

MTN 024 Exit /Week 12 CASI Visit Questionnaire  
Version 1.0 (30 July 2013)

Thank you for returning to the clinic today for the MTN 024 study. Just as a reminder, there are no right or wrong answers to the questions we ask, and every answer is important. Please be as honest as you can. Some of the questions may seem very personal. We are using the computer to give you the most privacy possible. The study staff will not have access to your answers and none of your answers will prevent you from participating in the study. All of your answers will be kept confidential. If at any time you have a question or a problem, please ask the study staff to help you. Let's begin.

There are different types of sexual activities we will ask you about. As a reminder, we have listed below all the different types of sexual activities that we may ask you about.

<b><u>When we say:</u></b>	<b><u>We mean:</u></b>
<b>Vaginal sex</b>	When a man inserts his penis into your vagina
<b>Anal Sex</b>	When a man puts his penis into your anus/butt
<b>Receiving oral sex</b>	When a partner puts his or her mouth or tongue on your vagina or anus/butt
<b>Giving oral sex</b>	When you put your mouth or tongue on your partner's penis, vagina or anus/butt
<b>Finger sex</b>	When you or a partner inserts finger(s) into your vagina or anus/butt
<b>Non-penetrative sex</b>	When you have any kind of sex with yourself or with a partner, without inserting something into your vagina or anus/butt (e.g. rubbing each other, mutual masturbation or self masturbation)

1. Since your last computer interview on [DATE], did you ever use the vaginal ring?
  - Yes
  - No[If No: repeat question and confirm answer]

We would like to ask you some questions about your current sex life.

2. In the past 30 days, what type(s) of sexual activity have you had?
  - a. Vaginal sex
    - Yes
    - No
  - b. Anal sex
    - Yes
    - No
  - c. Receiving oral sex
    - Yes
    - No
  - d. Giving oral sex
    - Yes

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- No

e. Finger sex

- Yes
- No

f. Non-penetrative sex

- Yes
- No

The next questions are all about your sexual activity in **the past 30 days**:

*Pre-skip: Ask if Q2A=1*

3. In the past 30 days, how many times did you have vaginal sex?  
\_\_\_ times (*range check: 1+*)

*Pre-skip: Ask if Q1=1 and Q2A=1*

4. In the past 30 days, how many times did you have vaginal sex with the ring in?  
—

*Pre-skip: Ask if Q1=1 and Q2A=1 and Q4 > 0*

5. In the past 30 days, the last time you had vaginal sex with the ring in, did you use a lubricant product (ie lube)?
- Yes, the study lubricant (preSeed)
  - Yes, another commercial lubricant
  - No

*Pre-skip: Ask if Q2B=1*

6. In the past 30 days, how many times did you have anal sex? \_\_\_

Now we will ask about **the last time you had vaginal sex** in the past 30 days:

*Pre-skip: Ask if Q2A=1*

7. **In the past 30 days, the last time you had vaginal sex**, was a condom used?
- Yes
  - No

*Pre-skip: Ask if Q2A=1*

8. The last time you had vaginal sex– did you use a lubricant product (ie lube)?
- Yes, the study lubricant (preSeed)
  - Yes, another commercial lubricant
  - No

*Pre-skip: Ask if Q1=1 and Q2A=1 and Q4 > 0*

9. The last time you had vaginal sex, **was the ring in?**

- Yes
- No

*Pre-skip: Ask if Q9 = 1, else go to RARINGUSEINTRO*

9a. Did you have the ring in your vagina BEFORE you had sex that same day?

- Yes
- No

9b. Did you have the ring in your vagina AFTER you had sex that same day?

- Yes
- No

*Pre-skip: Ask if Q1=1, else go to Q23*

### **Product Adherence Assessment**

#### **Ring Adherence Questionnaire**

#### **RARINGUSEINTRO**

Now, we would like to ask you about your experience with the ring **since your last computer interview**, on [DATE], and including today.

10. **Since your last computer interview** on [DATE], how many times did the ring come **completely out of your vagina on its own**, even for just a minute?

\_\_ times

*Post-skip: If Q10 = 0, go to Q14*

Please think of all the times the ring **came out on its own**. What were you doing during those times? You can answer "yes" to more than one of the following questions.

