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

*The \* next to some questions indicates a question (same or similar) also asked at baseline/midpoint.*

<p>INTERVIEWER READS: The following questions ask you about your opinions and experiences with the <u>second vaginal film</u> you used <u>over the past month</u>. Your honest opinions are very important in making sure we have the best information possible for developing HIV prevention products that will be liked and can be easily used by people like you.</p>									
<p><i>Overall Product Acceptability</i></p>									
<p>1. *On a scale of 1 to 10, how much did you like or dislike using <u>the second vaginal film</u>, where 1 means extremely disliked and 10 means extremely well liked? (<i>Show Response Card 21</i>)</p>									
									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><sup>1</sup>Extremely disliked <sup>2</sup>Very disliked</p>					<p><sup>9</sup>Very well liked <sup>10</sup>Extremely well liked</p>				
<p><i>Worries and excitement</i></p>									
<p>2. Please rate how easy or difficult it was for you to use the film (have it inserted in your vagina) in the last month, from 1-10, where 1 means extremely difficult and 10 means extremely easy. (<i>Show Response Card 22</i>)</p>									
									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p><sup>1</sup>Extremely difficult <sup>2</sup>Very difficult</p>					<p><sup>9</sup>Very easy <sup>10</sup>Extremely easy</p>				
<p>3. *On a scale of 1 to 10, how worried were you when using the vaginal film during the past month, where 1 means extremely worried and 10 means not at all worried? (<i>Show Response Card 23</i>)</p>									
									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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>4. *On a scale of 1 to 10, how excited were you when using the vaginal film during the past month, where 1 means not at all excited and 10 means extremely excited? (<i>Show Response Card 24</i>)</p>									
									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<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>				

5. How acceptable to you was the overall process of inserting the film? <i>(Show Response Card 25)</i>	<input type="checkbox"/> <sub>1</sub> Not at all acceptable <input type="checkbox"/> <sub>2</sub> Not acceptable <input type="checkbox"/> <sub>3</sub> Somewhat acceptable <input type="checkbox"/> <sub>4</sub> Acceptable <input type="checkbox"/> <sub>5</sub> Highly acceptable		
6. How confident were you that the film was inserted correctly? <i>(Show Response Card 26)</i>	<input type="checkbox"/> <sub>1</sub> Not at all confident <input type="checkbox"/> <sub>2</sub> Somewhat confident <input type="checkbox"/> <sub>3</sub> Fairly confident <input type="checkbox"/> <sub>4</sub> Very confident		
7. How acceptable to you was the time it took to insert the film? <i>(Show Response Card 25)</i>	<input type="checkbox"/> <sub>1</sub> Not at all acceptable <input type="checkbox"/> <sub>2</sub> Not acceptable <input type="checkbox"/> <sub>3</sub> Somewhat acceptable <input type="checkbox"/> <sub>4</sub> Acceptable <input type="checkbox"/> <sub>5</sub> Highly acceptable		
8. The next statements are about things that you may have experienced when you were using the vaginal film this month.	Yes <i>Agree</i>	No <i>Disagree</i>	N/A
a. *The vaginal film came out, or did not stay correctly in place 8.a.i. <i>If response=Yes, ask: What do you think caused that?</i> _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
b. *The vaginal film felt uncomfortable during normal activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
c. *The vaginal film felt painful during normal activities	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
d. I thought a lot about the film over the last month	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
e. *The vaginal film caused side effects	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
f. *I felt like I could easily use the vaginal film as it was explained to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
g. *I did not notice the film during menses	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
h. *The vaginal film made sex more enjoyable	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
i. *The vaginal film caused pain during sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
j. *It was exciting to use a new option that is being designed for HIV prevention	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
k. *I felt like I had control over the vaginal film	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
[ <i>If 8e = Yes; skip otherwise</i> ] 8.e.i. Please describe the side effects you've experienced while using the vaginal film.	<i>Specify:</i> _____		
<i>Ease of use</i>			
9. How long do you think it took for the <u>second</u> film (the one you used this last month) to dissolve in your vagina after insertion?	_____ days <input type="checkbox"/> <sub>1</sub> Do not think it dissolved at all <input type="checkbox"/> <sub>2</sub> Not sure		
10. How often were you aware of the feeling of the vaginal film during your normal daily activities?	<input type="checkbox"/> <sub>1</sub> Most of the time <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never		
11. Over the last month, did you check to see if the vaginal film was still present in the vagina?	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No		





