

# Survey: Adherence to treatment

*It can sometimes be difficult to use medication on a regular schedule. We are interested in your experience with the **vaginal cream** in the past 2 months. Try to answer the questions as honestly as possible. There is no right or wrong answer.*

**Question 1. How often did you forget to administer the vaginal cream? (in the past 2 months)**

	Never/rarely	Occasionally	Sometimes	Often	(almost) Always
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 2. Did you administer the vaginal cream according schedule to last week?**

- Yes
- No

**Question 3. Was it difficult for you to stick to the prescribed administration schedule? (in the past 2 months)**

- Yes
- No

**In the past 2 months, to what extent were the following points a reason for you not to administer the vaginal cream?**

		Never	Rarely	Sometimes	Often
<b>4.</b>	I forgot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5.</b>	No/ insufficient vaginal cream was delivered by the pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6.</b>	I was not at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7.</b>	I had to take several meds a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8.</b>	I wanted to avoid side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>9.</b>	I didn't want other people to see that I'm on medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>10.</b>	I was too tired to administer the cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>11.</b>	I found the use of the vaginal cream too much effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>12.</b>	I didn't feel well (cold, flu, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>13.</b>	I felt down / depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>14.</b>	Administering the cream is not part of my routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>15.</b>	I feel healthy (so have no reason to use the vaginal cream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		Never	Rarely	Sometimes	Often
16.	I felt that the cream did not had an effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I found the time of administration difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Otherwise, namely .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<i>In the past 2 months:</i>	Never /rarely	Occasionally	Some times	Often	(almost) Always
19. Was applying the vaginal cream uncomfortable or painful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. A) Did the cream come out of your vagina after insertion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B) If yes, did you find this unpleasant?	No <input type="checkbox"/>	Somewhat <input type="checkbox"/>	Quite <input type="checkbox"/>	Fair <input type="checkbox"/>	N/A <input type="checkbox"/>
21. If the cream came out of your vagina, was it such that you needed a tissue/washcloth to clean it? <input type="checkbox"/> N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 22. How easy is the application of the vaginal cream?**

- Easy
- Reasonable
- Difficult

*Local estrogen therapy is available as a vaginal cream but also as a vaginal tablet. Just like the cream, you insert the tablet deep into the vagina (with your finger or with an applicator). The schedule for both the cream and the tablet is the same.*

**Question 23. If you could choose a vaginal cream or a vaginal tablet, which would you prefer?**

- Cream
- Tablet

**Question 24. Would you be willing to use vaginal estrogen cream or tablets (after your prolapse surgery) for a year (twice a week) if the risk of recurrent pelvic organ prolapse decreases from 20% to 10%?**

- Yes
- No