

<b>MH STUDY ADMINISTRATION</b>			
<b>This section is to be filled out by the attending staff member</b>			
<b>A00</b>	<i>STAFFNO</i>	Staff Initials	□□□
<b>A01</b>	<i>STUDYN O</i>	Study Participant Cohort Number	□□□□□□
<b>A02</b>	<i>DOB</i>	Date of Birth (dd/mm/yyyy)	□□/□□/□□□□
<b>A03</b>	<i>AGE</i>		□□
<b>A04</b>	<i>DATE</i>	Date of visit (dd/mm/yyyy)	□□/□□/20□□
<b>A05</b>	<i>VISIT</i>	Type of visit	Initial <input type="checkbox"/> 6m <input type="checkbox"/> 12m <input type="checkbox"/>
<p>This questionnaire is to be filled out by participants in the menstrual health study</p> <p>The purpose of this questionnaire is to collect information about you and how you feel and behave during your period.</p> <p>There are 9 parts to this questionnaire. It should not take more than 30 minutes of your time. Please read the questions carefully and fill in the questionnaire as honestly as possible.</p> <p>Thank you for your participation.</p>			
<b>PART I: SOCIODEMOGRAPHIC INFORMATION</b>			
<b>These questions are to help understand more about your life</b>			
<b>A06</b>	<i>EDU</i>	Highest Level of Education	<p>Please tick your highest level of education:</p> <p>No Formal School Education <input type="checkbox"/></p> <p>Incomplete Primary School <input type="checkbox"/></p> <p>Complete Primary School <input type="checkbox"/></p> <p>Incomplete High School Education <input type="checkbox"/></p> <p>Complete High School Education (O'Levels) <input type="checkbox"/></p> <p>Complete High School Education (A'Levels) <input type="checkbox"/></p> <p>Incomplete Tertiary Education <input type="checkbox"/></p>

			Complete University <input type="checkbox"/>
<b>A07</b>	<i>JOB</i>	Do you have a paying job?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>A08</b>	<i>MONEY</i>	If you do not work, where do you get your money	<p>I do not get money from anyone <input type="checkbox"/></p> <p>I get money from a relative in the household (mother/father/brother/sister etc.) <input type="checkbox"/></p> <p>I get money from a relative outside the household <input type="checkbox"/></p> <p>I get money from my partner <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please list here: _____</p>
<b>A09</b>	<i>MSTAT</i>	Marital Status	<p>Single (Never Married) <input type="checkbox"/></p> <p>Married, or living as if you are married <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p> <p>Divorced/Separated <input type="checkbox"/></p>
<b>A10</b>	<i>RES</i>	Residence	<p>Urban <input type="checkbox"/></p> <p>Peri-Urban <input type="checkbox"/></p> <p>Rural <input type="checkbox"/></p>
<b>A11</b>	<i>RELGN</i>	Religion	<p>Not Religious <input type="checkbox"/></p> <p>Traditional <input type="checkbox"/></p> <p>Christian (Pentecostal) <input type="checkbox"/></p> <p>Christian (Protestant) <input type="checkbox"/></p> <p>Roman Catholic <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>

			If you chose "Other", please list here: _____
<b>A12</b>	<i>HH</i>	Please tick any items your household has:	<p>Please tick all that apply:</p> <p>Television <input type="checkbox"/></p> <p>Radio <input type="checkbox"/></p> <p>Mobile Phone <input type="checkbox"/></p> <p>Electricity <input type="checkbox"/></p> <p>Water source inside the house <input type="checkbox"/></p> <p>Latrine inside the house <input type="checkbox"/></p>
<b>A13</b>	<i>INC</i>	How many people live in your household with you:	<p>None (I live alone) <input type="checkbox"/></p> <p>1 – 3 other people <input type="checkbox"/></p> <p>4 – 6 other people <input type="checkbox"/></p> <p>More than 6 people <input type="checkbox"/></p>
<b>PART II: GENERAL QUESTIONS ABOUT YOURSELF</b> These questions are about you and why you came to the CHIEDZA site			
<b>A14</b>	<i>CHIEDZA 1</i>	What brought you to CHIEDZA today?	<p>Please tick all that apply:</p> <p>STI Treatment <input type="checkbox"/></p> <p>Menstrual Hygiene Management <input type="checkbox"/></p> <p>HIV Testing <input type="checkbox"/></p> <p>HIV Treatment <input type="checkbox"/></p> <p>Condoms <input type="checkbox"/></p> <p>Family Planning <input type="checkbox"/></p> <p>Counselling <input type="checkbox"/></p>