<p>12. Since the last visit, did you notice any of the following changes in your vagina? (<i>Mark all that apply</i>)</p>	<input type="checkbox"/> <sub>1</sub> More wetness than normal <input type="checkbox"/> <sub>2</sub> More dryness than normal <input type="checkbox"/> <sub>3</sub> More itchiness than normal <input type="checkbox"/> <sub>4</sub> More soreness than normal <input type="checkbox"/> <sub>5</sub> Other: _____ <input type="checkbox"/> <sub>6</sub> No noticeable changes → <b>skip to Q14</b>		
<p>13. How, if at all, would the following changes in your vagina affect your use of vaginal films in the future? (<i>Show Response Card 27</i>)  <i>[Response option only included if selected in prior question]</i></p>	<p>More likely to use</p>	<p>No change in use</p>	<p>Less likely to use</p>
<p>a. More wetness than normal</p>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<p>b. More dryness than normal</p>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<p>c. I had more itchiness than normal</p>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<p>d. I had more soreness than normal</p>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<p>e. Other: _____</p>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
<p><b>Burden</b></p>			
<p>14. *Since your last visit, how often did your use of the vaginal film interfere with any of your regular daily activities?</p>	<input type="checkbox"/> <sub>1</sub> Most of the time <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Never → <b>skip to Q16</b> <input type="checkbox"/> <sub>4</sub> I didn't use the vaginal film → <b>skip to Q16</b>		
<p>15. Which daily activities were disrupted by film use?</p>	<p>_____</p>		
<p><b>Discreetness and product use</b></p>			
<p>INTERVIEWER READS: The next questions ask about your views of whether the vaginal film can be used discreetly (without others knowing) and whether you have let others know about your product use or not.</p>			
<p>16. How involved was your main partner when you were deciding whether to join this study?</p>	<input type="checkbox"/> <sub>1</sub> Not at all involved <input type="checkbox"/> <sub>2</sub> A little involved <input type="checkbox"/> <sub>3</sub> Very involved <input type="checkbox"/> <sub>4</sub> I don't have a partner → <b>skip to Q20</b>		
<p>17. Is your main partner aware that you used the vaginal film?</p>	<input type="checkbox"/> <sub>1</sub> Yes, I chose to tell them about it <input type="checkbox"/> <sub>2</sub> Yes, they found out from someone else <input type="checkbox"/> <sub>3</sub> Yes, they discovered the film some other way <input type="checkbox"/> <sub>4</sub> No, they don't know I'm using the film → <b>skip to Q20</b>		
<p>18. How supportive was your main partner of your use of the film when they first found out?</p>	<input type="checkbox"/> <sub>1</sub> Very supportive <input type="checkbox"/> <sub>2</sub> A little supportive <input type="checkbox"/> <sub>3</sub> Not very supportive <input type="checkbox"/> <sub>4</sub> Not at all supportive		
<p>19. How supportive was your main partner of your use of the film during this study?</p>	<input type="checkbox"/> <sub>1</sub> Very supportive <input type="checkbox"/> <sub>2</sub> A little supportive <input type="checkbox"/> <sub>3</sub> Not very supportive <input type="checkbox"/> <sub>4</sub> Not at all supportive		
<p>20. Did anyone find out about your vaginal film use without you telling them?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No → <b>skip to Q22</b>		
<p>21. Did any of these people find out because you felt forced to tell them?</p>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No		

