

**MTN-027**

**BEHAVIORAL MEASURES – ENGLISH**

**INTRODUCTION**

**SECTION 1: BASELINE BEHAVIORAL QUESTIONNAIRE**

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PROGRAMMER: Logic checks are in *italics*. Skip patterns are in **CAPITALIZED BOLD**.

Thank you for agreeing to complete this questionnaire. Your responses will be kept confidential. To keep the information you provide private, personal information (name, address, phone number) will NOT be collected in this questionnaire. Before you begin, there are a few practice questions for you to get used to how the system works. If you have any questions on how to use the computer, the clinic staff can assist you.

If you prefer not to respond to a question, you may leave a question blank and click the "NEXT" button to go to the next question.

Click the "NEXT" button to go to the next screen.

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Introduction [Page 2]

Good! You can always move to the next screen by clicking "next", or, to go to the previous screen, click "back."

Click the "NEXT" button to go to the next screen.

\*\*\*\*\*

Practice [Question 1]

This question shows how to answer questions with click boxes. Try answering the question below by moving the mouse arrow and clicking on boxes that match your choices.

PRACTICE QUESTION:

Which items do you like to eat on a salad? *Choose all that apply.*

[Answer options]

Eggs

Cheese

Croutons

Salad Dressing

Carrots

Bacon bits

This is an example of a question where more than one answer is allowed:

If you want to change your response, click the response you don't want again to de-select it and then select the answer(s) you do want.

\*\*\*\*\*

Practice [Question 2]

Do you like summer?

Yes

No

This is an example of a single response question:

If you want to change your response, simply click the response you want.

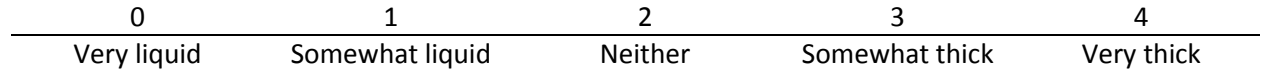
\*\*\*\*\*

Practice [Question 3]

This screen is the last question type in this interview, and involves clicking on the point in the scale that most closely matches how you feel. Use the mouse to move the arrow to the desired place on the scale, and then click to make your choice.

PRACTICE QUESTION:

How thick do you like soup to be?



\*\*\*\*\*

Ok. If you had any problem answering the prior questions, let the study staff know about it. Otherwise, click "NEXT" and proceed with the first questionnaire.

**SECTION A. DEMOGRAPHICS**

---

A1. How old are you? \_\_\_\_\_ (In years)

**If A1 <18 OR >45, PRESENT PROMPT "I want to confirm your age. You entered XX. Is that correct?" If NO, THEN PROMPT TO REENTER AGE IN A1.**

A2. What is the highest education level you have completed?

1. Eighth grade or lower
2. Partial high school
3. High school graduate
4. Partial college
5. College graduate
6. Partial graduate school
7. Graduate school degree

A3. Do you consider yourself...

1. Hispanic or Latino/a
2. Not Hispanic or Latino/a

A4. Do you consider yourself...

1. American Indian / Alaskan Native
2. Asian
3. Native Hawaiian or other Pacific Islander
4. Black or African American
5. White or European American
6. Other, *please specify*: \_\_\_\_\_
7. None of the above

A5. What sex were you assigned at birth, meaning what the doctor put on your original birth certificate?

1. Male
2. Female

A6. What is your current gender identity? That is, do you consider yourself...

1. Female
2. Trans male/Trans man
3. Genderqueer/Gender non-conforming
4. A gender not listed here, *please specify*: \_\_\_\_\_

A7. Do you consider yourself...

1. Lesbian/homosexual
2. Bisexual
3. Straight/heterosexual
4. Other, *please specify*: \_\_\_\_\_

A8. What is your relationship status?

1. Single
2. In a relationship, not married

3. Married
4. Widowed
5. Divorced

A9. Do you currently have a primary sex partner? By primary sex partner we mean a person you have sex with on a regular basis or who you consider to be your main partner.