			Other <input type="checkbox"/>  If you chose "Other", please list here: _____
<b>A15</b>	CHIEDZA 2	Would you come to CHIEDZA if you could not receive MH products and information?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PART III: PERIOD and PUBERTY KNOWLEDGE</b>			
These questions are about your understanding of puberty and periods			
<b>QUESTIONS ABOUT PUBERTY AND MENSTRUATION</b>			
<b>A16</b>	KNW1	Changes in the body during puberty happen because of hormones	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A17</b>	KNW2	Puberty continues throughout a girl's life	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A18</b>	KNW2	Menstruation in girls and women is normal	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A19</b>	KNW3	When a girl gets her first menstrual period, her body is able to carry a child	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A20</b>	KNW4	Menstrual blood is caused by the breakdown of the lining of the womb	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A21</b>	KNW5	It is normal to have irregular periods as a teenager	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A22</b>	KNW6	Menstruation continues throughout a girl's life	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A23</b>	KNW7	A period normally lasts 2 days or less	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A24</b>	KNW8	Period products that are inserted into the vagina	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>

		(such as tampons and the menstrual cup) affect your virginity	
<b>PART IV: QUESTIONS ABOUT YOUR PERIOD HISTORY</b>			
The following questions are about you and your menstrual periods			
The following questions are about your period history			
<b>A25</b>	<i>MENARCHE</i>	How old were you when you first started your periods?	Age <input type="text"/> <input type="text"/> I don't remember <input type="checkbox"/>
<b>A26</b>	<i>TAUGHT</i>	Who first told you or taught you about periods	No one told me about periods <input type="checkbox"/> My mother <input type="checkbox"/> My father <input type="checkbox"/> My female/male friend <input type="checkbox"/> My teacher <input type="checkbox"/> Other <input type="checkbox"/>  If you chose "Other", please list here: _____
<b>A27</b>	<i>INFO1</i>	Do you feel you had enough information and education to manage your period when you got your first period?	Yes <input type="checkbox"/> Somewhat <input type="checkbox"/> Not Really <input type="checkbox"/> Definitely No <input type="checkbox"/>
<b>A28</b>	<i>INFO2</i>	What did you think was happening when you got your first period?	Curse <input type="checkbox"/> Disease <input type="checkbox"/> Injury <input type="checkbox"/> Normal function for young women <input type="checkbox"/> I did not know what was happening <input type="checkbox"/>

			Other <input type="checkbox"/>
			If you chose "Other", please list here: _____
<b>A29</b>	<i>DAYS</i>	On average, how many days do you usually bleed for during your periods?	1 – 3 days <input type="checkbox"/> 4 – 7 days <input type="checkbox"/> More than 7 days <input type="checkbox"/>
<b>A30</b>	<i>RCNTD AYS</i>	How many days did you bleed during your most recent period?	<input type="checkbox"/> <input type="checkbox"/> I Do Not Remember <input type="checkbox"/>
<b>PART V: QUESTIONS ABOUT PAIN MANAGEMENT</b> The following questions are about menstruation-related pain			
<b>A31</b>	<i>PAINK NW1</i>	Painkillers can be used to relieve menstrual pain	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A32</b>	<i>PAINK NW2</i>	Painkillers can cause problems having children (barrenness)	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
<b>A33</b>	<i>PAINK NW3</i>	Exercising, stretching, or putting a warm towel or bottle on your stomach can relieve menstrual pain	Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know <input type="checkbox"/>
During my last (most recent) menstrual period...			
<b>A34</b>	<i>PAIN1</i>	I experienced period-related pain in my lower back and/or abdomen	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>A35</b>	<i>PAIN2</i>	I missed work or school due to period-related pain	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PART VI: QUESTIONS ABOUT PRACTICES AND PERCEPTIONS DURING MENSTRUATION</b> The following questions are about how you manage your menstruation			
The following questions are about your last (most recent) period			

