

1 VAGINAL MENSTRUAL CUP FOR SHORT TERM NON-SURGICAL MANAGEMENT OF VVF –
2 STUDY SUBJECT QUESTIONNAIRE

3
4
5 1. Date (Day/Month/Year): _____

6
7 2. Patient's Initials (optional): _____

3. Subject ID: _____

8
9 4. Staff initials (interviewer) _____

10
11
12 DEMOGRAPHICS

13
14 The following questions ask about demographic characteristics (your age, who you live with and how you
15 receive income).

16 Please complete questions 5-10 with the ONE best answer.

17 Question 11 may have more than ONE answer.

18
19 5. In what type of residence do you currently live?

- 20 a) Rural (village)
21 b) Urban (a big town)

22
23 6. With whom do you live?

- 24 a) I live alone
25 b) I live with my partner
26 c) I live with my partner and other family members
27 d) I live with people not in my family

28
29 7. What is your age at the time of the study? _____(years)

30
31 8. What is the highest educational level you have completed?

- 32 a) none (no formal education)
33 b) elementary/ primary school
34 c) junior high school/ O' level
35 d) senior high school/ A' level
36 e) tertiary level (post senior high training, polytechnic, university)
37

38 9. What is your marital status at the time of study?

- 39 a) single
40 b) married
41 c) separated but not divorced
42 d) divorced
43 e) co-habiting
44 f) widowed
45

46 10. What is your professional occupation at the time of the study?

- 47 a) student/ apprentice /learning a trade
48 b) house wife
49 c) unskilled
50 d) semi-skilled (e.g. seamstress, hairdresser etc.)
51 e) skilled
52 f) not currently working
53

54 11. How were you able to support the cost of travel and surgery at the time of the study? (you may
55 select more than one answer)

- 56 a) personal income
57 b) donation from family/relation
58 c) donation from non-family community member
59 d) donation from charity or organization (please list) :
60 e) borrowed money, please indicate source.....
61 f) other (please explain):
62
63

64 **SEVERITY OF URINARY LEAKAGE**

65

66 Please complete questions 12-13. They ask about your experience with leakage before taking part in the
67 study.

68

69 12. How often do you change your cloth or pad in one day (approximately)?

- 70 a) once a day
71 b) twice a day
72 c) 3-5 times a day
73 d) more than 5 time a day

74 e) don't know
75

76 13. Regarding social activities such as church, mosque, funerals, and market, which of the following
77 applies to you?

- 78 a) I go often and I stay
- 79 b) I go often but I do not stay long
- 80 c) I go rarely
- 81 d) I never go

82
83 For option 'b to d' please, explain choice if reason is other than worries about urinary
84 leakage.....
85

86 **SUBJECTIVE ASSESSMENT OF LEAKAGE WITH MENSTRUAL CUP**

87
88 Please complete questions 14-15. They ask about your experience with leakage while taking part in the
89 study.

90
91 14. Please compare the amount of leakage you perceived with the cup to the amount of leakage you
92 perceived without the cup.

- 93 a) Leakage markedly improved when using the cup
 - 94 b) Leakage slightly improved when using the cup
 - 95 c) No change in leakage
 - 96 d) Leakage slightly worse when using the cup
 - 97 e) Leakage markedly worse when using the cup
- 98

99 15. Please compare the degree of wetness experienced with the cup to the degree of wetness experienced
100 without the Cup. (You may select only one answer)

- 101 a) Wetness markedly improved when using the cup
 - 102 b) Wetness slightly improved when using the cup
 - 103 c) No change in wetness
 - 104 d) Wetness slightly worse when using the cup
 - 105 e) Wetness markedly worse when using the cup
- 106

107 **SUBJECT'S ACCEPTABILITY OF MENSTRUAL CUP**

108
109 Please complete questions 16-24. They ask about your experience with the cup.

110
111 Please indicate your agreement with the following statements

112
113 16. The cup was easy to insert.
114
115 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
116
117 17. The cup was comfortable while it was inside the vagina.
118
119 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
120
121 18. The cup interfered with my activities for the day.
122
123 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
124
125 18a. IF Slightly/strongly agree, specify

126
127 19. The cup was easy to remove.
128
129 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
130
131 20. The cup is useful for women with urinary leakage from fistula.
132
133 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
134
135 21. The cup is easy to clean.
136
137 Strongly disagree Slightly disagree Neutral Slightly agree Strongly agree
138
139 22. Did the cup have any effects that you DID NOT like? (Allow subject to state, do not read, circle all
140 that apply)

141 a) Itch
142 b) Vaginal pain
143 c) Lower Abdominal pain
144 d) Vaginal bleeding
145 e) New odor
146 f) Other.....

147
148 23. Would you use the cup for a longer period?
149 a. YES b. NO
150
151 23a. IF YES, please indicate how long you would like to use it (if being administered by staff:
152 listen to patients estimate first, THEN tick)

153 a) Several hours, but not longer
154 b) For an entire day, but remove at night
155 c) For several days, including nights
156 d) Other, PLEASE STATE.....
157
158 23b. If YES, please indicate how often you would like to use it.

- 159 a) Rarely (less than once a week)
- 160 b) Once a week or more
- 161 c) Every other day (3X a week)
- 162 d) Every day

163
 164 24. Would you recommend the cup to someone in your community who is experiencing leaking urine due
 165 to fistula? Encourage patients to express their opinion freely
 166 a. Yes, please explain.....
 167 b. No, please explain.....

168
 169
 170 End of questionnaire. Thank you for participating in this study.
 171
 172

173 **For clinical staff to complete from patient chart or interview:**

- 174
 175 1. Date (Day/Month/Year): _____
 176
 177 2. Patient's Initials: _____ 3. Subject ID: _____
 178

179 **OBSTETRIC INFORMATION**

- 180 4. № Vaginal deliveries: __ __
 181 7. № C Sections: __ __
 182 8. Parity: __ __
 183 9. Goh stage of fistula: ____
 184 10. Duration of fistula: ____ (years) ____ (months) ____ (days)
 185 11. № previous attempts at repair: __ __
 186
 187 12. Cause of Fistula: a) OBSTETRIC b) NON-OBSTETRIC
 188

189 **STATE OF VAGINAL MUCOSA POST CUP INSERTION**

- 190 13. Erythema a) YES b) NO
 191 14. Edema/Induration a) YES b) NO
 192 15. Erosion a) YES b) NO
 193 16. Bleeding a) YES b) NO
 194 17. Other (specify) a) YES b) NO
 195 If yes, specify: _____
 196 18. Fistula size a) Increased b) Decreased c) Unchanged