***Supplementary Material***

**Questionnaire-S.** The questionnaire used in this study, translated into English.

**< Questionnaire >**

Please fill out the questionnaire and return it in the enclosed return envelope by September 30, 2015. If it is difficult for the addressee to fill out the questionnaire, please have a parent or guardian complete it (no postage required).

This survey is anonymous; therefore, the respondents cannot be identified. Please do not add your name or other personal information to the questionnaire. Your responses will only be used for statistical purposes.

***Before filling out the form, please mark one of the options with (√).***

□ Filled out by the addressee □ Filled out by the addressee in consultation with a guardian

□ Filled out by a guardian of the addressee

***Questions regarding age***

***Question 1. Please put a tick (√) next to your date of birth.***

(If you are the guardian answering this question, please enter your child’s date of birth.)

□ (1) April 2, 1994 to April 1, 1995 □ (5) April 2, 1998 to April 1, 1999

□ (2) April 2, 1995 to April 1, 1996 □ (6) April 2, 1999 to April 1, 2000

□ (3) April 2, 1996 to April 1, 1997 □ (7) April 2, 2000 to April 1, 2001

□ (4) April 2, 1997 to April 1, 1998

***Questions regarding physical symptoms***

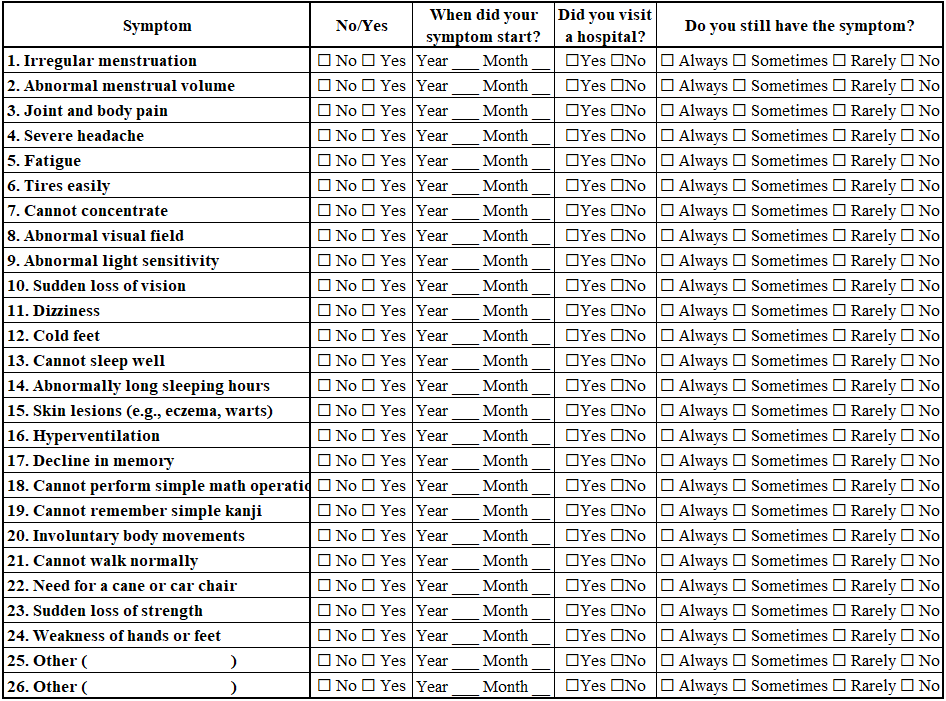
\*Please indicate the symptoms you experienced.

***Question 2. Have you experienced any of the following symptoms from the time you were in the sixth grade of elementary school until now?***

Put a tick ***(√)*** next to “No” or “Yes” for the symptoms you have experienced, and if you answer "Yes,” please tell us when the symptoms started.

However, please do not include temporary symptoms with a clear cause, such as having a cold and a headache, in the “Yes” category.

\*If you are unsure of the exact time, you can just write the year.



