24.7% (18)
	45–54	28.8% (21)
	55–64	30.1% (22)
	>65	5.5% (4)
Gender	Male	12.3% (9)
	Female	87.7% (64)
	Gender neutral	0.0% (0)
	Prefer not to answer	0.0% (0)
	Other	0.0% (0)
Ethnicity	NZ European	72.6% (53)
	Māori	12.3% (9)
	Chinese	12.3% (9)
	Other	11.0% (8)
	Prefer not to answer	1.4% (1)
Role	Practice nurse	52.1% (38)
	General practitioner	31.5% (23)
	Nurse practitioner	6.9% (5)
	Other	9.6% (7)
Smear taking frequency	Every day	4.1% (3)
	A few times per week	48.0% (35)
	Once per week	8.2% (6)
	A few times per month	16.4% (12)
	Once a month	4.1% (3)
	Less than once per month	19.2% (14)
Practice population	Urban (large city)	52.1% (38)
	Urban (town)	34.2% (25)
	Rural	13.7% (10)
Participant reported practice Māori population >16.5%	Yes	49.3% (36)
	No	42.5% (31)
	Don't know/not sure	8.2% (6)
Participant reported practice Pasifika population >8.1%	Yes	32.9% (24)
	No	49.3% (36)
	Don't know/not sure	17.8% (13)

Graph 1: Graph displaying average score for participants who answered "Knowledge of HPV" section (n=69).

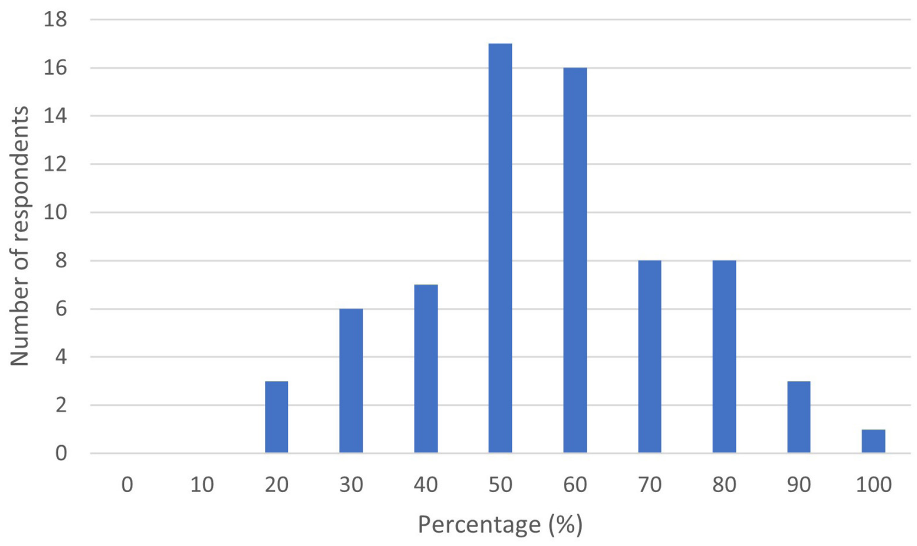

Table 2: Results of respondent answers for questionnaire section on "Knowledge of HPV, cervical cancer and HPV screening" (n=69).

Question	Correct answer	Proportion answered correctly % (N) (69 total respondents)
Approximately what proportion of sexually active people are exposed to human papillomavirus (HPV)?	80%	49.3% (34)
Which two HPV types cause around 70% of cervical cancers?	16 and 18	92.8% (64)
Approximately what proportion of high-grade changes and cervical cancers are missed by cervical cytology?	20–30%	18.8% (13)
Approximately what proportion of high-grade changes and cervical cancers are missed by HPV testing?	5%	60.9% (42)
Which is more reliable: a self-collected HPV test or a clinician-collected HPV test?	They are similar in reliability	79.7% (55)
Which is better at detecting glandular cervical abnormalities?	HPV testing	20.3% (14)
According to the proposed NCSP HPV screening guideline, if someone has a negative HPV test and a normal cervical screening history, when should they be recalled for their next cervical screen?	5 years	52.2% (36)

Table 2 (continued): Results of respondent answers for questionnaire section on "Knowledge of HPV, cervical cancer and HPV screening" (n=69).