22. *In the future, if vaginal films were available for HIV prevention, how important is it to you that vaginal film could be used without the following people knowing? (Show Response Card 28)	Very unimportant	Somewhat unimportant	Somewhat important	Very important	N/A
a. Spouse/main sexual partner (if not spouse)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Casual (other) sexual partner(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Family, <i>specify</i> : _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Community members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23. In the future, if the vaginal film were available, how easy or difficult would it be to use this product without the following people knowing? (Show Response Card 29)	Very difficult	Difficult	Easy	Very easy	NA
a. Spouse/main sexual partner (if not spouse)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. Casual (other) sexual partner(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. Family, <i>specify</i> : _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. Friends	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e. Community members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
24. *Who else did you tell about your use of the vaginal film while you were in the study?	<input type="checkbox"/> 1 No one <input type="checkbox"/> 2 Casual (other) sexual partner(s) <input type="checkbox"/> 3 Family, <i>specify</i> : _____ <input type="checkbox"/> 4 Other, <i>specify</i> : _____				
<b>Adherence</b>					
INTERVIEWER READS: I'm going to ask some questions about what you did in the past month. Your answers to these questions will not change your involvement in this study.					
25. Have you had any sex since the second vaginal film was inserted, including oral, vaginal, or anal sex? <i>Select all that apply</i>	<input type="checkbox"/> 1 Oral <input type="checkbox"/> 2 Vaginal <input type="checkbox"/> 3 Anal <input type="checkbox"/> 4 None <input type="checkbox"/> 5 Other, <i>specify</i> : _____ <input type="checkbox"/> 6 Only non-receptive sex				
<b>Impact on Sex</b>					
INTERVIEWER READS: I will now ask you some questions about sex, menstruation, and other vaginal practices in the last month. I know it can be awkward to talk about some of these things; I hope you feel comfortable to answer freely, and you can always skip questions if you would prefer.					
26. Did using the film affect...	Yes		No		
a. How often you had any type of sex? <i>If yes: In what ways:</i> _____	<input type="checkbox"/> 1		<input type="checkbox"/> 2		
b. Your overall desire to have sex? <i>If yes: In what ways:</i> _____	<input type="checkbox"/> 1		<input type="checkbox"/> 2		
<b>If 25 = "4. None," or "6. Only non-receptive sex", skip to 35</b>					

c. Your feelings of intimacy or emotional closeness with your partner during sex? If yes: In what ways: _____ _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
d. The types of sex you engaged in? <i>If 25=4, skip</i> If yes) In what ways: _____	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
27. How acceptable was the vaginal film's effect on: (Show Response Card 30) Response options included only if selected "yes" in prior question	Acceptable	Somewhat acceptable	Not acceptable
a. How often you had any type of sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
b. Your overall desire to have sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
c. Your feelings of intimacy or emotional closeness with your partner during sex	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
d. The types of sex you engaged in	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
28. How did the film affect your sexual pleasure?	<input type="checkbox"/> <sub>1</sub> It was not affected <input type="checkbox"/> <sub>2</sub> I had less sexual pleasure than usual <input type="checkbox"/> <sub>3</sub> I had more sexual pleasure than usual		
29. How did the film affect your partner(s)' sexual pleasure (main or other)?	<input type="checkbox"/> <sub>1</sub> It was not affected <input type="checkbox"/> <sub>2</sub> They had less sexual pleasure than usual <input type="checkbox"/> <sub>3</sub> They had more sexual pleasure than usual <input type="checkbox"/> <sub>4</sub> I do not know		
30. Did your partner(s) notice the vaginal film at all, (main or other)?	<input type="checkbox"/> <sub>1</sub> Yes, we talked about it <input type="checkbox"/> <sub>2</sub> Yes, we did not talk about it, but I know they noticed it <input type="checkbox"/> <sub>3</sub> No → <b>skip to 32</b>		
31. Did your partner(s) notice any changes to your vagina related to you using the vaginal film (main or other)?	<input type="checkbox"/> <sub>1</sub> Change in taste <input type="checkbox"/> <sub>2</sub> Change in scent or smell <input type="checkbox"/> <sub>3</sub> Change in lubrication <input type="checkbox"/> <sub>4</sub> Other, <i>specify:</i> _____ <input type="checkbox"/> <sub>5</sub> No changes <input type="checkbox"/> <sub>6</sub> I don't know		
32. (Skip unless 25=2 (had vaginal sex)) How often did you use condoms when having vaginal sex, since inserting the second vaginal film?	<input type="checkbox"/> <sub>1</sub> Always <input type="checkbox"/> <sub>2</sub> Sometimes <input type="checkbox"/> <sub>3</sub> Rarely <input type="checkbox"/> <sub>4</sub> Never		
33. Did any film come out when you had sex? <i>If 25=4 or 6, skip</i>	<input type="checkbox"/> <sub>1</sub> Yes <input type="checkbox"/> <sub>2</sub> No <input type="checkbox"/> <sub>3</sub> Not sure		
34. Overall, how did you feel about the film being present during sex?	<input type="checkbox"/> <sub>1</sub> Liked it <input type="checkbox"/> <sub>2</sub> Did not like it <input type="checkbox"/> <sub>3</sub> No opinion		

