

Intro:

The following survey will ask you questions about recent events in your life and relationships, your behavior, and your experiences with PrEP or the dapivirine ring. Some of the questions may seem very personal, but please remember that all of your answers will be kept confidential. With the computer, no one else can see or hear the questions and no one can see your answers, so please be as truthful as you can.

You can skip any question that makes you feel uncomfortable or stop taking the survey at any time. None of your answers will affect your ability to stay in the study.

During this interview, when we say “tablets” we are talking about the tablets you are taking in this study, and when we say “ring” we are talking about the ring you are using in this study.

Some questions will ask you about your life or behavior during a specific time period (for example, “in the past 30 days”). Please pay close attention to the time period and only tell us about your behavior during that time.

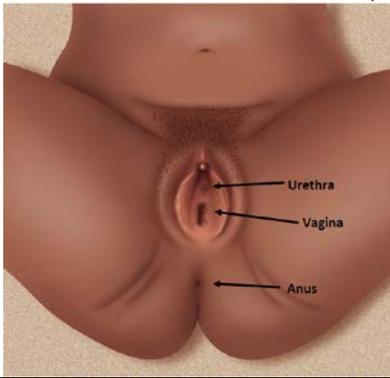
The survey will take about 20-30 minutes to complete. Only use the "Previous" (White) and "Next" (Green) buttons at the bottom of each page to move through the survey.

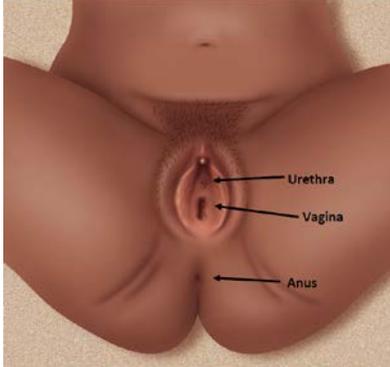
If you have questions or need assistance, please ask a member of the study staff. If you have questions or need assistance, please ask a member of the study staff.

#		Response options	Skip pattern or notes
Adherence			
We are now going to ask you some questions about your experience using the tablets. We know the tablets may be difficult to use every day. There are no right or wrong answers to these questions, and none of your answers will prevent you from participating in the study.			B1 B2
1.	In the last 30 days , did you experience a change in your daily routine (such as your job or exams) that interfered with taking the tablets?	Yes No Never swallowed the tablets in last 30 days Participant skipped question	C3
2.	In the last 30 days , did you miss any tablets because you were travelling away from home?	Yes No Never swallowed the tablets in last 30 days Participant skipped question	C4
3.	In the last 30 days , did you miss any tablets because you forgot or were too busy?	Yes No Never swallowed the tablets in last 30 days Participant skipped question	C5
4.	In the last 30 days , please rate yourself on how you took the tablets in the way you were supposed to:	Very poor Poor Fair Good Very good Excellent Never swallowed the tablets in last 30 days Participant skipped question	C6

At Early PUEV/Discontinuation Visit only: The next questions are about your experience with the tablets throughout the entire study.			C7
5.	Since you joined the REACH Study, have you ever lost any of your tablets?	Yes No Participant skipped question	C8
6.	Since you joined the REACH Study, has anyone ever taken or stolen any tablets from you?	Yes No Participant skipped question	C9
7.	Since you joined the REACH Study, did you ever give away, share, trade, or sell any tablets?	Yes No Participant skipped question	C10

Partner/partnership characteristics			
The next questions are about your recent sexual partners:			I1
8.	Do you currently have a primary sex partner? By primary sex partner we mean a man you have sex with on a regular basis who is your boyfriend or husband, or who you consider to be your main partner.	Yes No Participant skipped question	I2 If No, skip to question 12 (item J1)
9.	Is it the same primary partner you had at your last computer interview?	Yes No Participant skipped question	I3 If Yes, skip to question 12 (item J1)
10.	How old, in years, is your primary sex partner? If you don't know, please guess.	___ __ years Participant skipped question	I4
11.	Does your primary sex partner provide you with financial and/or material support? By material goods, we mean things like food, rent, clothes/shoes/accessories, cosmetics, transport, or items for your children or family.	Yes No Participant skipped question	I6

Sexual Behavior			
12.	In the past 3 months , how often have you had vaginal sex? By vaginal sex we mean when a man puts his penis inside your vagina. Press the PINK button to see a picture of the vagina.	Never Less than monthly Monthly Weekly Daily or almost daily Participant skipped question	J1 If Never, skip to question 15 (item J5)
			
13.	In the past 30 days , how many times have you had vaginal sex?	___ __ times Participant skipped question	J2
14.	During the last act of vaginal sex that you had, was a condom used? By condom we mean a male or female condom.	Yes No Participant skipped question	J4

