QUESTIONNAIRE

(IRB Study # 0112)

Date	Partic	cipant #		
Perso	nal Data ¹			
1.	Please provide your <u>age</u> :			
2.	Please indicate your <u>ethnicity</u> (circle one): a. Hispanic or Latino	b. Not Hispanic or Latino		
3.	Please indicate your <u>race</u> (circle one): a. American Indian or Alaska Native b. Asian c. Native Hawaiian or Other Pacific Islande d. Black or African American e. White f. Other			ander
Quest	ionnaire (Please circle "Yes" or "No" and fi	ll in blanks where applicable.) ²		
1.	Are you experiencing any symptoms of illness?			No
2.	Did your last menstrual period end 3 or more days ago? Please provide the dates of the first and last day of your period:		Yes	No
3.	Have you ever had vaginal intercourse? If your answer is "No", please skip to Question 6.		Yes	No
4.	Have you had vaginal intercourse within the past 3 months? If your answer is "No", please skip to Question 6.		Yes	No
5.	Have you had <u>unprotected</u> vaginal intercour past 3 days? If your answer is "Yes", pleas	• • • • • • • • • • • • • • • • • • • •	Yes	No
	a. Have you had unprotected vaginal in	C 1	Yes	No
6.	Have you had <u>protected</u> vaginal intercourse within the past 3 days? (Use of hormonal contraceptives does not constitute protection for the purpose of this question.) If your answer is "Yes", please answer the following questions:		Yes	No
	a. Have you had protected vaginal inte	recourse within the past 24 hrs? (Please provide a generic description, e.g.,	Yes	No
7.	Have you used a hormonal contraceptive within the past 6 months? If your answer is "No", please skip to Question 8. If "Yes", which brand?		Yes	No
8.	Are you currently on a hormonal contraceptive? a. If "Yes", which brand? b. If "No", when did you last take it?		Yes	No
9.	Have you used any vaginal products (vaginal inserts, creams, etc. besides those used for protected vaginal intercourse) within the past 3 days? If "Yes", please provide a description and/or the brand name:		Yes	No
10	or thick secretions, etc.)? If "Yes": a. Please briefly describe the condition b. Medication, if any, you are taking/ha	nptoms (e.g., fishy odor, consistently running a: ave taken: edication:	Yes	No

¹ Personal data is collected in accordance with the National Institutes of Health regulations and policies regarding researching involving human subjects.

² These questions are designed to identify any factors which may affect the physical and chemical properties of the vaginal secretion sample you provide. Hormonal effects due to the natural menstrual cycle or contraceptive use, contact with semen or condom materials, use of vaginal products, or health conditions may all alter the properties of cervicovaginal mucus.