

PARTICIPANT ID

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Site Number

Participant Number

Chk

Who

VISIT DATE

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MTN-008 Gel Use Experiences Form (GUE)

INTERVIEW INSTRUCTIONS: After participant has completed her CASI follow-up interview, administer this questionnaire. Write down all responses verbatim. A MTN 008 staff member should enter the responses into the computer as soon as possible after the participant has completed the interview.

Interviewer Read: We would like to explore in more depth some of the important issues around use of the gel in pregnancy/ lactation. Some of these questions were already asked on the computer, but we would like to hear more about your experience. *Interviewer: If participant reports any discomfort in questions 1-3, describe the problem thoroughly, including onset, duration, resolution, symptoms, treatment or response taken, etc.*

1. Please describe whether the insertion of the gel applicator or the gel itself has caused you any physical pain?

Describe: _____

NA, neither gel applicator nor gel caused physical pain

2. Please describe whether insertion of the gel applicator or the gel itself has caused you any other physical discomfort, not including pain?

Describe _____

NA, neither gel applicator nor gel caused any other physical discomfort

3. Please describe whether insertion of the gel applicator or the gel itself has caused you any mental, psychological or emotional discomfort?

Describe: _____

NA, neither gel applicator nor gel caused any mental, psychological or emotional discomfort

4. How much have you been worried that using the gel might cause problems for....

4a. Your pregnancy? (SKIP for lactation cohort)	1...2...3...4...5...6...7...8...9...10 Not at all A lot
4b. Your baby?	1...2...3...4...5...6...7...8...9...10 Not at all A lot
4c. Your overall health?	1...2...3...4...5...6...7...8...9...10 Not at all A lot
4d. Your main partner's health?	1...2...3...4...5...6...7...8...9...10 Not at all A lot NA (no main partner)

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5. Have you had any other worries or problems with using the gel?

Describe: _____

6. Has your main male sexual partner had any other worries or problems with using the gel?

- NA, do not have a main male sexual partner
- NA, he does not know about the gel

Describe: _____

7. How did your feelings about the gel change from when you started using it until now?

Describe _____

8. How often did you use the gel at home?

- Everyday
- Some of the days (SKIP TO 9)
- None of the days (END FORM)

8a. If EVERYDAY: Describe the system you used to remember to insert your gel every day?

Describe _____

9. Describe anything that made it difficult to insert your gel every day [even if you managed to do it]?

Describe _____

10. Did you insert the gel at approximately the same time every day?

- Yes
- No

11. How easy or difficult was it for you to insert the gel at the same time every day at home?

1...2...3...4...5...6...7...8...9...10
Difficult Easy

11a. Why was it difficult/neither difficult nor easy/easy?-----

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12. Describe any circumstances when you used less than the full amount of gel in the applicator.

Describe _____

NA, used the full amount

13. Describe any circumstances when you used more than one applicator of gel per day.

Describe _____

NA, never used more than 1 applicator per day

14. Please provide any other comments or feedback regarding your experience with the gel in this study

Describe _____

NA, no comments or feedback