35. Have you inserted anything into your vagina since your last visit? <i>Read list and select each that apply</i>	<input type="checkbox"/> 1 Condom (male or female) <input type="checkbox"/> 2 Tampons <input type="checkbox"/> 3 Lubricants <input type="checkbox"/> 4 Douches <input type="checkbox"/> 5 Sex toys <input type="checkbox"/> 6 Water (alone or with soap) <input type="checkbox"/> 7 Vaginal medications <input type="checkbox"/> 8 Vaginal moisturizers <input type="checkbox"/> 9 Vaginal desiccants, to make the vagina dry or tight <input type="checkbox"/> 10 Materials such as paper, cloth, or cotton wool <input type="checkbox"/> 11 Other, specify: _____
<i>Use during menses</i>	
36. In the past month, have you had any vaginal bleeding or spotting?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → <b>skip to 40</b>
37. Was the vaginal bleeding expected (usual menses) or unexpected?	<input type="checkbox"/> 1 Expected <input type="checkbox"/> 2 Unexpected
38. How did you feel about the film being present during bleeding?	<input type="checkbox"/> 1 I liked using it during bleeding <input type="checkbox"/> 2 I did not like using it during bleeding <input type="checkbox"/> 3 No opinion
39. Was the film disrupted during bleeding? Disrupted could mean displaced/moved/shifted a little in the vagina or completely came out.	<input type="checkbox"/> 1 Yes, <i>specify</i> : _____ <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Not sure

<i>Gains and losses</i>			
40. 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... <i>[insert item from table]</i>			
	Disagree	Agree somewhat	Agree a lot
a. *Using it on a regular basis may interfere with my sexual relationships.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. *Using a vaginal film on a regular basis may enhance/improve my sexual relationships.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. *Using a vaginal film on a regular basis may give me greater control of my sexual health.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. *Using a vaginal film on a regular basis may interfere with my vaginal health.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. *Using a vaginal film on a regular basis may make people think I am at high-risk for HIV/that I take sexual risks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. *People in my community who are similar to me may want to use a vaginal film. "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.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<i>Product attributes</i>									
41. For each of the following, what is your opinion of... ( <i>show Response Card 31</i> )	 I liked it/ No problem	 Neutral/ No opinion	 I did not like it/ It was a problem						
a. How the vaginal film is inserted?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
b. How the vaginal film felt during insertion?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
c. How the vaginal film felt after it was inserted?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
d. The size of the vaginal film?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
e. How long the protection would last? (i.e. one month of protection)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
f. How the vaginal film looks?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
g. How using the vaginal film affected your body?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
h. Vaginal film side effects?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
i. How quickly the vaginal film dissolved?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
j. Any remaining film ( <i>This could mean amount, color, or texture</i> )	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
k. Any increases to vaginal wetness caused by the film	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
l. The color of the vaginal film	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
m. The smell of the vaginal film	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
n. The shape of the vaginal film	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
o. The vaginal film's ability to be kept discreet from others?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>						
<i>Satisfaction</i>									
42. Please rate on a scale of 1-10 how satisfied you are, overall, with using the vaginal film, where 1 means extremely dissatisfied and 10 means extremely satisfied. (Show Response Card 32)									
									
