| **Enrollment Product Adherence Counseling Checklist** |
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| **PTID:** | **Visit Date:** |
| ❒ **De-brief with participant about her gel insertion experience**:• Was she able to insert the gel?• Did she have any difficulties?• Does she have any questions?• Does she have any concerns about using gel at home?• Would she like any additional information or instructions? |
| **Discuss key adherence messages and use instructions to the participant**❒ Apply contents of one applicator every day. * at approximately the same time every day
* to avoid gel leakage, some participants may prefer to insert gel at night, before retiring or before the longest period of rest

❒ If you miss a dose, apply the missed dose as soon as possible. If the next dose is due within 6 hours, the missed dose will be skipped and the next dose will be administered as originally scheduled.❒ Keep your product supplies in your possession.❒ At home, keep your product supplies in a secure dry place, out of the sun and safe from children.❒ Do not share your product and do not use other participant’s product.❒ Bring **all used and unused** applicators to clinic visits. |
| **❒ Provide instructions to contact study staff:*** To report symptoms or problems she may be experiencing
* Needs additional counseling
* Has any other problems, concerns, or questions (such as partner or family issues)
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**Staff Initials and Date**