<b>A36</b>	<i>PRDCT</i>	During your most recent period, what material(s) did you mostly use to collect or absorb your period blood?	<p>Please tick all that apply:</p> <p>Cloth/Rags/Fabric <input type="checkbox"/></p> <p>Reusable Pads <input type="checkbox"/></p> <p>Disposable Pads <input type="checkbox"/></p> <p>Menstrual Cup <input type="checkbox"/></p> <p>Period Pants <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>If you chose "Other", please list here: _____</p>
<b>A37</b>	<i>HPRDCT</i>	During your most recent period, what material(s) did you mostly use to collect or absorb your period blood when at home?	<p>Please tick all that apply:</p> <p>Cloth/Rags/Fabric <input type="checkbox"/></p> <p>Reusable Pads <input type="checkbox"/></p> <p>Disposable Pads <input type="checkbox"/></p> <p>Menstrual Cup <input type="checkbox"/></p> <p>Period Pants <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>If you chose "Other", please list here: _____</p>
<b>A38</b>	<i>SWPRDCT</i>	During your most recent period, what material(s) did you mostly use to collect or absorb your period blood when at school/work?	<p>Please tick all that apply:</p> <p>Cloth/Rags/Fabric <input type="checkbox"/></p> <p>Reusable Pads <input type="checkbox"/></p> <p>Disposable Pads <input type="checkbox"/></p> <p>Menstrual Cup <input type="checkbox"/></p> <p>Period Pants <input type="checkbox"/></p>

			<p style="text-align: right;">Other <input type="checkbox"/></p> <p style="text-align: right;">Not Applicable <input type="checkbox"/></p> <p style="text-align: center;">If you chose "Other", please list here: _____</p>
During my last (most recent) menstrual period...			
<b>A39</b>	<i>PRDCT</i> 1	My menstrual products were comfortable	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p> <p style="text-align: right;">Agree <input type="checkbox"/></p> <p style="text-align: right;">Strongly Agree <input type="checkbox"/></p>
<b>A40</b>	<i>PRDCT</i> 2	I had enough of my menstrual products to change them as often as I wanted to	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p> <p style="text-align: right;">Agree <input type="checkbox"/></p> <p style="text-align: right;">Strongly Agree <input type="checkbox"/></p>
<b>A41</b>	<i>PRDCT</i> 3	Before I used them, I was satisfied with the cleanliness of my menstrual products	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p> <p style="text-align: right;">Agree <input type="checkbox"/></p> <p style="text-align: right;">Strongly Agree <input type="checkbox"/></p>
<b>A42</b>	<i>PRDCT</i> 4	I could get more of my menstrual materials when I needed to	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p> <p style="text-align: right;">Agree <input type="checkbox"/></p> <p style="text-align: right;">Strongly Agree <input type="checkbox"/></p>
<b>A43</b>	<i>PRDCT</i> 5	I was worried that my menstrual products would allow blood to pass through my outer garments	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p> <p style="text-align: right;">Agree <input type="checkbox"/></p> <p style="text-align: right;">Strongly Agree <input type="checkbox"/></p>
<b>A44</b>	<i>PRDCT</i> 6	I was worried that my menstrual products would	<p style="text-align: right;">Strongly Disagree <input type="checkbox"/></p> <p style="text-align: right;">Disagree <input type="checkbox"/></p>



		move from place while I was wearing them	Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A45</b>	<i>PRDCT</i> 7	I worried about how I would get more of my menstrual material if I ran out	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A46</b>	<i>PRDCT</i> 8	I felt comfortable carrying spare menstrual products with me outside my home	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A47</b>	<i>PRDCT</i> 9	I felt comfortable carrying menstrual products to the place where I changed them	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A48</b>	<i>PRDCT</i> 10	I felt comfortable storing my menstrual products until my next period	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A49</b>	<i>PRDCT</i> 11	I was able to wash my hands <u>when</u> I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>If participant ticks "Disposable Pads" or "Cloth/Rags/Fabric"</b>			
During my last (most recent) period...			
<b>B1</b>	<i>DIS1</i>	I was able to immediately dispose of my used menstrual material	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/>

