**Structured Survey, Phase 2, Follow up**

### Background Characteristics

1. **How old are you?** [RECORD IN COMPLETED YEARS]  
2. **On what date were you born?** (DD/MM/YYYY)  
3. **Since the start of the menstrual cup trial, has your marital/relationship status changed?** [YES=01; NO=02]  
4. **Relationship/marital status**  
   - Marital/cohabitation status as of survey 1:  
   - Married/Cohabiting=01  
   - Not married/cohabiting =02  
5. **Since the start of the menstrual cup study, have you stopped being married or living with someone as if married?** [YES=01; NO=02]  
6. **How did the marriage/union end; are you widowed, divorced or separated?**  
   - Widowed=01  
   - Divorced=02  
   - Separated =03  
7. **Since the start of the menstrual cup study, have you got married or started living with someone as if married?** [YES=01; NO=02]  
8. **Romantic relationship status as of survey 1**  
9. **Please tell me the other people living in the same house where you live?** (insert the number for each category)  
   - i. Mother  
   - ii. Father  
   - iii. Stepmother(s)  
   - iv. Stepmother(s)  
   - v. Female Guardian(s)  
   - vi. Male Guardians(s)  
   - vii. Older Brother(s)  
   - viii. Younger Brother(s)  
   - ix. Older Sister(s)  
   - x. Younger Sister(s)  
   - xi. Aunt(s)  
   - xii. Uncle(s)  
   - xiii. Grandmother(s)  
   - xiv. Grandfather(s)  
   - xv. Boyfriend(s)  
   - xvi. Husband  
   - xvii. Daughter(s)  
   - xviii. Son(s)  
   - xix. Other (specify)  

### Access to Facilities

1. **During the menstrual cup trial, what kind of toilet facilities did you usually use when you were at home?**  
   - (Then provide the relevant options) e.g  
   - **Flush Toilet**  
     - Own flush toilet 01  
     - Shared flush toilet 02  
   - **Pit toilet/latrine**  
     - Own traditional pit toilet 03  
     - Shared traditional pit toilet 04  
   - **Ventilated improved pit toilet**  
     - Own (VIP) latrine 05  
     - Shared (VIP) latrine 06  
     - Flush trench toilet 07  
     - Toilet without pit/working flush 08  
     - No facility/bush/field 09  
     - Flying toilet 10  
     - Other (specify) 96  
     - Not applicable 99
1.11 During the menstrual cup trial, did you have to pay to use the toilet facility? [YES=01; NO=02]

1.12 If YES What is the pattern of payment?

(Then provide the relevant options) e.g.
- Per Use [Kila ukitumia] 01
- Daily [Kila siku] 02
- Monthly [Kila mwezi] 03
- Other (specify) 96

1.13 During the menstrual cup trial, how often did you have the following experiences with the toilet you use at home? (Please choose from the following: 01 = I never had the experience, 02 = I had the experience occasionally, 03 = I had the experience often, 04 = I had the experience all the time.)

i. The toilet door is hard to shut
ii. The toilet door does not lock from the inside
iii. I have to ask for a key to use a toilet
iv. I wash my hands with water
v. I have to ask for a key to access water for washing hands
vi. I wash my hands with soap
vii. I worry about privacy when using school/college toilets
viii. I use toilet paper
ix. I use other paper e.g. newspaper

1.14 During the menstrual cup trial, what was the main source of water that you used for bathing?

(Then provide the relevant options) e.g. Buying water from:
- Taps 01
- Tanks 02
- Hawkers 03
- Piped water 04
- Piped into residence/compound/plot 04
- Public tap 05
- Well water 06
- Well on residence/plot 06
- Public well 07
- Surface water 08
- River/stream 08
- Pond/lake 09
- Rainwater 10
- Other (specify) 96

1.15 During the menstrual cup trial, were you able to access water for bathing? 1= never, 2= occasionally, 3= most of the time, 4= every day

1.16 During the menstrual cup trial, did you use water for washing the menstrual cup? [YES=01; NO=02]

1.17 If yes, what was the main source of water that you used for washing the cup?

(Then provide the relevant options) e.g. Buying water from:
- Taps 01
- Tanks 02
- Hawkers 03
- Piped water 04
- Piped into residence/compound/plot 04
- Public tap 05
- Well water 06
- Well on residence/plot 06
- Public well 07
- Surface water 08
- River/stream 08
- Pond/lake 09
- Rainwater 10
- Other (specify) 96

1.18 How easy would you say it was to access water for washing the menstrual cup? 1= very difficult, 2= moderately difficult, 3= moderately easy, 4= very easy, 5= don’t know/no response
### 1.9 During the menstrual cup trial, how often did you have the following experiences with the toilet you use at school: (Please choose from the following: 1 = I never had the experience, 2 = I had the experience occasionally, 3 = I had the experience often, 4 = I had the experience all the time.)

