

User Experience with an Oral Contraceptive Containing Ethinylestradiol 30µg and Drospirenone 3mg (Yasmin[®]) in Clinical Practice

Beate Schultz-Zehden¹ and Ewald Boschitsch²

1 Charité Universitätsmedizin Berlin, Center for Human and Health Sciences, Institute of Medical Psychology, Berlin, Germany

2 Ambulatorium KLIMAX, Vienna, Austria

The following four-part questionnaire was used to obtain the data presented in the full version of this article.

Questionnaire | Yasmin Satisfaction Study

Version: 5.0 – Yasmin
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Introduction text needs to be adjusted on local level based on the different options and incentives.

Dear Patient,

With this questionnaire we would like to ask you some questions about your satisfaction with Yasmin. This study will be done in 15 different European countries and we would appreciate, if you could take a few minutes to answer some short questions. As a thank you for your time and effort we will award you with a small present.

Option 1:

Please put the questionnaire in the enclosed envelope and send it to the address which is mentioned on the envelope. The postal charge will be paid by the recipient. We will handle your questionnaire anonymous. Please write down your address on the envelope so that we can send the small present to you.

Option 2:

Please put the questionnaire in the enclosed envelope and give the envelope back to the assistant. We will handle your questionnaire anonymously.

Thank you very much for your support!

Additional Information on the questionnaire:

Needed from all countries: Country code:

Optional: Code of the physicians office:

Part A: Yasmin Usage

A 1. Are you currently still taking the pill Yasmin?

- (1) Yes
- (2) No

A 2. For how long have you been using Yasmin?

- (1) Number of years _____
- (2) If less than 1 year, please insert the number of months: _____

A 3. Were you taking a different brand of pill directly before starting with Yasmin?

- (1) Yes (▶ please continue with question A 4)
- (2) No (▶ please continue with question A 5)

A 4. Which contraceptive brand were you using directly before you started with Yasmin?

Please tick the name of the brand in the following list.

(▶ Please continue afterwards with question A 5)

Example: Germany

- (1) Belara
- (2) Cerazette
- (3) Cilest
- (4) Desmán
- (5) Diane
- (6) Femigoa
- (7) Lamuna
- (8) Leios
- (9) Other: _____
- (10) Minisiton
- (11) Miranova
- (12) Monostep
- (13) Neo-Eunomin
- (14) Petibelle
- (15) Trigoa
- (16) Valette
- (17) Microgynon
- (99) Don't know

A 5. What were the main reasons for starting or switching to Yasmin?

Please tick all the reasons, which were of importance for you.

- (1) Contraceptive need / Will no longer be at risk of getting pregnant
- (2) Want a more effective method
- (3) Health concerns
- (4) Experienced side-effects with the other method or pill
- (5) Did not tolerate the other pill or method
- (6) Hope that the pill will improve skin and hair
- (7) Weight gain with the other pill or method
- (8) To regulate my menstrual cycle
- (9) Recommendation of a friend
- (10) Other reasons: _____
- (99) Don't know

A 6. OPTIONAL: How did you hear from Yasmin?

Please tick all the reasons, which were of importance for you.

- (1) Recommendation of my gynecologist
- (2) Magazines
- (3) Newspaper
- (4) TV
- (5) Radio
- (6) Recommendation of a friend
- (7) Internet
- (8) Miscellaneous
- (99) Don't know

Part B: Experience with Yasmin



Can you please answer now a few questions concerning your experiences with **Yasmin**?

B 1. Did you have skin problems (like pimples, acne oily skin etc.) before starting Yasmin?

- (1) Yes (▶ please continue with question B 2)
- (2) No (▶ please continue with question B 3)

B 2. If you had skin problems, has the skin problem improved since taking Yasmin?

- (1) Yes
- (2) No
- (99) Don't know

▶ Please continue now with the next question (B 3).

B 3. How satisfied are you with the current appearance of your skin?

- (1) Very satisfied
- (2) Rather satisfied
- (3) Rather unsatisfied
- (4) Not satisfied at all

B 4. How satisfied are you with your current body weight?

- (1) Very satisfied
- (2) Rather satisfied
- (3) Rather unsatisfied
- (4) Not satisfied at all

B 5. How has your body weight changed since starting Yasmin?

- (1) I lost 1 kilo or more.
- (2) I lost less than 1 kilo.
- (3) I gained less than 1 kilo.
- (4) I gained more than 1 kilo.
- (5) My body weight did not change.
- (99) Don't know

B 6a. Please rate the extent to which you experienced each of the following conditions in the days before your period before you started taking Yasmin on a 10 point scale (where 1 is not at all and 10 is extremely severe).

Please think only about the days before your period starts when answering these questions.

		Not at all								Extremely severe	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
a)	Depressed mood (e.g. feeling sad or blue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Breast tenderness or breast pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Abdominal bloating or abdominal swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Skin and hair problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Swelling of extremities (e.g. ankles, hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Other problems – please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B 6b. And now please rate the extent to which you experienced each of the following conditions in the days before your period after you started taking Yasmin using the same 10 point scale (where 1 is not at all and 10 is extremely severe).

Please think again only about the days before your period starts when answering these questions.

		Not at all								Extremely severe	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
a)	Depressed mood (e.g. feeling sad or blue)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Breast tenderness or breast pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d)	Abdominal bloating or abdominal swelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e)	Skin and hair problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f)	Swelling of extremities (e.g. ankles, hands)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g)	Other problems – please specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B 7. Have you ever postponed your menstruation with Yasmin (by taken more than 21 tablets without a break in order to delay your monthly bleed)?

- (1) Yes
- (2) No

B 8. Did you experience cellulite before starting Yasmin?

- (1) Yes (▶ please continue with question B 9)
- (2) No (▶ please continue with question C 1)

B 9. If you had cellulite, has the cellulite improved since taking Yasmin?

- (1) Yes
- (2) No
- (99) Don't know

▶ Please continue afterwards with question C 1.

Part C: General Satisfaction with Yasmin

C 1. How do you feel since taking Yasmin compared to the time before you took this pill?

- (1) I feel better
- (2) I feel worse
- (3) I notice no difference

C 2. How satisfied are you with Yasmin?

- (1) Very satisfied
- (2) Rather satisfied
- (3) Rather unsatisfied
- (4) Very unsatisfied

C 3. How likely are you to change Yasmin?

- (1) Very likely
- (2) Rather likely
- (3) Rather unlikely
- (4) Not very likely at all

C 4. Would you recommend Yasmin to another friend?

- (1) Yes
- (2) No
- (99) Don't know

C 5. These questions are about how you feel and how things have been with you during the past week. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past week?

	All of the Time (1)	Most of the Time (2)	A Good Bit of the Time (3)	Some of the Time (4)	A Little of the Time (5)	None of the Time (6)
a) Did you feel full of pep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you been a very nervous person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you been a happy person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part D: Statistical Data



At the end of the questionnaire we would like to ask you some statistical questions about yourself.

D 1. Can you please specify your current age?

I am ____ years old.

D 2. Could you please tell me your height?

I am ____ meter tall. or I am ____ feet tall.

D 3. Could you please tell me your weight in pounds or kilos?

I weight ____ kilos. or I weight ____ pounds.

Thank you very much for participating in this survey.