

## MTN 027 Follow-Up Behavioral Survey

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PROGRAMMER: Logic checks are in *italics*. Skip patterns are in **CAPITALIZED BOLD**.

## SECTION A. PSYCHOSOCIAL

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A1. First we would like to ask you about your everyday emotions and experiences. **Since you last completed this survey**, how often have you...

[Response options for A15a-k: 1=Never, 2=Almost never, 3=Sometimes, 4=Fairly often, 5=Very often]

- a. Been upset because of something that happened that you didn't expect?
- b. Felt nervous and "stressed out"?
- c. Found that you could not deal with all the things that you had to do?
- d. Gotten angry because of things that happened that were outside of your control?
- e. Felt that you had so many problems that you could not deal with them?
- f. Felt that you were able to successfully handle the important changes occurring in your life?
- g. Felt able to handle your personal problems?
- h. Felt that things were going your way?
- i. Been able to control hassles in your life?
- j. Felt that you were on top of things?
- k. Been able to control the way to spend your time?

## SECTION B. RING ADHERENCE

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B1. **Since you last completed this survey**, was the ring ever partially or completely out of your vagina, even for just a minute? **Do not count** any time the ring was taken out here at the clinic.

1. Yes
0. No **[SKIP TO C1]**

B2. **Since you last completed this survey**, how many times did the ring **come completely out of your vagina on its own**, even for just a minute?

(If the ring never came completely out on its own, please enter '0'.)

\_\_ time(s) **[IF B2=0, SKIP TO B7]**

Please think of all the times the ring **came completely out of your vagina on its own**. What were you doing during those times? You can select more than one of the following questions.

B3. Did the ring ever come out... [check all that apply]

- a. While you were urinating?
- b. While you were having a bowel movement?
- c. While you were lifting heavy objects or straining?
- d. While you were having sex or just after sex?
- e. While you were exercising?
- f. While you were checking the ring with your finger?
- g. During your period?
- h. In any other situation?

If yes, please specify: \_\_\_\_\_

B4. The **last time** the ring **came out on its own**, what position were you in?

1. In a standing position
2. In a sitting position
3. In a squatting position
4. Lying down
5. I can't remember
6. Other, *please specify*: \_\_\_\_\_

B5. The **last time** the ring **came out on its own**, what did you do?

1. I reinserted it immediately
2. I left it out for a while and put it back in before my next appointment
3. I contacted the clinic and someone at the clinic reinserted it **[SKIP TO B7]**
4. I waited for my next appointment **[SKIP TO B7]**
5. The ring was not reinserted **[SKIP TO B7]**
6. Other, *please specify*: \_\_\_\_\_ **[SKIP TO B7]**

B6a. Did you rinse the ring with water before reinserting it?

1. Yes
0. No

B6b. Did you wash the ring with a soap or detergent before reinserting it?

1. Yes
0. No

**B7. Since you last completed this survey, how many times did the ring partially slip out of position on its own, but was not completely out of your vagina?**

(If the ring never partially slipped out of position on its own, please enter '0'.)

\_\_ time(s) [IF B7=0, SKIP TO B13]

B8. Please think of all the times that the **ring partially slipped out on its own without coming out completely**. What were you doing during those times? You can select more than one of the following questions.

Did the ring ever partially slip out...

- a. While you were urinating?
  - b. While you were having a bowel movement?
  - c. While you were lifting heavy objects or straining?
  - d. While you were having sex or just after sex?
  - e. While you were exercising?
  - f. While you were checking the ring with your finger?
  - g. During your period?
  - h. In any other situation?
- If yes, please specify:

\_\_\_\_\_

B9. The **last time** the ring **partially** slipped out on its own, what position were you in?

1. In a standing position
2. In a sitting position
3. In a squatting position
4. Lying down
5. I can't remember
6. Other, *please specify:* \_\_\_\_\_

B10. The **last time** the ring **partially** slipped out on its own, what did you do?

1. Put the ring back in place [SKIP TO B12]
2. Took the ring out completely
3. Nothing [SKIP TO B12]
4. Other, *please specify:* \_\_\_\_\_) [SKIP TO B12]

B11. What did you do when you took the ring out?

1. I reinserted it immediately
2. I left it out for a while and put it back in before my next appointment
3. I contacted the clinic and someone at the clinic reinserted it **[SKIP TO B13]**
4. I waited for my next appointment **[SKIP TO B13]**
5. The ring was not reinserted **[SKIP TO B13]**
6. Other, *please specify*: \_\_\_\_\_ **[SKIP TO B13]**

B12a. Did you rinse the ring with water before reinserting it?

1. Yes
0. No

B12b. Did you wash the ring with a soap or detergent before reinserting it?

