

MATRIX-001: Baseline behavioral (BEH) CRF [Visit 2] – **RESPONSE CARDS**

12	Daily	Almost Every Day	Weekly	Monthly or less	Never
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MATRIX-001: Baseline acceptability (BL) CRF [Visit 2] – **RESPONSE CARDS**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
	<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"/>
<b>1</b>	<sup>1</sup> Extremely uncomfortable <sup>2</sup> Very uncomfortable					<sup>9</sup> Very comfortable <sup>10</sup> Extremely comfortable				
<b>2</b>	<sup>1</sup> Extremely worried <sup>2</sup> Very worried					<sup>9</sup> Not worried <sup>10</sup> Not at all worried				
<b>3</b>	<sup>1</sup> Not at all excited <sup>2</sup> Not excited					<sup>9</sup> Very excited <sup>10</sup> Extremely excited				

<b>4</b>	Yes	No
<b>5</b>		

<b>8</b>	Very unimportant	Somewhat unimportant	Somewhat important	Very important	N/A
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MATRIX-001: Initial Product Use Assessment (FU1) [Visit 3] – **RESPONSE CARDS**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
	<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"/>
<b>1</b>	<sup>1</sup> Extremely uncomfortable <sup>2</sup> Very uncomfortable					<sup>9</sup> Very comfortable <sup>10</sup> Extremely comfortable				
<b>8</b>										

MATRIX-001: Final behavioral and acceptability (FU3) CRF [Visit 7] – **RESPONSE CARDS**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
	<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
<b>1</b>	<sup>1</sup> Extremely disliked <sup>2</sup> Very disliked				<sup>9</sup> Very well liked <sup>10</sup> Extremely well liked					
<b>2</b>	<sup>1</sup> Extremely difficult <sup>2</sup> Very difficult				<sup>9</sup> Very easy <sup>10</sup> Extremely easy					
<b>3</b>	<sup>1</sup> Extremely worried <sup>2</sup> Very worried				<sup>9</sup> Not worried <sup>10</sup> Not at all worried					
<b>4</b>	<sup>1</sup> Not at all excited <sup>2</sup> Not excited				<sup>9</sup> Very excited <sup>10</sup> Extremely excited					

<b>5</b>	Yes	No	N/A
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<b>6</b>	Very difficult	Difficult	Easy	Very easy
<b>7</b>				

<b>21</b>	Very unimportant	Somewhat unimportant	Somewhat important	Very important	N/A
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<b>22</b>	Very difficult	Difficult	Easy	Very easy	N/A
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<b>31</b>	Acceptable	Somewhat Acceptable	Not Acceptable	N/A
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<b>34</b>	Not at all	Somewhat	A lot
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<b>35</b>			
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	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
	<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
<b>44</b>	<sup>1</sup> Extremely dissatisfied <sup>2</sup> Very dissatisfied				<sup>9</sup> Very satisfied <sup>10</sup> Extremely satisfied					