




Baseline acceptability (BL) CRF [Visit 2]

Note: Information in italics is for the interviewer and will not be read aloud to the participant.

<p><b>INTERVIEWER READS:</b> The following questions ask you about your thoughts on the vaginal film, even though we know you have not yet tried it yet. We are interested in hearing how you feel about the film and what you imagine the film will be like before you try it.</p>									
<p><i>Comfort</i></p>									
<p>1. *On a scale of 1 to 10, how comfortable do you think the insertion process will be for the vaginal film, where 1 means extremely uncomfortable and 10 means extremely comfortable? (<i>Show Response Card 1</i>)</p>									
									
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
<p><sup>1</sup>Extremely uncomfortable <sup>2</sup>Very uncomfortable</p>					<p><sup>9</sup>Very comfortable <sup>10</sup>Extremely comfortable</p>				
<p><i>Worries and Excitement</i></p>									
<p>2. *On a scale of 1 to 10, how worried are you about using the vaginal film, where 1 means extremely worried and 10 means not at all worried? (<i>Show Response Card 2</i>)</p>									
									
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
<p><sup>1</sup>Extremely worried <sup>2</sup>Very worried</p>					<p><sup>9</sup>Not worried <sup>10</sup>Not at all worried</p>				
<p><b>2.a. If response selected is in the range of 1-5, ask: What worries you about using the film?</b></p>									
<p>3. *On a scale of 1 to 10, how excited are you about using vaginal film, where 1 means not at all excited and 10 means extremely excited? (<i>Show Response Card 3</i>)</p>									
									
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>	<input type="checkbox"/> <sub>10</sub>
<p><sup>1</sup>Not at all excited <sup>2</sup>Not excited</p>					<p><sup>9</sup>Very excited <sup>10</sup>Extremely excited</p>				
<p><b>3.a. If response selected is in the range of 6-10, ask: What excites you about using the film?</b></p>									
<p>4. Overall, how easy or difficult do you think it will be to insert the vaginal film? (<i>Show Response Card 4</i>)</p>							<p><input type="checkbox"/><sub>1</sub> Very difficult</p> <p><input type="checkbox"/><sub>2</sub> Difficult</p> <p><input type="checkbox"/><sub>3</sub> Neither difficult nor easy</p> <p><input type="checkbox"/><sub>4</sub> Easy</p> <p><input type="checkbox"/><sub>5</sub> Very easy</p>		

5. The next statements are about things that may worry or excite you about the vaginal film. For each of the following statements, please tell me if you agree with it or not.	Yes (Agree)	No (Disagree)
a. *I worry about the vaginal film coming out or not staying correctly in place	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
b. *I think that the vaginal film may feel uncomfortable or painful during normal activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
c. *I am concerned that the vaginal film will cause side effects	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
d. *I am worried about being able to insert the vaginal film as explained to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
e. *I am worried about using the vaginal film during menses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
f. *I think that the vaginal film may make sex more enjoyable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
g. *I worry that the vaginal film may cause pain during sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
h. *Trying a new option that is being designed for HIV prevention is exciting	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
i. *I prefer to use an HIV product that I can control and use myself	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>
j. *I like that the vaginal film will be used monthly	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>

**Gains and Losses**

6. * For each of the following statements, please tell me if you disagree, agree somewhat, or agree a lot. In the future, if the vaginal film were available for HIV prevention... [insert item from table]	Disagree	Agree Somewhat	Agree A lot
a. *Using a vaginal film on a monthly basis may interfere with my sexual relationships.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. *Using a vaginal film on a monthly basis may enhance/improve my sexual relationships.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. *Using a vaginal film on a monthly basis may give me greater control of my sexual health.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. *Using a vaginal film on a monthly basis may make people think I am at high-risk for HIV/that I take sexual risks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
e. *People in my community who are similar to me may want to use a vaginal film. <i>“Similar” means women who may share the same life circumstances as you, be in a similar situation in terms of relationships, age, living situation, education</i>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

**Discreetness and Product Use**

7. Who did you discuss study participation with before deciding to enroll? [mark all that apply]	<input type="checkbox"/> <sub>1</sub> Spouse/main sexual partner <input type="checkbox"/> <sub>2</sub> Casual/other sexual partner/s <input type="checkbox"/> <sub>3</sub> Family, <i>specify:</i> _____ <input type="checkbox"/> <sub>4</sub> Friend(s) <input type="checkbox"/> <sub>5</sub> No one <input type="checkbox"/> <sub>6</sub> Other, <i>specify:</i> _____
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<p>8. *Who do you plan to tell about your use of the vaginal film while you are in the study? [mark all that apply]</p>	<input type="checkbox"/> 1 Spouse/main sexual partner <input type="checkbox"/> 2 Casual/other sexual partner/s <input type="checkbox"/> 3 Family, <i>specify:</i> _____ <input type="checkbox"/> 4 Friend(s) <input type="checkbox"/> 5 No one <input type="checkbox"/> 6 Other, <i>specify:</i> _____				
<p>9. How important is it to you that the film could be used without [insert a-d below] knowing? (Show Response Card 5)</p>	Very unimportant	Somewhat unimportant	Somewhat important	Very important	N/A
<p>a. Spouse/main sexual partner (if not spouse)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>b. Casual (other) sexual partner(s)</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>c. Family, <i>specify:</i> _____</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>d. Friends</p>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<p>10. In the future, if you were using an HIV prevention product that could be used without your main partner or other sexual partners knowing, would you tell them anyway?</p>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Unsure				

Interest in Future Use	
<p>11. *In the future, how likely are you to want to use an HIV prevention product?</p>	<input type="checkbox"/> 1 Very unlikely <input type="checkbox"/> 2 Somewhat unlikely <input type="checkbox"/> 3 Somewhat likely <input type="checkbox"/> 4 Very likely
<p>12. *In the future, if vaginal films were available for HIV prevention, how interested would you be in using the vaginal film?</p>	<input type="checkbox"/> 1 Very interested <input type="checkbox"/> 2 Somewhat interested <input type="checkbox"/> 3 Somewhat uninterested <input type="checkbox"/> 4 Very uninterested

**END OF CRF**

CRF Completed By: \_\_\_\_\_ (initials)

CRF Completion Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)