1. Yes
0. No

**B13. Since you last completed this survey**, how many times did you or someone else **take out or remove the ring** from your vagina, even for just a minute? Please only count times when the ring was entirely taken out.

(If the ring was never taken out, please enter '0'.)

\_\_\_\_\_ time(s) **[IF B13 = 0, SKIP TO B17]**

B14. The **last time** the ring was taken out or removed, who took out or removed the ring?

1. I took it out
2. A staff member took it out
3. Someone else took it out, *please specify your relationship to that person, e.g. partner, friend, etc.:* \_\_\_\_\_

B15. **The last time** the ring was taken out or removed, what did you do?

1. I reinserted it immediately
2. I left it out for a while and put it back in before my next appointment
3. I contacted the clinic and someone at the clinic reinserted it **[SKIP TO B17]**
4. I waited for my next appointment **[SKIP TO B17]**
5. The ring was not reinserted **[SKIP TO B17]**
6. Other, *please specify*: \_\_\_\_\_ **[SKIP TO B17]**

B16a. Did you rinse the ring with water before reinserting it?

0. Yes
0. No

B16b. Did you wash the ring with a soap or detergent before reinserting it?

1. Yes

0. No

B17. Different circumstances may prevent women from using the ring. Thinking about your experience **since you last completed this survey**, please choose all the reasons that have kept you from wearing the ring:

1. The ring was dirty
2. Removed ring to clean my vagina
3. I had difficulty inserting the ring
4. I had difficulty removing the ring
5. The ring came out by accident
6. I lost the ring
7. The ring wouldn't stay correctly in place
8. I feared the ring would get stuck inside my body
9. I didn't like how the ring felt inside me
10. The ring came out on its own during physical activity
11. The ring came out on its own during a bowel movement
12. The ring came out on its own during urination
13. The ring came out on its own during my period
14. I removed the ring before having sex
15. The ring came out during sex
16. The ring felt uncomfortable during sex
17. The ring felt painful during sex
18. My sex partner felt the ring during sex
19. The ring made sex less pleasurable
20. The ring felt uncomfortable during normal daily activities
21. The ring felt painful during normal daily activities
22. My sex partner did not approve of me wearing the ring
23. A family member did not approve of me wearing the ring
24. A friend did not approve of me wearing the ring
25. I was concerned that the ring was unsafe or harmful
26. I was concerned that the ring may cause genital infection, infertility, or other health problems
27. I felt sick from wearing the ring
28. I didn't want to use the ring during my period
29. I wanted to show it to someone
30. Other reasons (Please specify: \_\_\_\_\_)
31. **I did not have a problem with any of these things.**

## SECTION C. RING ACCEPTABILITY

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The following questions are about your overall experience with the ring **since you last completed this survey**, including today.

C1. Overall, how much do you like the ring?

1. Dislike very much
2. Dislike
3. Like
4. Like very much

C2. What are your preferences about wearing the ring every day?

1. I prefer wearing it every day
2. I prefer not wearing it everyday
3. I don't have a preference

C3. How do you like the ring now compared to when you started the study?

1. I like it MORE now than when I started the study
2. I like it LESS now than when I started the study
3. I like it the SAME as when I first started

C4. **Since you last completed this survey**, overall how easy or difficult was it to use the ring?

1. Very difficult
2. Difficult
3. Easy
4. Very easy

C5. The **last time** you inserted the ring in your vagina, was it difficult or easy to insert?

1. Very difficult
2. Difficult
3. Easy
4. Very easy
5. I did not insert the ring since I last completed this survey

C6. The **last time** you took the ring out, was it difficult or easy to take out?

1. Very difficult
2. Difficult
3. Easy
4. Very easy
5. I did not take the ring out since I last completed this survey

C7. **Since you last completed this survey**, how often did you think about the ring being inside your body?

1. Never
2. Some of the time
3. Most of the time
4. All of the time

C8. **Since you last completed this survey**, were you aware of the ring during your normal daily activities?

1. Never
2. Some of the time
3. Most of the time
4. All of the time

C9. **Since you last completed this survey**, overall, how did it feel to have the ring inside you every day?

1. Very comfortable
2. Comfortable
3. Uncomfortable
4. Very uncomfortable

C10. **Since you last completed this survey**, have you checked to see if the ring was still inside you?

1. Yes
0. No **[SKIP TO C13]**

C11. How often did you check to see if it was still inside you?

1. Never
2. Hardly ever
3. Occasionally
4. Frequently
5. All of the time

C12. How did you typically check to see if the ring was still inside you?

1. I used my fingers
2. Other, *please specify*: \_\_\_\_\_

The following questions are about changes in your vagina that you may have experienced while wearing the ring.

C13a. Overall, did you notice that your vagina was wetter?

1. Yes
0. No **[SKIP TO C13b]**

C13ad. How much has your vagina being wetter bothered you?