***Question 3. If you answered that you have experienced any of the symptoms in question 2, please answer the following questions.***

***Did the symptoms affect your school life, club activities, employment, etc.?***

1. ***Effect on schoolwork***

□ Affected (multiple answers possible) 　　□ Not affected

□ ***Absence*** (Frequency: □ 2-3 times a week or more, □ About once a week, □ About 2-3 times a month, □ Less than once a month) Causative symptoms ( )

□***Arriving late to school*** (Frequency: □ 2-3 times a week or more, □ About once a week, □ About 2-3 times a month, □ Less than once a month) Causative symptoms ( )

□***Leaving early from school*** (Frequency: □ 2-3 times a week or more, □ About once a week, □ About 2-3 times a month, □ Less than once a month) Causative symptoms ( )

□ ***Repeating a year*** Causative symptoms ( )

□ ***Quitting school*** Causative symptoms ( )

□ ***Changed career path***   Causative symptoms ( )

***(2) Effect on non-academic activities (club activities, etc.)***

□ Affected (multiple answers possible) 　　□ Not affected

Causative symptoms ( )

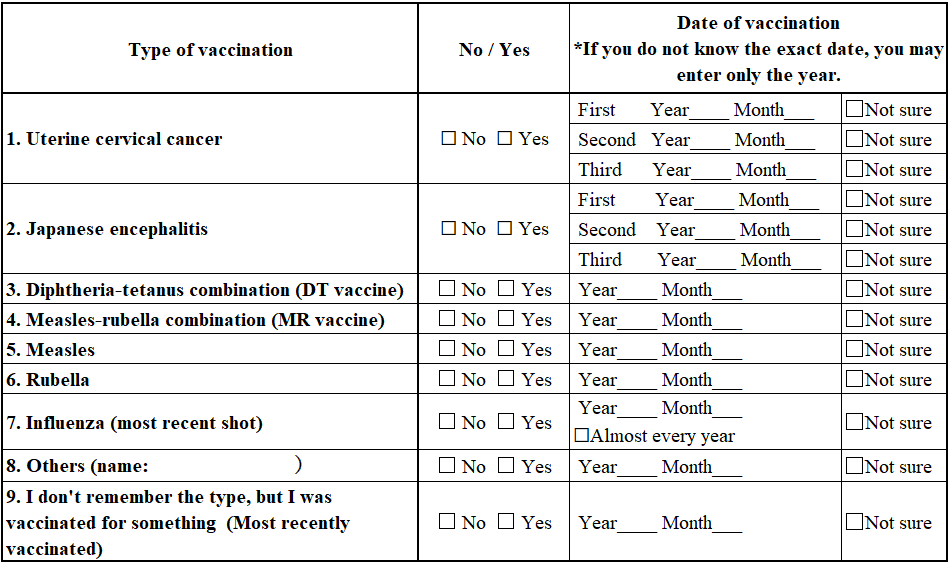
***(3) Effect on employment and work***

□ Affected (multiple answers possible) 　　□ Not affected □ Not considering employment

Causative symptoms ( )

***Question 4: Have you received any of the following vaccines since the 6th grade of elementary school?***

Please mark (√) for “No” or “Yes” to each vaccine for which you have been vaccinated, and if “Yes”, please indicate when you received the vaccination.



***Question 5. This question is for those who answered “I have received the cervical cancer vaccine” in question 4.***

1. There are two types of cervical cancer vaccine. Which one did you receive?

□ (1) Cervarix (bivalent vaccine)

□ (2) Gardasil (quadrivalent vaccine)

□ (3) Not sure

2) Why did you stop receiving the vaccination after one or two doses? (Multiple answers possible)

□ (1) Because the injection was more painful than expected.

□ (2) Because I had an adverse reaction (side effect) after vaccination.

□ (3) Because I became concerned upon reading reports of adverse reactions (adverse effects).

□ (4) Other ( )

***Question 6: If you have any other comments, please write them here.***

( )

***That is all. Thank you for your cooperation.***