			Strongly Agree <input type="checkbox"/>
<b>B2</b>	<i>DIS2</i>	I was able to dispose of my used menstrual material in the way I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>B3</b>	<i>DIS3</i>	I worried about where to dispose of my used menstrual materials	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>B4</b>	<i>DIS4</i>	I was concerned that others would see my menstrual materials in the place I disposed them	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>If participant ticks “Cloth/Rags/Fabric”, “Period Pants” and/or “Reusable Pads”:</b>			
During my last (most recent) period...			
<b>C1</b>	<i>REUS1</i>	I had enough water to soak or wash my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C2</b>	<i>REUS2</i>	I had access to a basin or dish to soak or wash my menstrual products whenever I needed	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C3</b>	<i>REUS3</i>	I was able to wash my menstrual products <u>when</u> I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>

<b>C4</b>	<i>REUS4</i>	I had enough soap to wash my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C5</b>	<i>REUS5</i>	I was able to dry my products <u>when</u> I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C6</b>	<i>REUS6</i>	I was worried that someone would see me while I was washing my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C7</b>	<i>REUS7</i>	I was worried that my menstrual products would not be dry when I needed them	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C8</b>	<i>REUS8</i>	I was worried that others would see my menstrual products while they were drying	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>C9</b>	<i>REUS9</i>	How often did you change your menstrual products during the heaviest day of your most recent period?	Once a day (within a 24hr period) <input type="checkbox"/> Twice a day (within a 24hr period) <input type="checkbox"/> Three times a day (within a 24hr period) <input type="checkbox"/> More than three times a day (within a 24hr period) <input type="checkbox"/>
<b>C10</b>	<i>REUS10</i>	At home, where did you most often change your menstrual products during your most recent period?	In a toilet inside the building <input type="checkbox"/> In a toilet outside the building <input type="checkbox"/> In a private room <input type="checkbox"/> Outside (in the field/by the river) <input type="checkbox"/>

			<p style="text-align: right;">Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>C11</b>	<i>REUS11</i>	At school/work, where did you most often change your menstrual products during your most recent period?	<p style="text-align: right;">In a toilet inside the building <input type="checkbox"/></p> <p style="text-align: right;">In a toilet inside the building <input type="checkbox"/></p> <p style="text-align: right;">In a toilet outside the building <input type="checkbox"/></p> <p style="text-align: right;">In a private room <input type="checkbox"/></p> <p style="text-align: right;">Outside (in the field/by the river) <input type="checkbox"/></p> <p style="text-align: right;">Other <input type="checkbox"/></p> <p style="text-align: right;">Not applicable <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>C12</b>	<i>REUS12</i>	Where did you wash your menstrual products during your last period?	<p style="text-align: right;">In the bathroom <input type="checkbox"/></p> <p style="text-align: right;">At a private well or tap in the house <input type="checkbox"/></p> <p style="text-align: right;">At a public well or tap outside the house <input type="checkbox"/></p> <p style="text-align: right;">In a pond or river <input type="checkbox"/></p> <p style="text-align: right;">Did not wash your menstrual products <input type="checkbox"/></p> <p style="text-align: right;">Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>C13</b>	<i>REUS13</i>	What did you use to wash your products with during your most recent period?	<p style="text-align: right;">With water only <input type="checkbox"/></p> <p style="text-align: right;">With soap and water <input type="checkbox"/></p> <p style="text-align: right;">Did not wash my menstrual products <input type="checkbox"/></p> <p style="text-align: right;">Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>C14</b>	<i>REUS14</i>	Where did you dry your menstrual products during your most recent period?	<p style="text-align: right;">Outside in the sun <input type="checkbox"/></p> <p style="text-align: right;">Outside in the sun, under a cloth <input type="checkbox"/></p> <p style="text-align: right;">Inside in the house in an open space <input type="checkbox"/></p>