1. Not at all
2. A little
3. Somewhat
4. Very much

C13b. Overall, did you notice that your vagina was drier?

1. Yes



0. No **[SKIP TO C13c]**

C13bd. How much has your vagina being drier bothered you?

1. Not at all
2. A little
3. Somewhat
4. Very much

C13c. Overall have you experienced any other changes in your vagina while wearing the ring?

1. Yes, *please specify:* \_\_\_\_\_
0. No **[SKIP TO C14a]**

C13cd. How much has this change bothered you?

1. Not at all
2. A little
3. Somewhat
4. Very much

C14a. **Since you last completed this survey,** have you had vaginal sex?

1. Yes
0. No **[SKIP TO D1]**

C14b. Since you last completed this survey, how often did you feel the ring inside you when you had vaginal sex?

1. Never **[SKIP TO C16]**
2. Some of the time
3. Most of the time
4. All of the time

C15. How much did it bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

C16. **Since you last completed this survey,** how often did your sex partner(s) feel the ring inside of you when you had vaginal sex?

1. Never **[SKIP TO C18]**
2. Some of the time
3. Most of the time
4. All of the time
5. Don't know **[SKIP TO C18]**

C17. How much did it bother him/her?

1. Not at all
2. A little
3. Somewhat
4. Very much

5. Don't know

C18. **Since you last completed this survey**, did you mind wearing the ring during sex?

1. Yes
0. No

C19. **Since you last completed this survey**, how did the ring affect your sexual pleasure?

1. Increased my sexual pleasure
2. Did not change my sexual pleasure
3. Decreased my sexual pleasure

C20. **Since you last completed this survey**, how did the ring affect **your sex partner's** sexual pleasure?

1. Increased my partner's sexual pleasure
2. Did not change my partner's sexual pleasure
3. Decreased my partner's sexual pleasure
4. Don't know

C21. **Since you last completed this survey**, did the ring affect your sex partner's sexual performance?

1. Yes
0. No

C22. **Since you last completed this survey**, has your primary sex partner ever asked you to take the ring out or stop wearing the ring?

1. Yes
0. No

## SECTION D. RING PROBLEMS

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Now we would like to ask you about any problems you experienced while wearing the ring **since you last completed this survey**.

D1. **On how many days since you last completed this survey** did you experience any physical discomfort because of the ring?

\_\_\_\_\_ day(s) [IF D1=0, SKIP TO D3]

D2. Overall, how much did the physical discomfort bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

D3. **On how many days since you last completed this survey** did you experience any pain because of the ring?

\_\_\_\_\_ day(s) [IF D3=0, SKIP TO D5]

D4. Overall, how much did the pain bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

D5. **On how many days since you last completed this survey** did you feel that the ring was moving or not correctly in place?

\_\_\_\_\_ day(s) [IF D5=0, SKIP TO D7]

D6. Overall, how much did the ring moving or being out of place bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

D7. **On how many days since you last completed this survey** did the ring cause you emotional discomfort such as worries, fears, guilt or any other unpleasant feelings?

\_\_\_\_\_ day(s) [IF D7=0, SKIP TO D9]

D8. Overall, how much did this emotional discomfort bother you?

1. Not at all
2. A little
3. Somewhat

4. Very much

D9. **On how many days since you last completed this survey** did the ring interfere with your normal daily activities?

\_\_\_\_\_ day(s) [IF D9=0, SKIP TO D11]

D10. Overall, how much did this interference with daily activities bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

D11. **On how many days since you last completed this survey** did you experience any constipation?

\_\_\_\_\_ day(s) [IF D11=0, SKIP TO D13]

D12. Overall, how much did the constipation bother you?

1. Not at all
2. A little
3. Somewhat
4. Very much

D13. **Since you last completed this survey**, did you experience any change in urine leakage?

1. Increase
2. No change
3. Decrease
4. I never experience urine leakage

D14. **Since you last completed this survey**, were you ever unable to remove the ring when you tried to take it out of your vagina?

1. Yes
2. No
3. I never tried to remove the ring

D15. **Since you last completed this survey**, was there any other problem you had with the ring?

1. Yes, *please specify*: \_\_\_\_\_
0. No

**SECTION E. MENSTRUATION**

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E1. **Since your last computer visit,** have you started your period?

- 1. Yes
- 0. No

## SECTION F. ADDITIONAL COMMENTS

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We're getting close to the end of the survey.

F1. Is there anything that we haven't asked that you think we should have?

[Open response]

F2. Is there anything else you would like to tell us about your experience with the ring **since you last completed this survey**?

[Open response]

This is the end of the interview. Thank you for completing this questionnaire! Please click on 'Next' when you are ready to save your responses. After you do so, you will not be able to change your answers.