





## 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 ring, even though we know you have not yet tried it. We are interested in hearing how you feel about the ring and what you imagine the ring will be like before you try it.</p>									
<p><i>Ease of Use</i></p>									
<p>1. On a scale of 1 to 10, how difficult or easy do you think it will be to insert the vaginal ring yourself (i.e. put the ring inside your vagina), where 1 means extremely difficult and 10 means extremely easy? (<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 difficult <sup>2</sup>Very difficult</p>					<p><sup>9</sup>Very easy <sup>10</sup>Extremely easy</p>				
<p>2. On a scale of 1 to 10, how comfortable do you think it will be to remove the vaginal ring yourself, where 1 means extremely uncomfortable and 10 means extremely comfortable? (<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 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>3. On a scale of 1 to 10, how worried are you about using the vaginal ring, where 1 means extremely worried and 10 means not at all worried? (<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>Extremely worried <sup>2</sup>Very worried</p>					<p><sup>9</sup>Not worried <sup>10</sup>Not at all worried</p>				
<p><b>3.a. If response selected is in the range of 1-5, ask: What worries you about using the ring?</b></p>									

<p>4. On a scale of 1 to 10, how excited are you about using the vaginal ring, where 1 means not at all excited and 10 means extremely excited? <i>(Show Response Card 4)</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>
<sup>1</sup> Not at all excited <sup>2</sup> Not excited					<sup>9</sup> Very excited <sup>10</sup> Extremely excited				
<p><b>4.a. If response selected is in the range of 6-10, ask: What excites you about using the ring?</b></p>									
<p>5. The next statements are about things that may worry or excite you about the vaginal ring. For each of the following statements, please tell me if you agree with it or not.</p>							Yes <i>(Agree)</i>	No <i>(Disagree)</i>	
a. I worry about the vaginal ring 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 ring 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 ring will cause side effects							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
d. I think I will be able to insert the vaginal ring correctly							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
e. I think I will be able to remove the vaginal ring correctly							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
f. I am worried about using the vaginal ring during menses							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
g. I think that the vaginal ring may make sex more enjoyable							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
h. I worry that the vaginal ring may be uncomfortable during sex							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
i. Trying a new option that is being designed for HIV and pregnancy prevention is exciting							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
j. I prefer to use a prevention product that I can control and use myself							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
k. I like that the vaginal ring will be used monthly							<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	
<b>Gains and Losses</b>									
<p>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 ring were available for dual purpose HIV and pregnancy prevention...  <i>[insert item from table]</i></p>									
							Disagree	Agree Somewhat	Agree a lot
a. Using a vaginal ring 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 ring 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 ring 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 ring on a monthly basis may make people think I am at high-risk/that I take sexual risks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
e. People in my community who are similar to me may want to use a vaginal ring. "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		
<b>Discreetness and Product Use</b>					
7. Who did you discuss study participation with before deciding to enroll? [mark all that apply]	<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> _____				
8. Who do you plan to tell about your use of the vaginal ring while you are in the study? [mark all that apply]	<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> _____				
9. In the future, if vaginal rings were available for dual HIV and pregnancy prevention, how important is it to you that vaginal rings could be used without the following people knowing? (Show Response Card 5)	Very important	Somewhat important	Somewhat unimportant	Very unimportant	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
<b>Interest in Future Use</b>					
10. In the future, how likely are you to want to use a product that combines HIV and pregnancy prevention together into one product?	<input type="checkbox"/> 1 Very likely <input type="checkbox"/> 2 Somewhat likely <input type="checkbox"/> 3 Somewhat unlikely <input type="checkbox"/> 4 Very unlikely				
11. In the future, if vaginal rings were available for HIV and pregnancy prevention, how interested would you be in using the vaginal ring?	<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)