According to the proposed NCSP HPV screening guideline, if someone tests positive for high-risk HPV "other" types, what will be the next recommended step for investigation?	Cervical cytology	60.0% (40)
According to the proposed NCSP HPV screening guideline, if someone tests positive for HPV types 16/18, what will be the next recommended stop for investigation?	Colposcopy	46.4% (32)
Which statement is correct? In people due for a cervical screen who report intermenstrual or post-coital bleeding, the most appropriate management plan should be	A face-to-face appointment for clinical review and examination	89.9% (62)

Graph 2: Respondents' anticipated issues with implementation of HPV home self-testing and comparison between cervical smears, ranked in order of difficulty (least to most) (n=67).

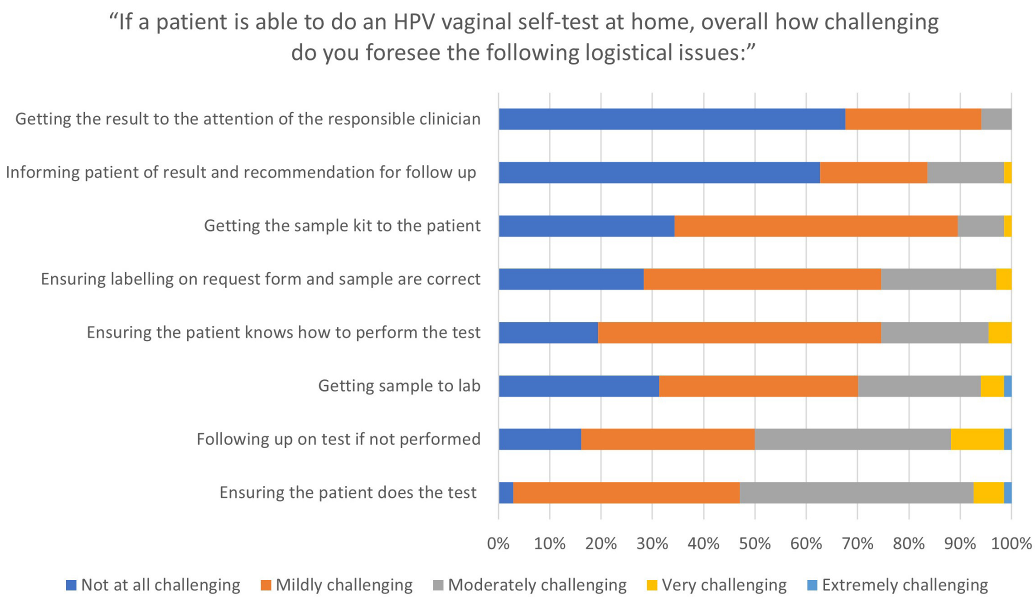

Table 3: Respondents' opinions on the responsibility for communicating the need for cervical screening recall. Note that more than one response could be chosen (n=67).

Question: "In your opinion, who do you think should communicate the recall to people due for cervical screening? (please choose all that apply)"	**Percentage (%) of respondents (total number of votes in brackets) (n=67)**
The National Cervical Screening Programme	55.2% (37)
The primary health organisation	10.5% (7)
The general practice	74.6% (50)
A community health worker (e.g., kaiāwhina)	13.4% (9)
Other: answers provided included "midwife", "clinician ordering test", "for high risk and Māori patients, a clinician with a therapeutic relationship"	6.0% (4)

Table 4: Educational support identified (listed highest to lowest). Note respondents could choose multiple options (n=60).

Area	**Percentage % chosen (n=60)**
Clinical management of results (e.g., who to refer for colposcopy, when to recall patients, etc.)	73.3% (44)
Reliability of HPV screening	61.7% (37)
Practical aspects of HPV testing (e.g., how to perform test, what kind of swab to use, etc.)	55.0% (33)
Role of different HPV types in cervical cancer development	45.0% (27)
Natural history of the HPV virus	41.7% (25)
Role of HPV vaccine (including impact on HPV screening)	38.3% (23)