











Post-insertion acceptability (FU1) CRF [Visit 2, 6]

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

1. How many attempts did it take you to insert the film?	_____ attempts								
2. How easy or difficult was it to insert the vaginal film? <i>(If more than 1 attempt) INTERVIEWER READS: Please think about your final insertion as you answer this question. (Show Response Card 8)</i>	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy <input type="checkbox"/> 4 Easy → skip to Q3 <input type="checkbox"/> 5 Very easy → skip to Q3								
2a. What was difficult in inserting the film? _____									
3. Overall, how easy or difficult was it to follow the instructions in the pamphlet for insertion? <i>(Show Response Card 8)</i>	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy <input type="checkbox"/> 4 Easy <input type="checkbox"/> 5 Very easy								
4. *Overall, on a scale of 1 to 10, how comfortable was the insertion of the vaginal film, where 1 means extremely uncomfortable and 10 means extremely comfortable? <i>(Show Response Card 9)</i>									
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #800000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> <div style="background-color: #800000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div> <div style="background-color: #800000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div> <div style="background-color: #FF4500; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div> <div style="background-color: #FF8C00; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">5</div> <div style="background-color: #FFD700; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">6</div> <div style="background-color: #9ACD32; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">7</div> <div style="background-color: #9ACD32; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">8</div> <div style="background-color: #3CB371; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div> <div style="background-color: #3CB371; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">10</div> </div>									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
¹ Extremely uncomfortable					⁹ Very comfortable				
² Very uncomfortable					¹⁰ Extremely comfortable				
<i>INTERVIEWER READS: Please mark how acceptable each aspect of the film was for you, on a scale from 1 (not at all acceptable) to 5 (highly acceptable). (2= Not acceptable, 3=somewhat acceptable, 4=acceptable)</i>									
5. How acceptable was the overall process of inserting the film? <i>(Show Response Card 10)</i>	<input type="checkbox"/> 1 Not at all acceptable <input type="checkbox"/> 2 Not acceptable <input type="checkbox"/> 3 Somewhat acceptable <input type="checkbox"/> 4 Acceptable <input type="checkbox"/> 5 Highly acceptable								
6. How acceptable was the texture of the film, how it felt in your hand? <i>(Show Response Card 10)</i>	<input type="checkbox"/> 1 Not at all acceptable <input type="checkbox"/> 2 Not acceptable <input type="checkbox"/> 3 Somewhat acceptable <input type="checkbox"/> 4 Acceptable <input type="checkbox"/> 5 Highly acceptable								
7. How comfortable were you inserting the vaginal film with your finger?	<input type="checkbox"/> 1 Very comfortable <input type="checkbox"/> 2 Comfortable <input type="checkbox"/> 3 Uncomfortable <input type="checkbox"/> 4 Very uncomfortable								
8. Do you feel confident that the vaginal film was inserted correctly?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No								
9. Were you able to insert the vaginal film according to the instructions provided?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No, I had to alter something (do something differently) to insert the film								

10. How comfortable would you be inserting this vaginal film on your own now, post-insertion?	<input type="checkbox"/> 1 Very comfortable <input type="checkbox"/> 2 Comfortable <input type="checkbox"/> 3 Uncomfortable <input type="checkbox"/> 4 Very uncomfortable <input type="checkbox"/> 5 I would be unable to insert it
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11. *On a scale of 1 to 10, how comfortable is the film now that it is inserted, where 1 means extremely uncomfortable and 10 means extremely comfortable? (Show Response Card 9)

									
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10
¹ Extremely uncomfortable					⁹ Very comfortable				
² Very uncomfortable					¹⁰ Extremely comfortable				

Asked at Visit 2 only

12. What suggestions do you have for improving the film insertion instructions? What parts were easy to follow? What was unclear?

Asked at Visit 6 only

13. When you inserted the vaginal film today, how easy or difficult was it compared to the first time you inserted one (one month ago)?	<input type="checkbox"/> 1 It stayed the same <input type="checkbox"/> 2 It was harder <input type="checkbox"/> 3 It was easier
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NOTES: Interviewer to include any relevant notes here about comments the participant made not captured here that may have affected their responses (e.g., if multiple insertion attempts influenced how they responded).

END OF CRF

CRF Completed By: _____ (initials)

CRF Completion Date: ___ / ___ / ___ (dd/mm/yyyy)