<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>
<sup>1</sup> Extremely dissatisfied					<sup>9</sup> Very satisfied				
<sup>2</sup> Very dissatisfied					<sup>10</sup> Extremely satisfied				
<i>Future recommendation and interest in product use</i>									
43. In the future if available for HIV prevention, how likely is it that you would recommend vaginal film to a friend? ( <i>Show Response Card 33</i> )					<input type="checkbox"/> <sub>1</sub> Very likely <input type="checkbox"/> <sub>2</sub> Somewhat likely <input type="checkbox"/> <sub>3</sub> Somewhat unlikely <input type="checkbox"/> <sub>4</sub> Very unlikely				
44. *In the future, how likely are you to want to use any HIV prevention product? ( <i>Show Response Card 33</i> )					<input type="checkbox"/> <sub>1</sub> Very likely <input type="checkbox"/> <sub>2</sub> Somewhat likely <input type="checkbox"/> <sub>3</sub> Somewhat unlikely <input type="checkbox"/> <sub>4</sub> Very unlikely				
45. *In the future, if a vaginal film were available for HIV prevention, how interested would you be in using it? If "3. Somewhat uninterested" or "4. Very uninterested" selected, please describe: _____ _____					<input type="checkbox"/> <sub>1</sub> Very interested <input type="checkbox"/> <sub>2</sub> Somewhat interested <input type="checkbox"/> <sub>3</sub> Somewhat uninterested <input type="checkbox"/> <sub>4</sub> Very uninterested				

<p>46. Which of the following options for HIV prevention best suits your needs right now?  <i>If "None of these" selected, please describe:</i></p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Vaginal film, if, in the future it offered HIV protection</p> <p><input type="checkbox"/> Oral PrEP (pills taken daily by mouth)</p> <p><input type="checkbox"/> Male condoms</p> <p><input type="checkbox"/> An injectable, given every 2 months (CAB-LA)</p> <p><input type="checkbox"/> None of these</p>
<p><i>Film as a dual-purpose product</i></p>	
<p>INTERVIEWER READS: We're now going to talk about a film being developed that can prevent both HIV and pregnancy at the same time. The film would deliver two different types of medicine: one to prevent HIV and one to prevent pregnancy and be a "2-in-1" product.</p>	
<p>47. *In the future, if a dual-purpose film were available for HIV prevention AND pregnancy, how interested would you be in using it?</p>	<p><input type="checkbox"/> 1 Very interested</p> <p><input type="checkbox"/> 2 Somewhat interested</p> <p><input type="checkbox"/> 3 Not sure</p> <p><input type="checkbox"/> 4 Somewhat uninterested</p> <p><input type="checkbox"/> 5 Very uninterested</p>
<p>48. Thinking about your current circumstances, what type of film would you prefer?</p>	<p><input type="checkbox"/> 1 HIV prevention film</p> <p><input type="checkbox"/> 2 Pregnancy prevention film</p> <p><input type="checkbox"/> 3 "2 in 1" film that protects against both HIV and pregnancy</p> <p><input type="checkbox"/> 4 Not sure</p> <p><input type="checkbox"/> 5 None, I don't like the film</p>

**END OF CRF**

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

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