11. Did the ring ever come out ...
- a. while you were urinating?
    - Yes
    - No
  - b. while you were having a bowel movement?
    - Yes
    - No
  - c. while you were lifting heavy objects or straining?
    - Yes
    - No
  - d. while you were having sex or just after sex?

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- Yes
- No
- e. while you were exercising?
  - Yes
  - No
- f. while you were checking the ring with your finger?
  - Yes
  - No
- g. for any other reason
  - Yes, *please specify:* \_\_\_\_\_
  - No

12. The **last time** the ring **came out on its own**, what position were you in?
- In a standing position
  - In a sitting position
  - In a squatting position
  - Lying down
  - I can't remember
  - Other, *please specify:* \_\_\_\_\_

13. The **last time** the ring **came out on its own**, what did you do?
- I reinserted it immediately
  - I left it out for a while and put it back in before my next appointment
  - I contacted the clinic and someone at the clinic reinserted it
  - I waited for my next appointment
  - The ring was not reinserted
  - Other, *please specify:* \_\_\_\_\_

14. **Since your last computer interview** on [DATE], how many times did the ring **partially slip out of position on its own, but was not completely out of your vagina?**

\_\_ times

*Post-skip: If Q14 = 0, go to Q19*

15. Please think of all the times that the ring **partially slipped out on its own without coming out completely**. What were you doing during those *times*? *You can answer "yes" to more than one of the following questions.*

Did the ring ever partially slip out...

- a. while you were urinating?
  - Yes

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- No
- b. while you were having a bowel movement?
  - Yes
  - No
- c. while you were lifting heavy objects or straining?
  - Yes
  - No
- d. while you were having sex or just after sex?
  - Yes
  - No
- e. while you were exercising?
  - Yes
  - No
- f. while you were checking the ring with your finger?
  - Yes
  - No
- g. for any other reason
  - Yes, *please specify:* \_\_\_\_\_
  - No

16. The **last time** the ring **partially** slipped out on its own, what position were you in?
- In a standing position
  - In a sitting position
  - In a squatting position
  - Lying down
  - I can't remember
  - Other, *please specify:* \_\_\_\_\_

17. The **last time** the ring partially slipped out on its own, what did you do?
- Put the ring back in place
  - Took the ring out completely
  - Nothing
  - Other, *please specify:* \_\_\_\_\_

*Post-skip: If Q17 in(1,3,4), go to Q19*

18. What did you do when you took the ring out?
- I reinserted it immediately
  - I left it out for a while and put it back in before my next appointment
  - I contacted the clinic and someone at the clinic reinserted it
  - I waited for my next appointment

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- The ring was not reinserted
- Other, *please specify*: \_\_\_\_\_

19. **Since your last computer interview**, how many times did you or someone else **take out or remove the ring** from your vagina, even for just a minute? Please only count times when the ring was entirely taken out.

\_\_\_\_\_ times

*Post-skip: If Q19 = 0, go to Q22*

19a. The **last time** the ring was taken out or removed, who took out or removed the ring?

- I took it out
- A staff member took it out
- Someone else took it out, *please specify your relationship to that person, e.g. partner, friend, etc.:* \_\_\_\_\_

#### **RAVOLREMOVREASON**

Now, please think of all the times the ring **was taken out or removed**, either by yourself or someone else **since your last computer interview on [Date]**. Why was it taken out or removed? You can answer “yes” to more than one of the following questions.

20. Was the ring taken out or removed because...

- a. it was causing discomfort or pain?
  - Yes
  - No
  
- b. you felt that it was out of place in your body? Please include times when the ring felt like it moved out of place while you were checking on it.
  - Yes
  - No
  
- c. you wanted to clean it?
  - Yes
  - No
  
- d. you wanted to show it to someone?
  - Yes
  - No
  
- e. you had some worries about it?
  - Yes
  - No

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- f. you didn't like it?
  - Yes
  - No
  
- g. you felt it was interfering with **your** sexual pleasure?
  - Yes
  - No
  
- h. you felt it was interfering with **your partner's** sexual pleasure?
  - Yes
  - No
  
- i. Was there another reason that the ring was taken out or removed?
  - Yes, *please specify:* \_\_\_\_\_
  - No

21. **The last time** the ring was taken out or removed, what did you do?

- I reinserted it immediately
- I left it out for a while and put it back in before my next appointment
- I contacted the clinic and someone at the clinic reinserted it
- I waited for my next appointment
- The ring was not reinserted
- Other, *please specify:* \_\_\_\_\_

*Post-skip: Ask if Q21 in(1,2,3), else go to Q22*

21a. Did you wash or rinse the ring before reinserting it?

- Yes
- No

22. In the last 30 days, how good of a job did you do at using the study ring in the way you were supposed to?

- Very poor
- Poor
- Fair
- Good
- Very good
- Excellent

*Pre-skip: Ask if Q1=2, else go to Q24*

23. In the past 3 months (since you started the study), did you ever use the vaginal ring?

- Yes
- No

[If No: repeat question and confirm answer]

#### INTRO SEXBEHAVIOR

Now we would like to ask you some questions about your sexual behavior and health **since you started the study**. There are no right or wrong answers to the questions and every answer is important. Please feel free to be completely honest.

*Pre-skip: Ask if Q2a=2 and Q2b=2 and Q2e = 2*

24. In the past 3 months (since you started the study), have you had vaginal, anal, or finger sex?

- Yes
- No

*Pre-skip: Ask if Q24=1, else go to Q32*

25. In the past 3 months (since you started the study), how many sex partners have you had? Please only count persons with whom you have vaginal sex, anal sex, or finger sex, including your primary sex partner.

\_\_\_ sex partners (range check: 1+)

26. Do you currently have a primary sex partner? By primary sex partner we mean a person you have sex with on a regular basis or who you consider to be your main partner.

- Yes
- No

*Post-skip: If Q26=2, go to Q31*

27. Has your primary sex partner changed since you started the study?

- Yes
- No



*Post-skip: If Q27=2, go to Q28*

- a. When did you start having sex with your current primary sex partner?

Month\_\_\_ Year \_\_\_\_

- b. Is your primary sex partner a man or a woman?

- Man
- Woman
- Other, *please specify:* \_\_\_\_\_

- c. How old is your primary sex partner?

\_\_ years old

28. Does your primary sex partner know that you are taking part in this study?

- Yes
- No
- Don't know

- 29. In the past 3 months (since you started the study),** has your primary sex partner experienced difficulty in sexual performance? (e.g. erectile problems, ejaculation difficulties, low arousal)

- Never
- Some of the time
- Most of the time
- All of the time

- 30. In the past 3 months (since you started the study),** has your primary sex partner used any medications to enhance or improve sexual performance?

- Yes
- No
- Don't know

- 31. In the past 3 months (since you started the study),** have you used any medications to enhance or improve sexual performance?

- Yes
- No

### **Product Preference and Acceptability Assessment**

#### **ACINTRO.**

Now we will ask you questions about the ring.

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Some women may have **worries or concerns** about the ring. Please indicate the worries you are having **today** about using the ring.

32. How worried are you about having a vaginal ring inside of you every day for at least 3 months?

- Very worried
- Somewhat worried
- Not at all worried

33. We are going to ask you a series of questions that can be answered with yes or no regarding all the worries you may have **today** about using the vaginal ring. Are you worried about...

- a. the ring being dirty?
  - Yes
  - No
  
- b. the ring coming out by accident?
  - Yes
  - No
  
- c. the ring not staying correctly in place?
  - Yes
  - No
  
- d. the ring getting stuck inside your body?
  - Yes
  - No
  
- e. the ring coming out during sex?
  - Yes
  - No
  
- f. the ring feeling uncomfortable or painful during sex?
  - Yes
  - No
  
- g. your primary sex partner or other sex partner bumping into or feeling the ring during sex?
  - Yes
  - No
  
- h. difficulty inserting the ring?
  - Yes
  - No
  
- i. difficulty removing the ring?
  - Yes
  - No
  
- j. the ring feeling uncomfortable or painful during normal daily activities?

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- Yes
  - No
- k. your primary sex partner or other sex partners not liking or approving of you wearing the ring?
- Yes
  - No
- l. a family member not liking or approving of you wearing the ring?
- Yes
  - No
- m. the ring causing infection, genital problems, or other health problems?
- Yes
  - No
- n. feeling sick from wearing the ring?
- Yes
  - No
- o. anything else?
- Yes, *please specify:* \_\_\_\_\_
  - No

**Intro**

The next question is about your experience with the ring in the past 30 days.

*Pre-skip: Ask if Q1=1 or Q22=1, else go to Q57*

**Intro**

The following questions are about your overall experience with the ring since you started the study, including today.

**34. Since you started the study,** overall how easy or difficult was it to use the ring?

- Very difficult
- Difficult
- Easy
- Very Easy

**35. Since you started the study,** how often did you think about the ring being inside your body?

- Never
- Some of the time
- Most of the time
- All of the time

**36. Since you started the study,** were you aware of the ring during your normal daily activities?

- Never
- Some of the time
- Most of the time

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- All of the time

37. **Since you started the study**, overall, how did it feel to have the ring inside you every day?

- Very comfortable
- Comfortable
- Uncomfortable
- Very uncomfortable

38. **Since you started the study**, have you checked to see if the ring was still inside you?

- Yes
- No

*Post-skip: If Q38= 2, go to Q39*

38a. How often did you check to see if it was still inside you?

- Once or twice
- Once a week or less
- More than once a week
- Every day or almost every day

38b. How did you typically check to see if the ring was still inside you?

- I used my fingers
- Other, *please specify*: \_\_\_\_\_

39. **Since you started the study**, have you noticed any of the following changes in your vagina while wearing the ring?

- a. Vagina was wetter
  - Yes
  - No
- b. Vagina was drier
  - Yes
  - No
- c. Other changes
  - Yes, *please specify*: \_\_\_\_\_
  - No

[FOR EACH YES IN Q39]

d. How much has the change bothered you?

- Not at all
- A little
- Somewhat
- Very much

*Pre-skip: If (Q1=1 or Q22=1) and (Q2a=1 or Q2b=1 or Q2e = 1 or Q23=1) then ask, else go to Q46INTRO*

40. **Since you started the study**, how often did you feel the ring inside you when you had sex?

- Never
- Some of the time
- Most of the time
- All of the time
- I never had sex with the ring in (*logic check: show error message of answered yes to Q9?*)

*Post-skip: If Q40=1, go to Q41, if Q40 = 5, go to Q46INTRO*

41a. How much did it bother you?

- Not at all
- A little
- Somewhat
- Very much

41. **Since you started the study**, how often did your primary sex partner feel the ring inside of you when you had sex?

- Never
- Some of the time
- Most of the time
- All of the time
- Don't know

*Post-skip: If Q41 in(1,5), go to Q42*

42a. How much did it bother him/her?

- Not at all
- A little
- Somewhat
- Very much

42. **Since you started the study**, did you mind wearing the ring during sex?

- Yes
- No

43. **Since you started the study**, how did the ring affect your sexual pleasure?

- Increased my sexual pleasure
- Did not change my sexual pleasure
- Decreased my sexual pleasure

*Pre-skip: Ask if Q26=1, else go to ACRINGPROBLEMS*

44. **Since you started the study** how did the ring affect **your primary sex partner's** sexual pleasure?

- Increased my partner's sexual pleasure
- Did not change my partner's sexual pleasure
- Decreased my partner's sexual pleasure
- Don't know

45. **Since you started the study** did the ring affect your primary sex partner's sexual performance?
- Yes
  - No

*Pre-skip: Ask if Q26=1, else go to ACRINGPROBLEMS*

#### **Q46INTRO**

The next questions will ask about your primary sex partner's reaction to you wearing the vaginal ring. Please respond even if your primary sex partner doesn't know you are taking part in this study.

46. Is it important for you that your primary sex partner does not feel the ring during sex?
- Yes
  - No
47. Has your primary sex partner ever asked you to take the ring out or stop wearing the ring?
- Yes
  - No

#### **ACRINGPROBLEMS**

Now we would like to ask you about any problems you experienced while wearing the ring **since you started the study**.

48. How often did you experience any physical discomfort because of the ring?
- Never
  - Once or twice
  - Once a week or less
  - More than once a week
  - Every day or almost every day

*Post-skip: If Q48=1, go to Q49*

48a. Overall, how much did the physical discomfort bother you?

- Not at all
- A little
- Somewhat
- Very much

49. How often did you experience any pain because of the ring?
- Never
  - Once or twice
  - Once a week or less
  - More than once a week
  - Every day or almost every day

*Post-skip: If Q49=1, go to Q50*

49a. Overall, how much did the pain bother you?

- Not at all

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- A little
- Somewhat
- Very much

50. How often did you feel that the ring was moving or not correctly in place?

- Never
- Once or twice
- Once a week or less
- More than once a week
- Every day or almost every day

*Post-skip: If Q50=1, go to Q51*

50a. Overall, how much did the ring moving or being out of place bother you?

- Not at all
- A little
- Somewhat
- Very much

51. How often did the ring cause you emotional discomfort such as worries, fears, guilt or any other unpleasant feelings?

- Never
- Once or twice
- Once a week or less
- More than once a week
- Every day or almost every day

*Post-skip: If Q51=1, go to Q52*

51a. Overall, how much did this emotional discomfort bother you?

- Not at all
- A little
- Somewhat
- Very much

52. How often did the ring interfere with your normal daily activities?

- Never
- Once or twice
- Once a week or less
- More than once a week
- Every day or almost every day

*Post-skip: If Q52=1, go to Q53*

52a. Overall, how much did this interference with daily activities bother you?

- Not at all
- A little

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- Somewhat
- Very much

53. How often did you experience any constipation because of the ring?

- Never
- Once or twice
- Once a week or less
- More than once a week
- Every day or almost every day

*Post-skip: If Q53=1, go to Q54*

53a. Overall, how much did the constipation due to the ring bother you?

- Not at all
- A little
- Somewhat
- Very much

54. Did you experience any change in urine leakage because of the ring?

- Increase
- No change
- Decrease
- I never experience urine leakage

55. Were you ever unable to remove the ring when you tried to take it out of your vagina?

- Yes
- No

56. Was there any other problem you had with the ring?

- Yes, *please specify:* \_\_\_\_\_
- No

57. What are your preferences about wearing the ring every day?

- I prefer wearing it every day
- I prefer not wearing it everyday
- I don't have a preference.

58. Overall, how much do you like the ring?

- Dislike very much
- Dislike
- Like
- Like very much

59. How do you like the ring now compared to when you started the study?

- I like it MORE now than when I started the study



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- I like it LESS now than when I started the study
- I like it the SAME as when I first started
- Not applicable, **I do not like** the ring

**Product preference**

Now we would like to ask you about your experience with both the ring and male condoms.

60. Overall, how much do like male condoms?

- Dislike very much
- Dislike
- Like
- Like very much

61. As a method to prevent HIV, which do you prefer to use—the ring or the male condom?

- Ring
- Condom
- Neither—I dislike both study products
- Both—I like both study products equally

*Pre-skip: Ask if Q26=1, else go to Q63*

62. What does your primary partner prefer—the ring or the male condom?

- Ring
- Condom
- Neither—dislikes both study products
- Both—likes both study products equally
- Don't know

**Acceptability scales for condom and ring:** MCAS (UCLA) Condom Attitude Scale sub-set + from self efficacy scale

**SCALEINTRO**

Please respond to all questions even if you are not sexually active or have never used or had a partner who used condoms. In such cases indicate how you think you would feel in such a situation.

**Condom Scale**

63. Choose a number on the scale below that best represents your feelings about each statement.

There are no right or wrong responses to any of these statements. Choose the response that best represents your opinion.

(Scale responses for all questions: 1=Strongly disagree, 2=Disagree, 3=Slightly disagree, 4=No opinion, 5=slightly agree, 6=Agree, 7=Strongly agree)

1. Use of a condom is an interruption of foreplay.
2. Condoms are an effective method of preventing the spread of AIDS and other sexually transmitted diseases.
3. Condoms are unreliable.
4. Condoms ruin the sex act.
5. It is easy to suggest to my partner that we use a condom.
6. Condoms are a lot of fun.

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7. I never know what to say when my partner and I need to talk about condoms or other protection.
8. The use of condoms can make sex more stimulating.
9. I'm comfortable talking about condoms with my partner.
10. A woman who suggests using a condom does not trust her partner.
11. Condoms are uncomfortable for both parties.
12. Condoms are easy to put on.
13. Condoms are easy to remove.
14. Condoms are not messy to use.
15. My partner does not mind using a condom.
16. I would recommend condoms to others.
17. I feel confident in my partner's ability to maintain an erection while using a condom.

**Ring Scale**

64. Please respond to all questions even if you are not sexually active. In such cases indicate how you think you would feel in such a situation.

Choose a number on the scale below that best represents your feelings about each statement. There are no right or wrong responses to any of these statements. Choose the number that best represents your opinion.

(Scale responses for all questions: 1=Strongly disagree, 2=Disagree, 3=Slightly disagree, 4=No opinion, 5=slightly agree, 6=Agree, 7=Strongly agree)

1. Use of the ring is an interruption of foreplay.
2. The ring is an effective method of preventing the spread of AIDS and other sexually transmitted diseases.
3. The ring is unreliable.
4. The ring ruins the sex act.
5. It is easy to suggest to my partner that we use the ring.
6. The ring is a lot of fun.
7. I never know what to say when my partner and I need to talk about the ring or other protection.
8. The use of the ring can make sex more stimulating.
9. I'm comfortable talking about the ring with my partner.
10. A woman who suggests using the ring does not trust her partner.
11. The ring is uncomfortable for both parties.
12. The ring is easy to insert.
13. The ring is easy to remove.
14. The ring is not messy to use.
15. My partner does not mind that I use the ring.
16. I would recommend the ring to others.
17. I feel confident in my partner's ability to maintain an erection when I use the ring.

**Thank you for continuing to answer the questions. We are nearly at the end of the questionnaire.**

65. How many times did you douche vaginally in the **past 3 months**?

\_\_\_times

**Menopause Rating Scale**

Now we would like to ask you some questions about any menopause symptoms you may feel.

66. Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

	Symptom	None 0	Mild 1	Moderate 2	Severe 3	Very Severe 4
a.	Hot flashes, sweating (episodes of sweating)					
b.	Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)					
c.	Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)					
d.	Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)					
e.	Irritability (feeling nervous, inner tension, feeling aggressive)					
f.	Anxiety (inner restlessness, feeling panicky)					
g.	Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)					
h.	Sexual problems (change in sexual desire, in sexual activity and					

	satisfaction)					
i.	Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)					
j.	Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)					
k.	Joint and muscular discomfort (pain in the joints, rheumatoid complaints)					

**Urogenital Distress Inventory UDI-6**

**Now we would like to ask you some questions about any problems you may have with urination.**

67. Do you usually experience frequent urination?

- Yes
- No

*Post-skip: If Q67=2, go to Q68*

67a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

68. Do you usually experience urine leakage associated with a feeling of urgency; that is, a strong sensation of needing to go to the bathroom?

- Yes
- No

*Post-skip: If Q68=2, go to Q69*

68a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

69. Do you usually experience urine leakage related to coughing, sneezing, or laughing?

- Yes
- No

*Post-skip: If Q69=2, go to Q70*

69a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

70. Do you experience small amounts of urine leakage (that is, drops)?

- Yes
- No

*Post-skip: If Q70=2, go to Q71*

70a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

71. Do you experience difficulty emptying your bladder?

- Yes
- No

*Post-skip: If Q71=2, go to Q72*

71a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

72. Do you usually experience pain or discomfort in the lower abdomen or genital region?

- Yes
- No

*Post-skip: If Q72=2, go to EXITCOMPLETE*

72a. How much does this bother you?

- Not at all
- Somewhat
- Moderately
- Quite a bit

72b. Is your pain relieved after emptying your bladder?

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- Yes
- No

**EXITCOMPLETE**

Thank you for completing this questionnaire! Please click on 'Next' when you are ready to save your responses. After you do so, you will not be able to change your answers.