- i. The toilet door is hard to shut
- ii. The toilet door does not lock from the inside
- iii. I have to ask for a key to use a toilet
- iv. I wash my hands with water
- v. I have to ask for a key to access water for washing hands
- vi. I wash my hands with soap
- vii. I worry about privacy when using school/college toilets
- viii. I use toilet paper
- ix. I use other paper eg newspaper

### 2.0 Sexual and Reproductive History

#### 2.1 Since the start of the menstrual cup trial, have you had sexual intercourse? Yes=1, No=2

#### 2.2 During the study trial, were you ever diagnosed with an RTI, STI, urinary tract infection? Do you remember the name(s) of these infections? (1=NO; 2=YES) If yes, what was/were the name(s)?

#### 2.3 Did you receive treatment for this infection? Yes=1, No=2

#### 2.4 During the menstrual cups trial, did you ever have any of the following symptoms: pain, itching, unusual discharge in or around the vagina? Do you remember the name(s) of these infections? (1=NO; 2=YES) If yes, what was/were the name(s)?

#### 2.5 Do you currently have any of the following symptoms: pain, itching, unusual discharge in or around the vagina? [YES=01; NO=02]

### 3.0 The Frequency and Quality of Menstrual Periods

#### 3.1 How would you describe the quantity of your menstrual flow during the menstrual cup trial? (light, moderate, heavy, very heavy, excessively heavy)

#### 3.2 During the menstrual cup trial, how many days, on average, did your periods last?

#### 3.3 Would you describe your menstrual periods as regular? [YES=01; NO=02]

#### 3.4 Are you menstruating now? [YES=01; NO=02]

#### 3.5 When did your last period begin?

#### 3.6 When do you expect your next period to begin?

#### 3.7 For your second to last period, how many days were there between the first day of that period and the first day of the next period? [Probe to explain this question further: For example if you had the first day your menstruation today, how many days are in between before you get the first day of your next menstruation?]

#### 3.8 Has this interval been the same for the last three periods, or has it varied? [YES=01; NO=02]

#### 3.9 During the menstrual cup trial, have you had any of the following health problems:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Y/N</th>
<th>Severity (moderate, strong, or Very Strong)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal pains</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irregular periods</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of sleep</td>
<td></td>
<td></td>
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<tr>
<td>Lack of energy</td>
<td></td>
<td></td>
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<tr>
<td>Negative moods</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3.10 During the menstrual cup trial, did having your period stop you from attending any school classes? Y/N If yes, why did it stop you doing the activity? (1. lack of access to pads, 2. access to pads but fear of staining clothes, 3. taboos, 4. pain/discomfort, 5. moods, 6. reasons related to use of the menstrual cup (if so, specify ______), 6. other (specify______))

#### 3.11 How many classes did you miss during the menstrual cup trial?

#### 3.12 Which was the main reason?
3.13(a) During your last 3 periods, do you think that having your menstrual period affected your concentration in school? [YES=01; NO=02]

(b) If yes, why did it affect your concentration? If yes, why did it stop you doing the activity?

01 = lack of access to pads
02 = access to pads but fear of staining clothes
03 = Taboos
04 = pain/discomfort
05 = moods
06 = reasons related to use of the menstrual cup (if so, specify ________),
96 = Other (specify ________________________________)

(c) Which was the main reason?

3.14(a) During the menstrual cup trial, did having your period stop you from doing any other everyday activities? [Select as many as are relevant.]

01 = paid work
02 = housework
03 = church
04 = exercise
05 = socialising
96 = Other (specify)

(b) Why did it stop you doing the activity?

01 = lack of access to pads
02 = access to pads but fear of staining clothes
03 = taboos
04 = pain/discomfort
05 = moods
06 = reasons related to use of the menstrual cup (if so, specify ________),
96 = Other (specify ________________________________)

(c) Which was the main reason?

4.0 Reported Use Of Menstrual Cups

[ask respondent to refer to menstrual diary, if they want?]

4.1 Since the trial began, did you insert the menstrual cup? [YES=01; NO=02]

4.2 Did you use the menstrual cup as a method for managing menstrual flow? [YES=01; NO=02]

4.3 During the menstrual cup trial, did you use any other methods for managing menstrual flow? ALLOW MULTIPLE RESPONSES.

A = cloths
B = sanitary towels
C = tampons
D = cotton wool
E = socks
F = mattress
G = Other (specify ________________________________)

4.4 What was the main method you used for managing menstrual flow during the study trial? ALLOW ONLY ONE RESPONSE A = clothes, B = sanitary towels, C = tampons, D = cotton wool, E = socks, F = mattress, G = other (specify ________________________________)

4.5 How many periods have you had since the start of the trial?

4.6 Did you use the menstrual cup in the first period? [YES=01; NO=02; N/A]

ONLY ASK IF RESPONDENT ANSWERED 1 to question 4.2

For how many days?