			<p>Inside the house in a closed space <input type="checkbox"/></p> <p>Did not dry my reusable pad, period pants, or cloth/rags/fabric <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>C15</b>	<i>REUS15</i>	Did you ever wear your menstrual product when it was damp (not yet dry) during your most recent period?	<p>Yes <input type="checkbox"/> (No <input type="checkbox"/></p> <p>Do Not Remember <input type="checkbox"/></p>
<b>C16</b>	<i>REUS16</i>	Where did you store your menstrual products after your most recent period?	<p>In a cupboard <input type="checkbox"/></p> <p>In the toilet <input type="checkbox"/></p> <p>In an open space <input type="checkbox"/></p> <p>In a hidden place <input type="checkbox"/></p> <p>Did not store <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>If participant ticks "Menstrual Cup":</b>			
During my last (most recent) period...			
<b>D1</b>	<i>MC1</i>	I was able to sterilize my menstrual cup <u>when</u> I wanted after my period	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>D2</b>	<i>MC2</i>	I was able to rinse my menstrual cup <u>when</u> I wanted	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>

<b>D3</b>	<i>MC3</i>	I had enough water to rinse my menstrual cup	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>D4</b>	<i>MC4</i>	I was worried that someone would see me while I was rinsing my menstrual cup	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>D5</b>	<i>MC5</i>	I was worried that someone would see me while I was sterilizing my menstrual cup	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>D6</b>	<i>MC6</i>	How long did it take you to get comfortable and relaxed using your menstrual cup?	<p>1 Period <input type="checkbox"/></p> <p>2 Periods <input type="checkbox"/></p> <p>3 Periods <input type="checkbox"/></p> <p>4 or More Periods <input type="checkbox"/></p> <p>Still Not Comfortable or Relaxed <input type="checkbox"/></p>
<b>D7</b>	<i>MC7</i>	What is difficult about using your menstrual cup?	<p>Tick All that Apply:</p> <p>Could not get the cup in <input type="checkbox"/></p> <p>Too much pain and discomfort <input type="checkbox"/></p> <p>Difficult to clean <input type="checkbox"/></p> <p>Difficult to remove <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>D8</b>	<i>MC8</i>	How often did you empty and re-insert your menstrual cup during the heaviest day of your most recent period?	<p>Once a day (within a 24hr period) <input type="checkbox"/></p> <p>Twice a day (within a 24hr period) <input type="checkbox"/></p> <p>Three times a day (within a 24hr period) <input type="checkbox"/></p> <p>More than three times a day (within a 24hr period) <input type="checkbox"/></p>

<b>D9</b>	<i>MC9</i>	At home, where did you most often empty and re-insert your menstrual cup when you needed to during your most recent period?	<p>In a toilet inside the building <input type="checkbox"/></p> <p>In a toilet outside the building <input type="checkbox"/></p> <p>Outside (in the field/by the river) <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>D10</b>	<i>MC10</i>	At school/work, where did you most often empty and re-insert your menstrual cup when you needed to during your most recent period?	<p>In a toilet inside the building <input type="checkbox"/></p> <p>In a toilet outside the building <input type="checkbox"/></p> <p>Outside (in the field/by the river) <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>D11</b>	<i>MC11</i>	Where did you rinse your menstrual cup during your last period?	<p>In a private bathroom <input type="checkbox"/></p> <p>In a public bathroom <input type="checkbox"/></p> <p>At a private well or tap in the house <input type="checkbox"/></p> <p>At a public well or tap outside the house <input type="checkbox"/></p> <p>In a pond or river <input type="checkbox"/></p> <p>Did not rinse my menstrual cup <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>D12</b>	<i>MC12</i>	What did you rinse your menstrual cup with during your most recent period?	<p>With water only <input type="checkbox"/></p> <p>With soap and water <input type="checkbox"/></p> <p>Did not rinse my menstrual cup <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>