15.	<p>In the past 3 months, how often have you had anal sex? By anal sex we mean when a man puts his penis inside your anus. Press the PINK button to see a picture of the anus.</p> 	<p>Never Less than monthly Monthly Weekly Daily or almost daily Participant skipped question</p>	<p>J5 If Never, skip to question 17 (item J7)</p>
16.	<p>During the last act of anal sex that you had, was a condom used?</p>	<p>Yes No Participant skipped question</p>	<p>J6</p>
17.	<p>In the past 3 months, how many men all together have you had sex with? Please include ALL your sex partners: your primary partner, if you have one, and any other type of partner, such as boyfriends, causal partners, or clients.</p>	<p>__ __ men Participant skipped question</p>	<p>J7</p>

Disclosure and support

We are now going to ask you questions about the people whom you might have talked to about the tablets.

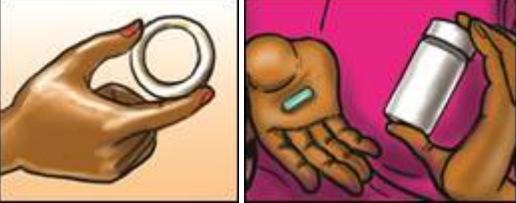
Do any of the following people know that you are taking the tablets?	Yes	No	Don't know	Not applicable	Participant skipped question	N3
18. Your primary sex partner						N4
19. Any female family member(s) (such as sisters, mother, or aunts)						N5
20. Any male family members (such as brothers, father, or uncles)						N6
21. Any of your friends						N7
If items N4-N7 are all "No," "Don't know," or "Not applicable," skip to next applicable section: item O7 for Visit 6/13/20 Tablet OR item Q2 for Early PUEV						

22.	<p>Of the people that know, which ones are supportive of you taking the tablets? <i>(mark all that apply)</i></p>	<p>None of them are supportive Your primary sex partner Any female family member(s) Any male family member(s) Any of your friends Participant skipped question</p>	<p>N12</p>
23.	<p>Of the people that know, which ones are against you taking the tablets? <i>(mark all that apply)</i></p>	<p>None of them are against it Your primary sex partner Any female family member(s) Any male family member(s) Any of your friends Participant skipped question</p>	<p>N13</p>

PrEP Stigma scale (At Visits 6, 13, and 20 only)

Please tell us what the people in your community think about PrEP:			07
24.	People in my community think: People who take PrEP are promiscuous (having casual sex).	Strongly disagree Disagree Agree Strongly agree Don't Know People in my community don't know about PrEP Participant skipped question	O8 If "People in my community don't know about the PrEP", skip to 29 (row 115, item Q2) (Early PUEV) or 32 (row 151, item Y1) (Visits 6, 13, 20)
25.	People in my community think: People who take PrEP are being responsible about their sexual health.	Strongly disagree Disagree Agree Strongly agree Don't Know Participant skipped question	O9
26.	People in my community think: PrEP may not be safe for your health.	Strongly disagree Disagree Agree Strongly agree Don't Know Participant skipped question	O10
27.	People in my community think: Taking PrEP means you have HIV.	Strongly disagree Disagree Agree Strongly agree Don't Know Participant skipped question	O11
28.	People in my community think: Taking PrEP can make you infertile.	Strongly disagree Disagree Agree Strongly agree Don't Know Participant skipped question	O12

Product preference (At Early PUEV/Discontinuation Visit only)			
29.	Would you prefer to use the ring or the tablets for HIV prevention?	Ring Tablets Either product equally Neither product Participant skipped question	Q2 If Tablets, skip to question 31 (item Q4).

			If "Either product equally" or "Neither product", Q3 and Q4 should not be asked and skip to question 32, item Y1.
30.	If the ring was not available, would you be willing to use the tablets?	Yes No Participant skipped question	Q3 Skip to question 32 (item Y2)
31.	If the tablets were not available, would you be willing to use the ring?	Yes No Participant skipped question	Q4

Product acceptability (overall)			
The next questions ask about your opinion of the tablets.			Y1
32.	Please rate how much you like using the tablets for HIV prevention:	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	Y2

Product attributes:			
33.	What is your opinion of how the tablets look?	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	Y3
34.	What is your opinion of the size of the tablets?	Too big Too small The size is fine Participant skipped question	Y4
35.	What is your opinion of the sound the tablets make when you are carrying them?	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	Y5
36.	What is your opinion of the taste of the tablets?	Dislike very much Dislike Neither like nor dislike Like Like very much	Y6

		Participant skipped question	
37.	What is your opinion of the smell of the tablets?	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	Y7
38.	How much did you mind taking the tablets every day?	Not at all A little A lot Participant skipped question	Y8

Use attributes:			
39.	In the past 3 months , how difficult was it for you to take your tablets every day?	Very easy Easy Neither easy nor difficult Difficult Very difficult Never swallowed the tablet in the past 3 months Participant skipped question	Z1
40.	In the past 3 months , how often did taking the tablets interfere with any of your regular daily activities?	Most of the time Sometimes Never Never swallowed the tablet in the past 3 months Participant skipped question	Z2
41.	How easy or difficult was it to swallow the tablets?	Very easy Easy Neither easy nor difficult Difficult Very difficult Never swallowed the tablet in the past 3 months Participant skipped question	Z3
42.	How easy or difficult was it to store the tablets at home?	Very easy Easy Neither easy nor difficult Difficult Very difficult Participant skipped question	Z4
43.	Have you felt sick or experienced any side effects from taking the tablets?	Yes No Participant skipped question	Z5 If no, skip to question 45 (item AA1).
44.	How much did the side effects bother you?	Not at all A little A lot Participant skipped question	Z6

Effects on sexual encounter:			
45.	How does taking the tablets affect your sexual pleasure?	Increases your sexual pleasure Does not change your sexual pleasure Decreases your sexual pleasure Did not have sex in past 3 months Participant skipped question	AA1

Partner attitude/experience:			
46.	Do you think the tablets could be used secretly, without a sexual partner knowing? (<i>Visits 6, 13, 20 only</i>)	Yes No Don't know Participant skipped question	AB1
47.	How important is it to you that the tablets could be used without your sexual partner(s) knowing? (<i>Visits 6, 13, 20 only</i>)	Very important Somewhat important Somewhat unimportant Very unimportant Participant skipped question	AB2 Skip this If no primary sex partner reported in question 8 (item I2), and go to 49 (item AC1).
48.	Has your primary sex partner ever asked you to stop taking the tablets?	Yes No Participant skipped question	AB3 Skip this if no primary sex partner reported in question 8 (item I2), and go to 49 (item AC1).

Ability to use discreetly (<i>Visits 6, 13, 20 only</i>):			
49.	Do you think the tablets could be used without your family member(s) knowing?	Yes No Don't know Participant skipped question	AC1
50.	How important is it to you that the tablets could be used without your family member(s) knowing?	Very important Somewhat important Somewhat unimportant Very unimportant Participant skipped question	AC2

Beliefs and worries (<i>Visits 6, 13, 20 only</i>):			
51.	How worried are you about negative health effects when taking the tablets every day for 6 months or more?	Very worried Somewhat worried	AD2

		A little worried Not at all worried Participant skipped question	
52.	How worried are you about forgetting to take the tablets daily for 6 months or more?	Very worried Somewhat worried A little worried Not at all worried Participant skipped question	AD3
53.	How much protection do you feel that the tablets can provide against HIV?	No protection A little protection Some protection A lot of protection Participant skipped question	AD4

Clinic Experiences (At Early PUEV/Discontinuation Visit only)			
Now we would like to know how you felt about your experience with the study clinic and study staff. Please indicate whether you found the following parts of the study acceptable or unacceptable.			AE1
54.	Waiting time at the clinic during your visits	Acceptable Unacceptable Participant skipped question	AE2
55.	Having to use a contraceptive method throughout the study	Acceptable Unacceptable Participant skipped question	AE3
56.	Having your blood drawn	Acceptable Unacceptable Participant skipped question	AE4
57.	Having an HIV test done every month	Acceptable Unacceptable Participant skipped question	AE5
58.	Having pelvic exams	Acceptable Unacceptable Participant skipped question	AE6
59.	Getting counseling from the study staff about HIV risk and tablet or ring use	Acceptable Unacceptable Participant skipped question	AE7
60.	The clinic schedule/operating hours	Acceptable Unacceptable Participant skipped question	AE8
61.	How well the study staff protected your privacy	Acceptable Unacceptable Participant skipped question	AE9
62.	How the study staff treated you during your visits	Acceptable Unacceptable Participant skipped question	AE10
63.	How honest the staff were about the study ring and tablets	Acceptable Unacceptable Participant skipped question	AE11

Follow-up counseling:		
64.	We have asked you a number of questions today. Some of them may have caused you to feel worried or sad. Would you like to talk to someone about how you are feeling? If you answer yes, a counselor will be notified that you would like to talk to her or him.	Yes No Participant skipped question

If participant replies Yes to this question, an alert will be shown when the administrator closes the ACASI s that a study counselor can offer additional counseling to the participant.