In the second? [YES=01; NO=02; N/A]

For how many days?

In the third? [YES=01; NO=02; N/A]

For how many days?

In the fourth? [YES=01; NO=02; N/A]

For how many days?

In the fifth? [YES=01; NO=02; N/A]

For how many days?
4.7. [If stopped using] Why did you stop using the menstrual cup? [Wait for response from informant, and then code according to the following options (do not read them out):]
- didn’t like the fact that it needed to be inserted [YES=01; NO=02]
- found it difficult to insert [YES=01; NO=02]
- found it uncomfortable [YES=01; NO=02]
- leakage [YES=01; NO=02]
- worried about leakage [YES=01; NO=02]
- health problems [YES=01; NO=02]
- health concerns [YES=01; NO=02]
- Other (specify___________________________________________)[YES=01; NO=02]

4.8. Please tell me how often during the trial you were able to do the following:
- a. I was able to boil/sterilise the menstrual cup between each period
- b. I was able to wipe or wash the menstrual cup when emptying it
- c. I was able to wash my hands before inserting it
- d. I was able to wash my hands after inserting it

5.0 Perceptions About Menstrual Cups
5.1 Please tell me about your general experiences with the study. How would you rate the following in terms of very good, good, neither good nor bad, bad or very bad?
- The information about the study that was provided before you decided whether or not to take part
- The information on menstruation and menstrual cups provided at the start of the study
- The support from the study nurse during the trial
5.2 Please rate the following characteristics of the menstrual cup (according to this scale: strongly like, like, dislike, strongly dislike) now that you have participated in the trial:

Key: 01=Strongly Like, 02=Like, 03=Dislike, 04=Strongly dislike, 05=Not an important issue for you, 06=Don’t Know, 07=Respondent chose not to answer this question

<table>
<thead>
<tr>
<th>Strongly like</th>
<th>Like</th>
<th>Dislike</th>
<th>Strongly dislike</th>
<th>Not important issue for you</th>
<th>Don’t know</th>
<th>Respondent chose not to answer</th>
</tr>
</thead>
</table>
| The way the menstrual cup looks
| That you can reuse it many times
| Hands must be washed before removing and inserting the menstrual cup
| The menstrual cup should be boiled for 5 minutes each month
| That it goes inside the vagina
| That you have to touch your vagina to put it in
| The menstrual cup should be wiped with tissue or washed in soap and water when it is emptied
| That you have to see menstrual blood

5.3 How would you rate the product in terms of the following criteria: (1 _ “disagree a lot,” 2 _ “kind of disagree,” 3 _ “kind of agree,” and 4 _ “agree a lot”) 

a. The menstrual cup is comfortable to wear
b. When I have inserted the menstrual cup, I can’t feel it is there
c. It is easy to insert the menstrual cup
d. The menstrual cup might get lost inside my vagina
e. The menstrual cup might affect the size of my vagina
f. If kept clean, the menstrual cup doesn’t smell bad
g. When I wear the menstrual cup, I don’t have to worry about it leaking/The menstrual cup doesn’t leak
h. Sometimes it is hard to find somewhere private to change it
i. I would be happy to tell my close female relatives or friends that I use it
j. I would be happy to tell female members of this community/school that I use it
k. It would be embarrassed to other people that I use the menstrual cup
l. I would recommend the menstrual cup to a sister or friend
m. The menstrual cup is suitable for women and girls of all ages
n. Menstrual cups take practice to learn how to insert correctly
o. The menstrual cup is unhygienic
p. It is inconvenient to boil the menstrual cup once a month
q. The menstrual cup is suitable for girls and women who have never had sex
r. Inserting the menstrual cup got easier with practice
s. You are no longer a virgin after you have used the menstrual cup, even if you’ve never had sex

5.4 Did you have any problems with using the menstrual cup? [YES=01; NO=02]

If yes, what was the main problem?
Were you able to overcome the problem? [YES=01; NO=02]
If yes how did you overcome the problem?

5.5 Will you use the menstrual cup in the future? [YES=01; NO=02]

5.6 If you didn’t have a menstrual cup, would you buy one, or ask your parents/guardians or others for money to buy one? [YES=01; NO=02]
A menstrual cup costs between 1125 and 2375 Kenyan Shillings and can be used for up to 10 years. How easy would you say it is to pay for this method (very easy, moderately easy, a little difficult, very difficult, impossible)?

5.7 In your opinion, are menstrual cups an acceptable method of managing menstrual flow?

6.0 Referral to Services
If positive answers to questions on RTIs, STIs, menstrual disorders (LIST QUESTION NUMBERS), then ask participant if they would like to be referred to health services.

7.0 Ending the Interview
Thank participant for taking part in the study

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