<b>D13</b>	<i>MC13</i>	During your most recent period, how did you sterilise your menstrual cup?	<p>Boiled cup for 3 min <input type="checkbox"/></p> <p>Washed with boiling water <input type="checkbox"/></p> <p>Soaked in vinegar and water solution <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>D14</b>	<i>MC14</i>	Did you store your menstrual cup in an aerated bag between periods?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>D15</b>	<i>MC15</i>	During your most recent period, did you ever use a reusable or disposable pad along with the menstrual cup?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PART V: QUESTIONS ABOUT YOUR WASHING PRACTICES</b>			
<b>The following questions are about how you wash your body and your vagina during your last (most recent) period</b>			
<b>A50</b>	<i>WASH1</i>	What type of washing did you do when you were on your most recent period?	<p>External genital wash only <input type="checkbox"/></p> <p>Full body wash <input type="checkbox"/></p> <p>I did not wash myself <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>A51</b>	<i>WASH2</i>	On average, how many times did you wash your body during your most recent period?	<p>Less than once a day <input type="checkbox"/></p> <p>Once a day <input type="checkbox"/></p> <p>Twice a day <input type="checkbox"/></p> <p>Three times a day or more <input type="checkbox"/></p>
<b>A52</b>	<i>WASH3</i>	What did you use to wash yourself during your most recent period?	<p>Water only <input type="checkbox"/></p> <p>Soap and water <input type="checkbox"/></p> <p>Not Applicable <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If you chose "Other", please explain: _____</p>
<b>PART VII: QUESTIONS ABOUT YOUR ATTITUDES ABOUT MENSTRUATION</b>			
<b>These questions are about how you feel about menstruation</b>			



<b>A53</b>	<i>ATTITU DE1</i>	I feel dirty or impure during my menstrual period	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A54</b>	<i>ATTITU DE2</i>	I feel like I can talk to friends about menstruation	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A55</b>	<i>ATTITU DE3</i>	I feel like I can talk to my family members about menstruation	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A56</b>	<i>ATTITU DE4</i>	I feel proud that I have my periods	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A57</b>		It is important that I keep my period a secret from everyone	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A58</b>	<i>ATTITU DE5</i>	I worry that boys will tease me about my period	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Neutral <input type="checkbox"/>

			<p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>A59</b>	<i>ATTITU DE6</i>	I am anxious about my next period	<p>Strongly Disagree <input type="checkbox"/></p> <p>Disagree <input type="checkbox"/></p> <p>Neutral <input type="checkbox"/></p> <p>Agree <input type="checkbox"/></p> <p>Strongly Agree <input type="checkbox"/></p>
<b>PART VIII: PARTICIPATION</b>			
<b>The following questions are about how your period may affect your everyday activities</b>			
<b>A60</b>	<i>PRTCPT N1</i>	In the last 3 months, have you missed work/school because of your period?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If "No", skip next question</b></p>
<b>A61</b>	<i>PRTCPT N2</i>	Why did you miss work/school?	<p>Please tick all that apply:</p> <p>Pain <input type="checkbox"/></p> <p>Nothing To Use To Manage My Period <input type="checkbox"/></p> <p>No place to change or wash <input type="checkbox"/></p> <p>Ashamed or embarrassed <input type="checkbox"/></p> <p>Scared I will leak <input type="checkbox"/></p> <p>Told to go home/Not allowed <input type="checkbox"/></p>
<b>A62</b>	<i>PRTCPT N3</i>	In the last 3 months, have you missed social events or community/religious happenings because of your period?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If "No", skip next question</b></p>
<b>A63</b>	<i>PRTCPT N4</i>	Why did you miss the social events or social/religious happenings?	<p>Please tick all that apply:</p> <p>Pain <input type="checkbox"/></p> <p>Nothing To Use To Manage My Period <input type="checkbox"/></p> <p>No place to change or wash <input type="checkbox"/></p> <p>Ashamed or embarrassed <input type="checkbox"/></p>

