



CAPRISA 068

Plate #009

Visit Code .
Phase *Visit* *Interim #*

Subject ID

0	6	8
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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)

- Gonorrhea Chlamydia
- Trichomonas Herpes
- Genital warts HPV
- Syphilis None of the above
- I don't know

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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



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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
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13a	In the last month, how often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13c	In the last month, how often have you felt nervous and "stressed"?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13d	In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13e	In the last month, how often have you felt that things were going your way?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13g	In the last month, how often have you been able to control irritations in your life?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13h	In the last month, how often have you felt that you were on top of things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
13i	In the last month, how often have you been angered because of things that were outside of your control?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 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="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4



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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 **1.0**

Date:
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Completed by: