

WIHS ID#

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B2. Since your (MONTH) study visit, have you had one ovary or both ovaries removed?

- NO OVARIES REMOVED.....1
- ONE OVARY REMOVED.....2
- BOTH OVARIES REMOVED.....3

B3. (Since your (MONTH) study visit, have you had) a tubal ligation?

- YES 1 **(GO TO B4)**
- NO..... 2

a. Have you ever had a tubal ligation?

- YES 1
- NO..... 2

B4. (Since your (MONTH) study visit, have you had) a dilation and curettage, a D&C?

- YES 1
- NO..... 2

B5. (Since your (MONTH) study visit, have you had) a hysterectomy, either partial or total? **(PROBE: A partial hysterectomy includes removal of the uterus, or womb, only. A total hysterectomy includes removal of the cervix in addition to the uterus or womb.)**

- YES **(GO TO B6a)**
- NO..... 2

PROMPT: IF B5 = 1, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST, OBTAIN MEDICAL RECORD RELEASE, AND COMPLETE HYSTERECTOMY ABSTRACTION FORM.

B6. Have you ever had a hysterectomy, either a partial or a total?

- YES 1 **(GO TO B20)**
- NO..... 2

a. INTERVIEWER: SELECT ONE OPTON BELOW TO DESCRIBE THE PARTICIPANT'S GYNECOLOGICAL SURGERY HISTORY. FOLLOW THE INDICATED SKIP PATTERN.

- PT. REPORTS NO GYNECOLOGICAL SURGERY 1 **(GO TO B7)**
- PT. REPORTS HYSTERECTOMY SLV (B1b=4 or B5=1)
or PT. REPORTS TUBAL LIGATION (B3=1 or B3a=1)
or PT. REPORTS BILATERAL OOPHERECTOMY (B2=3) 2 **(GO TO B8)**

B7. Are you currently pregnant?

- YES 1
- NO..... 2 **(GO TO B8)**

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a. Have you seen a prenatal health care provider, doctor, nurse, nurse practitioner, midwife, or physician's assistant for this pregnancy?

YES..... 1 (GO TO B7c)
 NO 2

b. Do you have an appointment to see a health care provider?

YES..... 1
 NO 2

IF PREGNANT, REFER FOR PRENATAL CARE IF NOT ALREADY RECEIVING

c. Excluding this pregnancy, since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome. (IF NONE CODE "00")

 # PREGNANCIES

PROMPT: IF B7c = 00, SKIP TO B13; IF B7c ≥ 01, SKIP TO B9

B8. Since your (MONTH) study visit, how many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

 # PREGNANCIES

**PROMPT: IF B8 = 00 AND IF B6a = 2, SKIP TO B13.
 IF B8 = 00 AND IF B6a = 1, SKIP TO B12.**

INSTRUCTIONS:

START F23S1

- **READ:** Now I am going to ask you about all of your pregnancies, since your (MONTH) study visit (excluding your current pregnancy). Let's begin with the first pregnancy.
- **HAND PARTICIPANT RESPONSE CARD 8**
- **COMPLETE FOR ALL PREGNANCIES REPORTED AT EITHER B7c OR B8, THEN SKIP TO B12 UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO B13**
- **COLLECT MONTH AND YEAR FOR EACH PREGNANCY**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I need the month and year.
B9. 1st	Live birth.....1 Stillbirth.....2 Ectopic Preg5 (c) Abortion (Induced/ Other.....6 (c) Elective/Therapeutic)3 (c) Miscarriage (Spontaneous (SPECIFY) Abortion)4 (c) DON'T KNOW.....<-8> (c)	_____ # BABIES	____ / ____ M Y
B10.2nd	LIVE BIRTH.....1 ECTOPIC PREG5 (c) STILLBIRTH2 OTHER6 (c) ABORTION3 (c) MISCARRIAGE4 (c) (SPECIFY) DON'T KNOW.....<-8> (c)	_____ # BABIES	____ / ____ M Y

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B21. During the past 6 months, have you had bleeding after vaginal intercourse with a male or penetration by a sexual toy (i.e., dildo) when you did not have your period?

YES 1
NO 2

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

SECTION C: HORMONES, BIRTH CONTROL AND BARRIER METHODS

INTRODUCTION: The following questions are about methods which are used to prevent pregnancy, regulate the menstrual cycle and/or prevent the transmission of sexual diseases. Please provide information on all of the methods you have used during the last six months for any reason.

PROMPT: IF PARTICIPANT HAD TUBAL LIGATION (B3a = 1) or HYSTERECTOMY (B6 = 1) PRIOR TO HER (MONTH) STUDY VISIT, then SKIP TO C8.

In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD)...												
<p>C1. The Pill/ Oral Contraceptives?</p> <p>YES.....1</p> <p>NO2 (C2)</p> <p>DECLINED<-7> (C2)</p> <p>a. For how many months during the last 6 months have you taken the pill or OCs?</p> <p style="margin-left: 20px;"> _ _ _ </p> <p style="margin-left: 20px;"># MONTHS</p> <p>b. Did you use Seasonale or Seasonique, the pill that means you have only 4 periods per year?</p> <p>YES.....1</p> <p>NO2</p> <p>c. Did you use Lybrel, the continuous use pill, that means you do not have a period at all?</p> <p>YES.....1</p> <p>NO2</p>	<table style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td><u>YES</u></td> <td><u>NO</u></td> </tr> <tr> <td>d. For birth control</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. To regulate your periods</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. For any other reason</td> <td>1</td> <td>2 (C2)</td> </tr> </table> <p>_____</p> <p>(SPECIFY)</p>		<u>YES</u>	<u>NO</u>	d. For birth control	1	2	e. To regulate your periods	1	2	f. For any other reason	1	2 (C2)
	<u>YES</u>	<u>NO</u>											
d. For birth control	1	2											
e. To regulate your periods	1	2											
f. For any other reason	1	2 (C2)											

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In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD)...
<p>C2. Norplant?</p> <p>YES..... 1</p> <p>NO2 (C3)</p> <p>DECLINED<-7> (C3)</p> <p>a. When was it inserted? I need the month and the year.</p> <p style="text-align: center;">_ _ / _ _ M Y</p> <p>b. Is it still in place?</p> <p>YES..... 1</p> <p>NO 2</p>	<p><u>YES</u> <u>NO</u></p> <p>c. For birth control 1 2</p> <p>d. To regulate your periods 1 2</p> <p>e. For any other reason..... 1 2 (C3)</p> <p>_____</p> <p>(SPECIFY)</p>
<p>C3.</p> <p>i. Depo/Depo Provera Injection?</p> <p>YES..... 1</p> <p>NO2 (C3ii)</p> <p>DECLINED<-7> (C3ii)</p> <p>a. When did you receive your most recent injection? I need the month and the year.</p> <p style="text-align: center;">_ _ / _ _ M Y</p>	<p><u>YES</u> <u>NO</u></p> <p>b. For birth control1 2</p> <p>c. To regulate your periods.....1 2</p> <p>d. For any other reason.....1 2 (C3ii)</p> <p>_____</p> <p>(SPECIFY)</p>
<p>ii. Implanon, progestin implantable contraceptive?</p> <p>YES..... 1</p> <p>NO2 (C4)</p> <p>DECLINED<-7> (C4)</p> <p>a. When did you receive your most recent implant? I need the month and the year.</p> <p style="text-align: center;">_ _ / _ _ M Y</p>	<p><u>YES</u> <u>NO</u></p> <p>b. For birth control1 2</p> <p>c. To regulate your periods.....1 2</p> <p>d. For any other reason.....1 2 (C4)</p> <p>_____</p> <p>(SPECIFY)</p>

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In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD)...															
<p>C4. An intrauterine device (IUD)?</p> <p>YES..... 1</p> <p>NO2 (C5)</p> <p>DECLINED<-7> (C5)</p> <p>a. What type of IUD did you use?</p> <p style="padding-left: 20px;">IUD with hormone? (Progestasert, Mirena) 1</p> <p style="padding-left: 20px;">IUD without hormone? (Paragard) 2</p> <p style="padding-left: 20px;">DON'T KNOW <-8></p>																
<p>C5. Ortho Evra, the once-a-week birth control patch?</p> <p>YES..... 1</p> <p>NO2</p> <p>DECLINED<-7></p>																
<p>C6. NuvaRing, a vaginal ring containing hormone inserted once-a-month?</p> <p>YES..... 1</p> <p>NO2</p> <p>DECLINED<-7></p>																
<p>C7. Emergency Contraception? (PROBE: hormonal emergency contraceptive pills, Plan B, Ovral, PREVEN)</p> <p>YES..... 1</p> <p>NO2 (C8)</p> <p>DECLINED.....<-7> (C8)</p> <p>a. How many times have you taken emergency contraception during the last 6 months?</p> <p style="padding-left: 40px;"> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> # of TIMES </p>																
<p>C8. Diaphragm or Cervical Cap?</p> <p>YES..... 1</p> <p>NO2 (C9)</p> <p>DECLINED<-7> (C9)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;"><u>YES</u></th> <th style="width: 10%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C9)</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;"> (SPECIFY) _____ </td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control.....	1	2	b. To avoid getting or giving STDs or HIV.....	1	2	c. For any other reason.....	1	2 (C9)	(SPECIFY) _____		
	<u>YES</u>	<u>NO</u>														
a. For birth control.....	1	2														
b. To avoid getting or giving STDs or HIV.....	1	2														
c. For any other reason.....	1	2 (C9)														
(SPECIFY) _____																

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In the past 6 months have you used (METHOD):	In the past 6 months, have you used (METHOD)...															
<p>C9. Vaginal Creams, Jellies, Foams, or the Sponge?</p> <p>YES..... 1</p> <p>NO2 (C10)</p> <p>DECLINED<-7> (C10)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C10)</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason.....	1	2 (C10)	(SPECIFY)		
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b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason.....	1	2 (C10)														
(SPECIFY)																
<p>C10. The rhythm method or withdrawal?</p> <p>YES..... 1</p> <p>NO2</p> <p>DECLINED<-7></p>																
<p>C11. Male Condoms?</p> <p>YES..... 1</p> <p>NO2 (C12)</p> <p>DECLINED<-7> (C12)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C12)</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason.....	1	2 (C12)	(SPECIFY)		
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<p>C12. Female Condoms?</p> <p>YES..... 1</p> <p>NO2 (C13)</p> <p>DECLINED<-7> (C13)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C13)</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason.....	1	2 (C13)	(SPECIFY)		
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b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason.....	1	2 (C13)														
(SPECIFY)																
<p>C13. Abstinence / No Sex?</p> <p>YES..... 1</p> <p>NO2 (C14)</p> <p>DECLINED<-7> (C14)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;"><u>YES</u></th> <th style="width: 20%; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>a. For birth control</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. To avoid getting or giving STDs or HIV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. For any other reason.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2 (C14)</td> </tr> <tr> <td colspan="3" style="border-top: 1px solid black; padding-top: 5px;">(SPECIFY)</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	a. For birth control	1	2	b. To avoid getting or giving STDs or HIV	1	2	c. For any other reason.....	1	2 (C14)	(SPECIFY)		
	<u>YES</u>	<u>NO</u>														
a. For birth control	1	2														
b. To avoid getting or giving STDs or HIV	1	2														
c. For any other reason.....	1	2 (C14)														
(SPECIFY)																

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C14. In the past 6 months have you used any other method or anything else that you haven't mentioned to keep you from getting pregnant?

YES 1
NO 2 (C15)

a. What is it? SPECIFY: _____

C15. In the past 6 months have you used any other method such as dental dams, or saran wrap, to avoid getting or giving sexually transmitted diseases or HIV?

YES 1
NO 2 (SECTION E)

a. What method did you use to avoid getting or giving sexually transmitted diseases or HIV?

(SPECIFY)

SECTION E: GYNECOLOGICAL INFECTIONS

Now I am going to ask you about conditions that a health care provider may have told you that you had since your (MONTH) study visit. Please do not include those conditions that you were told of during your (MONTH) study visit.

Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>	
E1. Gonorrhea (GC, the clap)?	1	2	(E2)
a. Was that found during your (MONTH) study visit?	1	2	
E2. Syphilis?	1	2	(E3)
a. Was that found during your (MONTH) study visit?	1	2	
E3. Chlamydia?	1	2	(E4)
a. Was that found during your (MONTH) study visit?	1	2	
E4. PID, Pelvic inflammatory disease?	1	2	(E5)
a. Was that found during your (MONTH) study visit?	1	2	
E5. Herpes in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E6)
a. Was that found during your (MONTH) study visit?	1	2	
E6. Warts in or around your genital area? (PROBE: Your vagina or anus.)	1	2	(E7)
a. Was that found during your (MONTH) study visit?	1	2	
E7. Trichomonal Vaginitis, trich?	1	2	(E8)
a. Was that found during your (MONTH) study visit?	1	2	

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- E8. Bacterial Vaginitis, BV?..... 1 2 **(E9)**
 a. Was that found during your (MONTH) study visit? 1 2
- E9. Vaginal Yeast Infection (Candida or fungal infections)?..... 1 2 **(E16)**
 a. Was that found during your (MONTH) study visit? 1 2
- b. Have you had more than one vaginal yeast infection (Candida or fungal infections) since your (MONTH) study visit?
 YES 1
 NO 2
- c. Have you taken any medication(s) (either by mouth or in a cream or lotion) for a vaginal yeast infection?
 YES 1
 NO 2 **(E15)**
- d. SPECIFY: _____

E15. How many days did your most recent vaginal yeast infection last? (**PROBE:** Please remember as best you can.) (**PROBE:** If the infection is still present count from the day it began until today.)

|_|_|
#DAYS

E16. Since your (MONTH) study visit, have you been told by a health care provider (doctor, nurse, midwife, physician's assistant or nurse practitioner) that you had any form of vaginitis other than those already discussed?

YES 1
 NO 2
 DON'T KNOW <-8>
 DECLINED <-7>

The next set of questions asks about symptoms you may have experienced since your (MONTH) study visit.

Have you experienced:

	<u>YE</u> <u>S</u>	<u>NO</u>
E17. Abnormal or increased vaginal discharge?	1	2
E18. Abnormal or unusual vaginal odor?	1	2
E19. Itching in or around your vagina?	1	2
E20. A sore or ulcer in or around your genital area? (PROBE: Your vagina or anus.).....	1	2
E21. Pain in or around your vagina?	1	2

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

