Participant ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The following questions will provide us with background information about you as a focus group participant. While we hope you will answer all of our questions, please feel free to skip any questions that you do not wish to answer. The information you provide will be kept confidential.**

**Experience with Research**

1. Have you ever participated in a research study before today?

No

Yes

2. How did you hear about today’s focus group study?

Flyer

Word-of-mouth

Some other way *(please describe)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**About You**

3. How old are you? \_\_\_\_\_\_\_\_\_\_ years

4. Are you Hispanic, Latino, or of Spanish origin?

No

Yes If Yes, is your origin:  North America/Mexico

Caribbean (For example: Barbados, Cuba, Dominican Republic, Haiti, Grenada, Puerto Rico)

Central America (For example: Belize, Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, Panama)

South America (For example: Argentina, Bolivia, Brazil, Chile, Columbia, Ecuador, Peru, Uruguay, Venezuela)

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Which of the following do you consider yourself? *(Mark all that apply)*

Black / African American

White

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaska Native

Some other race

Prefer to self-describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. What is the highest grade or level of schooling you completed?

Less than 8 years

8-11 years

12 years or completed high school

Post high training other than college (vocational or technical)

Some college

College graduate

Postgraduate

7. What is your occupational status?

Employed

Unemployed

Homemaker

Student

Retired

Disabled

Other *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Are you currently?

Married

Partnered in a marriage-like relationship

Separated

Divorced

Widowed

Single, never married

9. How confident are you filling out medical forms by yourself?

Not at all

A little bit

Somewhat

Quite a bit

Extremely

10. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

No

Yes

Don’t know

11. Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months?

No

Yes, if yes, was it because: *(check* ***all*** *that apply)*

You couldn’t get through on the telephone

You couldn’t get an appointment soon enough

Once you got there, you had to wait too long to see the doctor

The clinic or doctor’s office wasn’t open when you got there

You did not have transportation

Some other reason *(please specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Views about Tampons**

12. Use of tampons is a personal choice based on a number of factors and preferences. Have you ever used a tampon?

No

Yes, if yes, check all kinds that you have used:

Plastic applicator

Cardboard/paper applicator

No applicator

13. Please tell us how much you agree or disagree with each statement, or indicate ‘No Opinion.’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Strongly AGREE** | **AGREE** | **DISAGREE** | **Strongly DISAGREE** | **No Opinion** |
| Tampons are generally safe to use | ○ | ○ | ○ | ○ | ○ |
| Tampons are uncomfortable to wear/use | ○ | ○ | ○ | ○ | ○ |
| It’s easy to forget that you’re wearing a tampon | ○ | ○ | ○ | ○ | ○ |
| Tampon removal can be painful | ○ | ○ | ○ | ○ | ○ |
| I am confident I can insert a tampon correctly | ○ | ○ | ○ | ○ | ○ |

14. Would you describe yourself as:

Pre-menopausal (still having menstrual periods)

Peri-menopausal (periods are ending or slowing)

Post-menopausal (no longer having menstrual periods)

15. The following questions ask about your current or past menstrual cycles (periods) and bleeding. Please indicate if you have experienced the following symptoms.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NO** | **YES – I saw a doctor for this symptom** | **YES – BUT I did not see a doctor for this symptom** | **I am not sure** |
| Have you recently or in the past ever experienced menstrual periods lasting for more than 7 days? | ○ | ○ | ○ | ○ |
| Have you recently or in the past ever experienced spotting between periods lasting for more than 6 days? | ○ | ○ | ○ | ○ |
| Have you recently or in the past ever experienced heavy flow (bleeding more than usual) for more than 3 days? | ○ | ○ | ○ | ○ |

16. The following question is for women who no longer have menstrual periods due to completing menopause (post-menopausal). If you have not gone through and completed menopause, please mark N/A for Not Applicable

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **NO** | **YES – I saw a doctor for this symptom** | **YES – BUT I did not see a doctor for this symptom** | **I am not sure** | **N/A I have not gone through menopause** |
| Have you experienced any vaginal or period-like bleeding after menopause? | ○ | ○ | ○ | ○ | ○ |

17. Look at the pictures below and try to choose the picture that most closely resembles your body shape right now. Mark an “X” in the box above that picture.

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