1. Yes
0. No

A10. Is your primary sex partner a man or a woman?

1. Man
2. Woman
3. Other (Please specify: \_\_\_\_\_)

A11. How many children do you have? If you do not have any children, enter '0'.

\_\_\_ children

*Acceptable range for A11 is 0-20.*

A12. Please check all that apply to your current occupational (job) status.

1. Full-time work (30+ hours per week)
2. Part-time work (1-29 hours per week)
3. In school full-time or part-time
4. Neither work nor in school
5. On disability
6. Other, please specify: \_\_\_\_\_

A13. What is your current yearly income, meaning the wages from all jobs, public assistance, disability and money earned off the books (including from drugs and sex)? If you do not earn any income on your own, please write 0.

\$\_\_\_\_\_ per year

A14. In the last six months has anyone in your home used any social service benefits such as WIC, Medicaid, unemployment benefits, food stamps?

1. Yes
2. No
3. Don't know

A15. Next we would like to ask you about your everyday emotions and experiences. In the past month, how often have you...

[Response options for A15a-k: 1=Never, 2=Almost never, 3=Sometimes, 4=Fairly often, 5=Very often]

- a. Been upset because of something that happened that you didn't expect?
- b. Felt nervous and "stressed out"?

- c. Found that you could not deal with all the things that you had to do?
- d. Gotten angry because of things that happened that were outside of your control?
- e. Felt that you had so many problems that you could not deal with them?
- f. Felt that you were able to successfully handle the important changes occurring in your life?
- g. Felt able to handle your personal problems?
- h. Felt that things were going your way?
- i. Been able to control hassles in your life?
- j. Felt that you were on top of things?
- k. Been able to control the way you spend your time?

**SECTION B. VAGINAL DOUCHES, LUBRICANTS, AND OTHER PRODUCTS**

---

The next set of questions is about vaginal products.

B1. Have you ever used any of the following products? [Check all that apply]

- a. Desiccants, that is, anything to make your vagina dry or tight, such as Tight Stuff
- b. Female condoms, also called "Reality®"
- c. Medications for yeast infections that you put in your vagina such as Monistat, Femstat, or Gyne-Lotrimin
- d. Spermicides, that is, a foam, gel, film, suppository, or cream that kills sperm and prevents pregnancy

B2. Have you ever used any of the following lubricants during vaginal sex? [Check all that apply]

- a. Silicon-based (e.g., Eros, Wet Platinum, Gun Oil)
- b. Water-based (e.g., KY Jelly, Wet Original, Durex, ForFun, Love Lub, Aquasol, Astroglide, Gun Oil H2O)
- c. Oil-based (e.g., Crisco, oil-based lotion, Vaseline, vegetable oil, fish oil, yogurt, butter)
- d. Spit
- e. Lubricated condoms
- f. I don't need to use additional lubrication (i.e. my vagina lubricates enough)
- g. Other (Please specify: \_\_\_\_\_)

B3. How many times did you douche vaginally (inserted water or other personal hygiene product into your vagina) in the **past 30 days**? \_\_\_\_ [IF B3=0, SKIP TO C1]

B4. Of the **[import B3 response]** times you douched in the **past 30 days**, how many times did you douche for each of the following reasons:

[Indicate all that apply]

- a. For general hygiene \_\_\_\_\_
- b. In preparation for sex \_\_\_\_\_
- c. After sex \_\_\_\_\_
- d. For pleasure \_\_\_\_\_
- e. After your period was finished \_\_\_\_\_
- f. While you were bleeding from your period \_\_\_\_\_
- g. Because your vagina felt itchy or uncomfortable \_\_\_\_\_
- h. Other (Please specify: \_\_\_\_\_) \_\_\_\_\_

B5. Of the **[import B3 response]** times you douched in the **past 30 days**, how many times did you use the following products: [Indicate all that apply]

