



CAPRISA 068

Plate #008

 Visit Code  .     
 Phase Visit Interim #

 Subject ID    -   -      
 Study Number Site Subject Number

 Visit Date        
 dd MMM yy

 Baseline behaviour questionnaire  
 Page 1 of 5

## Section A: Obstetrics and gynaecology history

## Menstrual history:

1. When did you begin suppression of your periods with hormonal contraception?

☐ Just for the study☐ Before hearing about the study

→ Skip to item 2

1a. When did you start suppressive hormonal contraception?

     
 MMM yy

2. When was the first day of your most recent menses/period?

       
 dd MMM yy

OR

☐ Have not had period in more than 6 months

→ Skip to item 4

3. When you are menstruating (on your period) what do you use for menstrual protection?

(Please select all that apply)

☐ Sanitary pads (disposable)☐ Sanitary pads (cloth/reusable)☐ Tampons (with and without applicator)☐ Menstrual cups (i.e., Diva cup, flex disc, soft cup, etc.)☐ Period underwear (i.e. thinx)☐ Tissues☐ Cloth☐ Other please specify: \_\_\_\_\_

## Pregnancy history:

4. Have you ever been pregnant? ☐ Yes☐ No☐ Don't Know

→ Skip to item 5

If yes:

4a. How many pregnancies have you had?  4b. How many of these pregnancies were unplanned (by accident)?  4c. How many deliveries have you had?  

## Vaginal Health

5. Have you ever been diagnosed with bacterial vaginosis before today?

☐ Yes☐ No☐ Don't Know

→ Skip to item 5b

5a. If no or don't know, how many times in the past year have you been treated for vaginal symptoms?

 

5b. If yes, how many times in the past year have you had bacterial vaginosis?

 Version   .  
 Date:        
 dd MMM yy
Completed by:



CAPRISA 068

Plate #009

Visit Code

Phase	Visit	Interim #	

Subject ID 

0	6	8
---	---	---

 - 

--	--

 - 

--	--	--	--

Study Number Site Subject Number

**Baseline behaviour questionnaire**  
**Page 2 of 5**

6. What have you used for treatment of vaginal symptoms or BV?

6 a. Antibiotics used:

**(Please select all that apply)**

- ☐ Metronidazole (*i.e.*, Flagyl, Metrogel-Vaginal, etc.)
- ☐ Clindamycin (*Cleocin*, *Clindesse*, etc.)
- ☐ Tinidazole (*Tindamax*)
- ☐ Secnidazole (*Solosec*)
- ☐ Azithromycin
- ☐ Doxycycline
- ☐ Antibiotic injection
- ☐ Do not know
- ☐ None

6 b. Other treatment used:

**(Please select all that apply)**

- ☐ Vaginal cream/pessary
- ☐ Home remedies; *please specify:* \_\_\_\_\_
- ☐ Oral probiotics
- ☐ Vaginal probiotics
- ☐ Boric acid suppositories
- ☐ Herbal medicine; *please specify:* \_\_\_\_\_
- ☐ Other; *please specify:* \_\_\_\_\_
- ☐ None

7. Have you ever been diagnosed with one of the following STIs?

**(Please select all that apply)**

- |  |  |
|--|--|
| <input type="checkbox"/> Gonorrhea     | <input type="checkbox"/> Chlamydia         |
| <input type="checkbox"/> Trichomonas   | <input type="checkbox"/> Herpes            |
| <input type="checkbox"/> Genital warts | <input type="checkbox"/> HPV               |
| <input type="checkbox"/> Syphilis      | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> I don't know  |  |

Version 

1	0
---	---

Date: 

--	--

--	--	--

--	--

*dd MMM yy*

Completed by: 

--	--	--



CAPRISA 068

Plate #010

Visit Code

Phase

Visit

Interim #

Subject ID

Study Number

Site

Subject Number

## Baseline behaviour questionnaire

Page 3 of 5

## Sexual/Relationship history

8. What is your current relationship status?

(Select all that apply)

- ☐ Married or in a stable/committed relationship and living together
- ☐ Married or in a stable/committed relationship but living separately
- ☐ Have a casual sexual partner(s)
- ☐ Not in a sexual relationship
- ☐ Other, Specify: \_\_\_\_\_
- ☐ Prefer not to answer

9. How many sexual partners have you had in your lifetime?

partners

10. How many sexual partners have you had in the past month?

partners

11. Have you ever been in a relationship where you were hit, punched, kicked, assaulted or harmed?

☐ Yes☐ No☐ Prefer not to answer

12. Are you currently in a relationship where you are being harmed?

☐ Yes☐ No☐ Prefer not to answer

Version

Date:

dd

MMM

yy

Completed by:



CAPRISA 068

Plate #011

Visit Code

 . 

Phase

Visit

Interim #

Subject ID

 0  6  8

Study Number

 - 

Site

 - 

Subject Number

## Baseline behaviour questionnaire

Page 4 of 5

## Life Experiences

The questions in this scale ask you about your feelings and thoughts **during the last month**.  
In each case, you will be asked to indicate by checking an X in the number that corresponds to how often you felt or thought a certain way.

0 = Never	1 = Almost Never	2 = Sometimes	3 = Fairly Often	4 = Very
-----------	------------------	---------------	------------------	----------

13a	In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13b	In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13c	In the last month, how often have you felt nervous and "stressed"?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13d	In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13e	In the last month, how often have you felt that things were going your way?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13f	In the last month, how often have you found that you could not cope with all the things that you had to do?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13g	In the last month, how often have you been able to control irritations in your life?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13h	In the last month, how often have you felt that you were on top of things?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13i	In the last month, how often have you been angered because of things that were outside of your control?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4
13j	In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4

Version

 1  0

Date:

 

dd

  

MMM

 

yy

Completed by:



CAPRISA 068

Plate #012

Visit Code

Phase

Visit

Interim #

Subject ID

Study Number

Site

Subject Number

## Baseline behaviour questionnaire

Page 5 of 5

## Food security

Please indicate whether the statements below were *OFTEN*, *SOMETIMES*, or *NEVER* true for (you/you and the other members of your household) in the last 12 months.

14. The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Prefer not to answer

15. (I/we) couldn't afford to eat balanced meals.

- ☐ Often true
- ☐ Sometimes true
- ☐ Never true
- ☐ Prefer not to answer

16. In the last 12 months, since (*date 12 months ago*) did (you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- ☐ Yes ☐ No ☐ Prefer not to answer

16a. If Yes, How often did this happen?

- ☐ Almost every month
- ☐ Some months but not every month
- ☐ Only 1 or 2 months
- ☐ Prefer not to answer

17. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- ☐ Yes ☐ No ☐ Prefer not to answer

18. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- ☐ Yes ☐ No ☐ Prefer not to answer

Version

Date:

dd

MMM

yy

Completed by: