

Appendix 1. Acceptability questionnaire

How would you describe your education level?

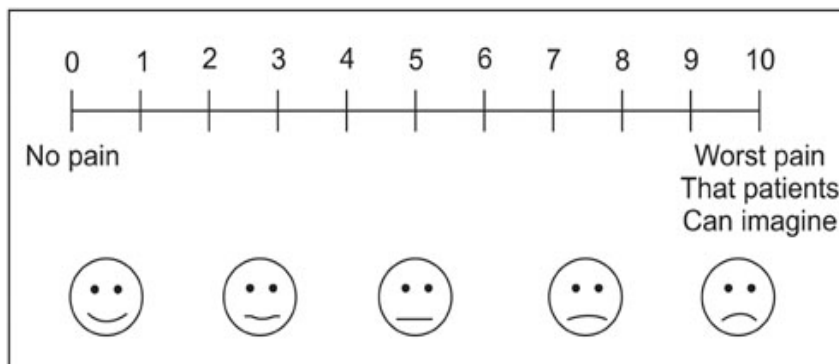
- Primary School (Up to age 11)
- Secondary school (Up to age 16)
- Higher Education or above (A Levels/ University)

- | | Yes | No |
|--|--------------------------|--------------------------|
| Have you used any vaginal creams/ pessaries before? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever used tampons? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you given a urine sample before? | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever used a home pregnancy test? | <input type="checkbox"/> | <input type="checkbox"/> |

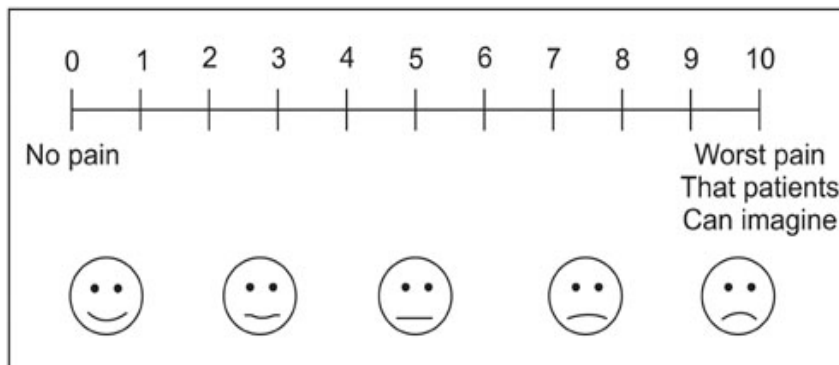
Have you been sexually active?

- Within the last month
- Within the last year
- More than a year/ not sexually active
- Would rather not say

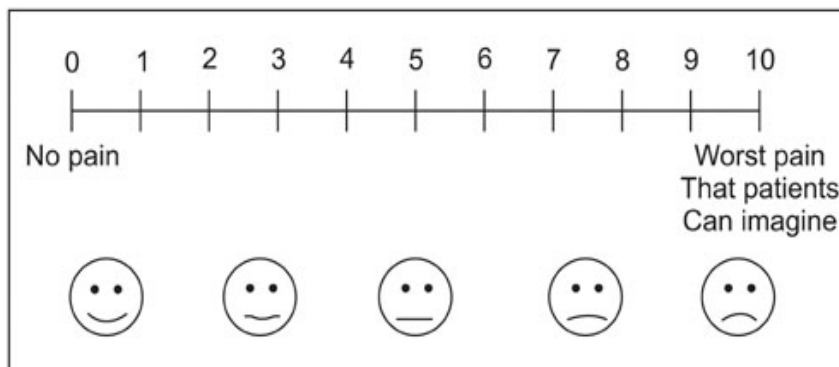
How would you describe the amount of discomfort experienced during the vaginal washing?



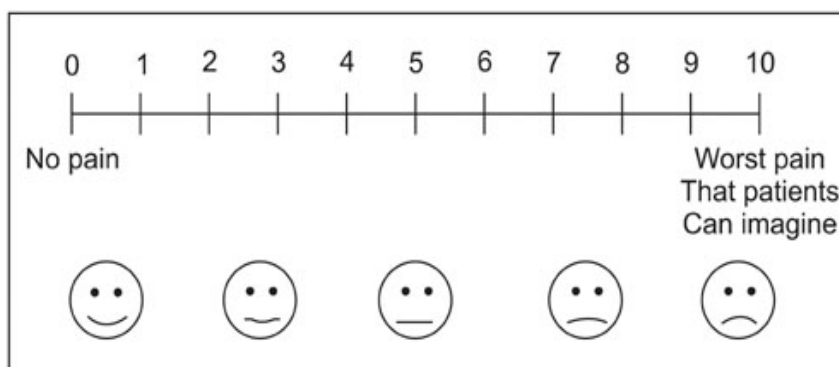
How would you describe the amount of discomfort experienced during pelvic examination?



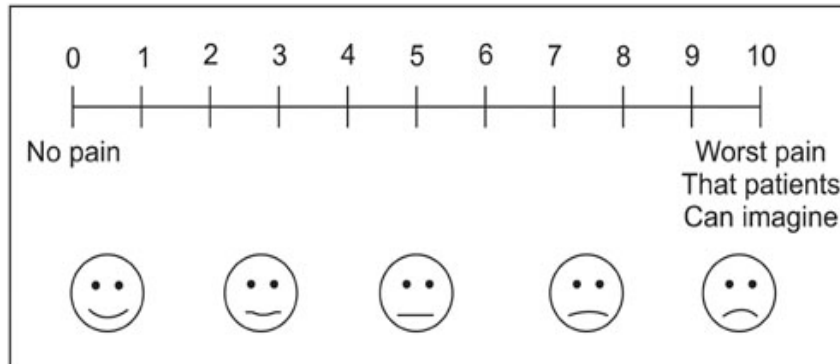
How would you describe the amount of discomfort experienced during ultrasound scan?



How would you describe the amount of discomfort experienced during hysteroscopy?



How would you describe the amount of discomfort experienced during endometrial biopsy sampling?



If needed how likely are you to have the following investigations again?

	Definitely not	Probably not	Not sure	Probably	Definitely
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal washing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pelvic examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hysteroscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endometrial biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>