- a. A hand-held hose or bidet \_ \_
- b. Over-the-counter disposable douche product \_ \_  
(e.g., Massengill® or Summer's Eve®)
- c. Re-usable bottle system \_ \_
- d. Water and vinegar \_ \_
- e. Other (Please specify: \_\_\_\_\_) \_ \_



**SECTION C. COMFORT WITH GENITALS**

---

C1. How comfortable do you feel about looking at your genital area? (Please choose a number below)

1	2	3	4	5	6	7	8	9	10
Very uncomfortable			Moderately comfortable				Very comfortable		

C2. How comfortable do you feel about touching your genital area? (Please choose a number below)

1	2	3	4	5	6	7	8	9	10
Very uncomfortable			Moderately comfortable				Very comfortable		

C3. Have you ever inserted a tampon into your vagina?

- 1. Yes
- 0. No **[IF NO(0), SKIP TO C5]**

C4. How comfortable do you currently feel about inserting a tampon into your vagina? (Please choose a number below)

1	2	3	4	5	6	7	8	9	10
Very uncomfortable			Moderately comfortable				Very comfortable		

C5. Have you ever inserted a diaphragm?

- 1. Yes
- 0. No **[IF NO(0), SKIP TO C6]**

C6. How comfortable do you currently feel about inserting the diaphragm into your vagina? (Please choose a number below)

1	2	3	4	5	6	7	8	9	10
Very uncomfortable			Moderately comfortable				Very comfortable		

C7. Have you ever inserted an intravaginal ring (a flexible ring inside your vagina) (e.g., NuvaRing®)?

- 1. Yes
- 0. No

C8. How comfortable do you currently feel about placing a flexible ring inside your vagina by yourself? (Please choose a number below)

1	2	3	4	5	6	7	8	9	10
Very uncomfortable			Moderately comfortable				Very comfortable		

C9. How comfortable do you feel with a provider placing a flexible ring inside your vagina? (Please choose a number below)



## SECTION D. MENSTRUATION

---

Next, we would like to ask you some questions about your menstrual periods.

D1. In the **past 3 months** have you had any menstrual bleeding or any menstrual spotting?

1. Yes
0. No **[SKIP TO E1]**

D2. In the **past 3 months** have you used any of the following methods to manage your menstrual periods?

[Check all that apply]

- a. Tampons
- b. Sanitary pads or panty liners
- c. Other methods (Please specify: \_\_\_\_\_)

## SECTION E. PREGNANCY & PREGNANCY PREVENTION

---

The next section is about pregnancy and pregnancy prevention methods.

E1. How many times in your life have you been pregnant?

Please include live births, still births, terminations/abortions, miscarriages and tubal pregnancies.

\_\_\_ time(s) **[IF E1=0, SKIP TO E3]**

E2. How many of these pregnancies resulted in:

- a. Vaginal delivery \_\_\_
- b. Caesarean delivery \_\_\_
- c. Miscarriage (Spontaneous abortion) \_\_\_
- d. Termination (Therapeutic abortion) \_\_\_
- e. Ectopic (tubal) pregnancy \_\_\_

*(Logic: number of responses in E1 a must = # of pregnancies in E2. Participant MUST provide a number 0 or more to each item a through e. If total in E2 > E1, display message indicating that ectopic pregnancies should not also be counted as miscarriage or abortion.)*

E3. **In your lifetime**, have you ever used any of the following contraceptive methods?

[Check all that apply]

- a. Male condom
- b. Female or internal condom
- c. Oral contraception ("The Pill")
- d. Emergency contraception (Paragard IUD, Ella, Plan B One-Step, Next Choice, My Way, Levonorgestrel, or Yuzpe regimen)
- e. The Patch (such as Ortho Evra or Xulane)
- f. Depo-Provera ("The Shot")
- g. Vaginal ring (such as Nuva Ring, Estring, Femring)
- h. Spermicidal sponge, foam, cream, or jelly
- i. Cervical barrier (diaphragm, cervical cup, etc.)
- j. Intra-uterine device or IUD ( such as Mirena, Paragard, Skyla)
- k. Implant (such Implanon or Nexplanon)
- l. Withdrawal or "pull-out" method
- m. Fertility awareness-based methods or menstrual cycle tracking
- n. Other (Please specify: \_\_\_\_\_)

**[IF "NO" TO ANY OF QUESTIONS E3a-n, SKIP THE CORRESPONDING E4a-n OPTION.]**

E4. **In the past 30 days**, have you used any of the following contraceptive methods?

[Check all that apply]

- a. Male condom
- b. Female or internal condom
- c. Oral contraception ("The Pill")

- d. Emergency contraception (Paragard IUD, Ella, Plan B One-Step, Next Choice, My Way, Levonorgestrel, or Yuzpe regimen)
- e. The Patch (such as Ortho Evra or Xulane)
- f. Depo-Provera (“The Shot”)
- g. Vaginal ring (such as Nuva Ring, Estring, Femring)
- h. Spermicidal sponge, foam, cream, or jelly
- i. Cervical barrier (diaphragm, cervical cup, etc.)
- j. Intra-uterine device or IUD ( such as Mirena, Paragard, Skyla)
- k. Implant (such Implanon or Nexplanon)
- l. Withdrawal or “pull-out” method
- m. Fertility awareness-based methods or menstrual cycle tracking
- n. Other (Please specify: \_\_\_\_\_)

## SECTION F. SEXUAL BEHAVIOR

---

The next set of questions will ask you about sexual behavior.

Let's briefly go over the definitions of some terms so that you understand what is being asked.

When I say:	I mean:
Vaginal sex:	When a man inserts his penis into your vagina
Receptive anal sex:	When a man puts his penis into your anus (or butt)
Receiving oral sex:	When a partner puts his or her mouth or tongue on your vagina or anus (or butt)
Giving oral sex:	When you put your mouth or tongue on your partner's penis, vagina or anus (or butt)

F1. Think about all the male partners you have had sex with in your lifetime. **In your whole lifetime**, how many different male partners have you had sex with, either vaginal or anal?

\_\_\_\_\_ male sexual partner(s)

*Acceptable range for F1 is 0-10,000 but include soft range check for any response >100. Prompt should read, "I want you to confirm the number of different male partners that you have had sex with in your lifetime. You have entered \_\_\_\_\_. Is that correct?"*

F2. Think about all the female partners you have had sex with in your lifetime. **In your whole lifetime**, how many different female partners have you had sex with, either vaginal or anal?

\_\_\_\_\_ female sexual partner(s)

*Acceptable range for F2 is 0-10,000 but include soft range check for any response >100. Prompt should read, "I want you to confirm the number of different female partners that you have had sex with in your lifetime. You have entered \_\_\_\_\_. Is that correct?"*

**PRE-SKIP: IF F1=0, SKIP TO F10.**

The next set of questions will be about your sexual behavior with men in the past month.

F3. During the past 30 days, how many male sexual partners have you had?

\_\_\_\_\_ male sexual partner(s) **[IF F3=0, SKIP TO F10]**

F4. In the past 30 days...

- a. How many times did a male partner put his penis in your vagina?  
\_\_\_\_\_ time(s) [IF F4a=0, SKIP TO F7]
- b. How many times did a male partner put his penis in your vagina without a condom?  
\_\_\_\_\_ time(s) [IF F4b=0, SKIP TO F7]
- c. How many men put their penises in your vagina without a condom?  
\_\_\_\_\_ men [IF F4c > 1, SKIP TO F6]

F5. You said that one partner put his penis in your vagina without a condom. Regarding this partner (please select one answer)...

- 1. This partner told you he was HIV-negative and you had no reason to doubt it
- 2. You knew this partner was HIV-positive
- 3. You were not completely sure of this partner's HIV status

**PRE-SKIP: IF F4c=1, SKIP TO F7.**

F6. You said that [import answer F4c] partners put their penises in your vagina without a condom. Of those men...

- a. How many had actually told you they were HIV-negative and you had no reasons to doubt it?  
\_\_\_\_\_partner(s)
- b. How many do you know to be HIV-positive?  
\_\_\_\_\_partner(s)
- c. How many were you NOT completely sure of their HIV status?  
\_\_\_\_\_ partner(s)

*Logic check: Sum of responses for F6a-F6c must equal F4c.*

F7. Now I'd like to ask you about receptive anal sex. Remember, by receptive anal sex, I mean when a man puts his penis inside your anus or butt. In the past 30 days...

- a. How many times did a male partner put his penis in your rectum (or butt)?  
\_\_\_\_\_ time(s) [IF F7a=0, SKIP TO F10]
- b. How many times did a male partner put his penis in your rectum (or butt) without a condom?  
\_\_\_\_\_ time(s) [IF F7b=0, SKIP TO F10]
- c. How many men put their penises in your rectum (or butt) without a condom?  
\_\_\_\_\_ men [IF F7c > 1, SKIP TO F9]

F8. You said that one partner put his penis in your rectum (or butt) without a condom. Regarding this partner (please select one answer)...

1. This partner told you he was HIV-negative and you had no reason to doubt it
2. You knew this partner was HIV-positive
3. You were not completely sure of this partner's HIV status

**PRE-SKIP: IF F7c=1, SKIP TO F10.**

F9. You said that \_\_[import answer F7c]\_\_ partners put their penises in your rectum (or butt) without a condom. Of those men...

- a. How many had actually told you they were HIV-negative and you had no reasons to doubt it?  
\_\_\_\_\_partner(s)
- b. How many do you know to be HIV-positive?  
\_\_\_\_\_partner(s)
- c. How many were you NOT completely sure of their HIV status?  
\_\_\_\_\_ partner(s)

*Logic check: Sum of responses for F9a-F9c must equal F7c.*

F10. Now I'd like to ask you about oral sex. In the past 30 days...

- a. How many times did you put a man's penis in your mouth?  
\_\_\_\_\_ time(s) [IF F10a=0, SKIP TO F10d]
- b. How many times did you put a man's penis in your mouth without a condom?  
\_\_\_\_\_ time(s) [IF F10b=0, SKIP TO F10d]
- c. How many men's penises did you put in your mouth without a condom?  
\_\_\_\_\_ men's penises
- d. How many times did a man put his mouth on your vagina?  
\_\_\_\_\_ time(s) [IF F10d > 1, SKIP TO F11]
- e. How many men put their mouths on your vagina?  
\_\_\_\_\_ men

**PRE-SKIP: IF F2=0, SKIP TO F13**

The next set of questions will be about your sexual behavior with women in the past month.



F11. During the past 30 days, how many female sexual partners have you had?

\_\_\_\_\_ female sexual partner(s) **[If F11=0, SKIP TO F13]**

F12. During the past 30 days...

a. How many times did you and your female partner(s) share any toys or other objects (e.g., vibrators, dildos, etc.) to penetrate each other vaginally?

\_\_\_\_\_ time(s) **[If F12a ≤ 1, skip to F12c]**

b. How many different women did you share any toys or other objects (e.g., vibrators, dildos, etc.) with to penetrate each other vaginally?

\_\_\_\_\_ women

c. How many times did you and your female partner(s) share any toys or other objects (e.g., vibrators, dildos, etc.) to penetrate each other in the rectum?

\_\_\_\_\_ time(s) **[If F12c ≤ 1, skip to F12e]**

d. With how many different women did you share any toys or other objects (e.g., vibrators, dildos, etc.) to penetrate each other in the rectum?

\_\_\_\_\_ women

e. How many times did you put your mouth on a vagina or clitoris?

\_\_\_\_\_ time(s) **[If F12e ≤ 1, skip to F12g]**

f. How many women's vaginas or clitorises did you put your mouth on?

\_\_\_\_\_ women's vaginas/clitorises

g. How many times did women put their mouth on your vagina?

\_\_\_\_\_ time(s) **[If F12g ≤ 1, skip to F13]**

h. How many women put their mouths on your vagina?

\_\_\_\_\_ women

The next questions refer to exchanging sex for money or other goods or services. Remember, your answers are confidential and will not be viewed by clinic staff.

F13. During the past 30 days, how many times did you receive money or other goods or services in exchange for sex?

\_\_\_\_\_time(s)

F14. During the past 30 days, how many times did you pay money or provide other goods or services in exchange for sex?

\_\_\_\_\_time(s)

**SECTION G. SUBSTANCE USE**

The following questions refer to alcohol and drug use. Remember, your answers are confidential and will not be viewed by clinic staff.

G1. Now I will show you a list of different drugs. During **the last 30 days**, how often have you used each of the following substances?

**GO DOWN "A" COLUMN FIRST. IF "0" FOR ANY SUBSTANCES, SKIP B FOR THOSE PARTICULAR SUBSTANCES.**

	[A] Number of times used in past 30 days	[B] Number of times used before or during sex in past 30 days
a. Alcohol (beer, wine, liquor)	___ ___ times	___ ___ times
b. Marijuana/hashish/pot/weed	___ ___ times	___ ___ times
c. Ecstasy/MDMA	___ ___ times	___ ___ times
d. Crystal Meth/amphetamines/ methamphetamines/speed/crank/ice	___ ___ times	___ ___ times
e. Ketamine/special K	___ ___ times	___ ___ times
f. GHB (Gamma hydroxybutyrate)	___ ___ times	___ ___ times
g. Other hallucinogens/LSD/ mushrooms	___ ___ times	___ ___ times
h. Poppers/amyl nitrate/butyl nitrate	___ ___ times	___ ___ times
i. Crack	___ ___ times	___ ___ times
j. Cocaine (not crack)	___ ___ times	___ ___ times
k. Heroin	___ ___ times	___ ___ times
l. Any other pharmaceutical drugs not prescribed to you by a physician	___ ___ times	___ ___ times
m. Other, <i>please specify</i> : _____	___ ___ times	___ ___ times

**PRE-SKIP : IF G1a[A]=0, SKIP TO H1.**

G2. Thinking about the times you used alcohol during the **last 30 days**, how much did you typically use?

1. Too little to feel any effect
2. Enough to feel it a little
3. Enough to feel it a lot
4. Enough to get drunk
5. Enough to feel like you might pass out

## **SECTION H. PRODUCT ACCEPTABILITY (CONDOMS & RING)**

---

Please respond to all of the following questions even if you are not sexually active, have never used condoms, or have never had a partner who used condoms. In such cases indicate how you think you would feel in such a situation.

H1. Choose a number on the scale below that best represents your feelings about each statement regarding condoms. There are no right or wrong responses to any of these statements. Choose the response that best represents your opinion.

(Scale responses for all questions: 1=Strongly disagree, 2=Disagree, 3=Slightly disagree, 4=Slightly agree, 5=Agree, 6=Strongly agree)

- a. Use of a condom is an interruption of foreplay.
- b. Condoms are an effective method of preventing the spread of HIV and other sexually transmitted infections.
- c. Condoms are unreliable.
- d. Condoms ruin the sex act.
- e. It is easy to suggest to my partner that we use a condom.
- f. Condoms are a lot of fun.
- g. I never know what to say when my partner and I need to talk about condoms or other protection.
- h. The use of condoms can make sex more stimulating.
- i. I'm comfortable talking about condoms with my partner.
- j. A woman who suggests using a condom does not trust her partner.
- k. Condoms are uncomfortable for both parties.
- l. Condoms are easy to put on.
- m. Condoms are easy to remove.
- n. Condoms are messy to use.
- o. My partner does not mind using a condom.
- p. I would recommend condoms to others.
- q. I feel confident in my partner's ability to maintain an erection while using a condom.

H2. We would like to know your feelings about a vaginal ring, whether or not you have had the chance to ever use one. Choose a number on the scale below that best represents your feelings about each statement regarding the vaginal ring. There are no right or wrong responses to any of these statements. Choose the number that best represents your opinion.

(Scale responses for all questions: 1=Strongly disagree, 2=Disagree, 3=Slightly disagree, 4=Slightly agree, 5=Agree, 6=Strongly agree)

- a. Use of the ring is an interruption of foreplay.

- b. The ring is an effective method of preventing the spread of HIV and other sexually transmitted infections.
- c. The ring is unreliable.
- d. The ring ruins the sex act.
- e. It is easy to suggest to my partner that we use the ring.
- f. The ring is a lot of fun.
- g. I never know what to say when my partner and I need to talk about the ring or other protection.
- h. The use of the ring can make sex more stimulating.
- i. I'm comfortable talking about the ring with my partner.
- j. A woman who suggests using the ring does not trust her partner.
- k. The ring is uncomfortable for both parties.
- l. The ring is easy to insert.
- m. The ring is easy to remove.
- n. The ring is messy to use.
- o. My partner does not mind that I use the ring.
- p. I would recommend the ring to others.
- q. I feel confident in my partner's ability to maintain an erection when I use the ring.

## SECTION I. RING CONCERNS

---

Some women may have **worries or concerns** about the ring. Please indicate all the worries you are having **today** about using the ring.

11. How worried are you about having a vaginal ring inside of you every day for at least 28 days?
1. Very worried
  2. Somewhat worried
  3. A little worried
  4. Not at all worried **[IF 11=NO(0), SKIP TO 13]**
12. Are you worried or concerned about: [check all that apply]
1. The ring being dirty
  2. Removing the ring because you want to clean your vagina
  3. Having difficulty inserting the ring
  4. Having difficulty removing the ring
  5. The ring coming out by accident
  6. Losing the ring
  7. The ring not staying correctly in place
  8. The ring getting stuck inside your body
  9. Not liking how the ring feels inside you
  10. The ring coming out on its own during physical activity
  11. The ring coming out on its own during a bowel movement
  12. The ring coming out on its own during urination
  13. The ring coming out on its own during your period
  14. Wanting to remove the ring before having sex
  15. The ring coming out if you were to have sex
  16. The ring feeling uncomfortable during sex
  17. The ring feeling painful during sex
  18. Your sex partner feeling the ring during sex
  19. The ring making sex less pleasurable
  20. The ring feeling uncomfortable during normal daily activities
  21. The ring feeling painful during normal daily activities
  22. Your sex partner not approving of you wearing the ring
  23. A family member not approving of your use of the ring
  24. A friend not approving of your use of the ring
  25. The ring being unsafe or harmful
  26. The ring causing genital infection, infertility, or other health problems
  27. Feeling sick from using the ring
  28. Using the ring during your period
  29. Anything else (Please specify: \_\_\_\_\_)
  30. **I am not concerned about any of these things.**

13. If in the future a vaginal ring was available that provided some protection against HIV, and it was similar to the one you will use in this study, how likely would you be to keep it inserted in your vagina every day?

1. Very unlikely
2. Unlikely
3. Likely
4. Very likely

## SECTION J. MOTIVATION & ADDITIONAL COMMENTS

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J1. Please indicate the top 3 **main** reason(s) you joined this research study.

1. To receive the financial reimbursement
2. To be provided with free health care during the study, or to get higher quality health care
3. To be tested for HIV
4. To get educated or find out more about HIV
5. To help test a product that may prevent women from getting HIV
6. To contribute to scientific knowledge
7. To satisfy my curiosity about participating in a study
8. A friend/family member recommended that I join the study
9. I am worried about getting infected with HIV
10. My health care provider recommended I join the study
11. Other, *please specify*: \_\_\_\_\_

We are close to the end of the interview.

J2. Is there anything that we haven't asked that you think we should have?  
[Open response]

This is the end of the interview. Thank you for completing this questionnaire! Please click on 'Next' when you are ready to save your responses. After you do so, you will not be able to change your answers.