			Scared I will leak <input type="checkbox"/> Told to go home/Not allowed <input type="checkbox"/>
<b>A64</b>	<i>PRTCPT N5</i>	In the last 3 months, what everyday activities have you missed out on because of your period?	Please tick all that apply: Household activities (washing clothes, dishes, etc) <input type="checkbox"/> Sports (athletics, running, swimming, etc) <input type="checkbox"/> Income-generating activities <input type="checkbox"/> Religious activities <input type="checkbox"/> Socialising with friends and family <input type="checkbox"/> School <input type="checkbox"/>
<b>PART IX: FACTORS AT HOME</b>			
<b>The following questions are about the surroundings in which you manage your period at home</b>			
At home during my last (most recent) period...			
<b>A65</b>	<i>FHOME 1</i>	I was able to change my menstrual products <u>when</u> I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A66</b>	<i>FHOME 2</i>	I was satisfied with the place I used to change my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A67</b>	<i>FHOME 3</i>	I had a clean place to change my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A68</b>	<i>FHOME 4</i>	I was worried I would not be able to change my menstrual products <u>when</u> I needed to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A69</b>	<i>FHOME 5</i>	I was worried someone would	Strongly Disagree <input type="checkbox"/>

		see me while I was changing my menstrual products	Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A70</b>	<i>FHOME</i> 6	I was worried someone would harm me while I was changing my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A71</b>	<i>FHOME</i> 7	I was worried something else would harm me while I was changing my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/>
<b>A72</b>	<i>FHOME</i> 8	Do you have access to a clean water source at your home	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If "No", skip next question</b>
<b>A73</b>	<i>FHOME</i> 9	Where is your clean water source located?	Please tick all that apply: Inside the toilet <input type="checkbox"/> Outside the toilet but inside the home <input type="checkbox"/> Outside the house but inside the yard of my home <input type="checkbox"/> In a public space <input type="checkbox"/>
<b>A74</b>	<i>FHOME</i> 10	Do you have access to a toilet at home	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If "No", skip next question</b>
<b>A75</b>	<i>FHOME</i> 11	Where is your toilet located?	Inside the house <input type="checkbox"/> Outside the house but inside the yard <input type="checkbox"/> In a public space <input type="checkbox"/>
<b>A76</b>	<i>FHOM1</i> 2	Does your toilet have a door and a working lock on the inside (for privacy)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>PART IX: FACTORS AT SCHOOL/WORK</b> The following questions are about how you manage your period at school/work			

At school/work during my last period...			
<b>A77</b>	<i>FSW1</i>	I was able to change my menstrual products <u>when</u> I wanted to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A78</b>	<i>FSW2</i>	I was satisfied with the place I used to change my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A79</b>	<i>FSW3</i>	I had a clean place to change my menstrual materials	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A80</b>	<i>FSW4</i>	I was worried I would not be able to change my menstrual material <u>when</u> I needed to	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A81</b>	<i>FSW5</i>	I was worried someone would see me while I was changing my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A82</b>	<i>FSW6</i>	I was worried someone would	Strongly Disagree <input type="checkbox"/>

		harm me while I was changing my menstrual products	Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A83</b>	<i>FSW7</i>	I was worried something else would harm me while I was changing my menstrual products	Strongly Disagree <input type="checkbox"/> Disagree <input type="checkbox"/> Agree <input type="checkbox"/> Strongly Agree <input type="checkbox"/> Not Applicable <input type="checkbox"/>
<b>A84</b>	<i>FSW8</i>	Do you have access to a toilet at school/work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>If "No" or "Not Applicable", skip next 2 questions</b>
<b>A85</b>	<i>FSW9</i>	Where is your toilet located?	Inside the building <input type="checkbox"/> Outside the building but inside the school/work yard <input type="checkbox"/> In a public area, outside the school/work yard <input type="checkbox"/>
<b>A88</b>	<i>FSW12</i>	Does your toilet have a door and a working lock on the inside (for privacy)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>A86</b>	<i>FSW10</i>	Do you have access to water at school/work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/> <b>If "No" or "Not Applicable", skip next question</b>
<b>A87</b>	<i>FSW11</i>	Where is your water source located?	Please tick all that apply: Inside the toilet <input type="checkbox"/> Outside the toilet but inside the school/work building <input type="checkbox"/> Outside the building but inside the school/work yard <input type="checkbox"/> In a public area, outside the school/work yard <input type="checkbox"/>

**THANK YOU FOR YOUR TIME AND YOUR ANSWERS!**

