Baseline behavioral (BEH) CRF [Visit 2]

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

INTERVIEWER READS: The following are some questions related to your sexual and reproductive health, and your relationship with any sexual partners.			
1.	How many sex partners have you had in the last 6 months?	# Partners: ☐☐	
2.	Do you currently have a main partner? By main partner, I mean someone you have sex with on a regular basis who you consider to be your primary partner.	☐1 Yes ☐2 No → ***skip to Q9***	
3.	How old is your main partner?	☐☐ *years old* ☐ age unknown, *estimated age*: ________	
4.	How long have you and your main partner been in a relationship? [If you have been in a relationship for less than one year, how many months have you been together?]	☐☐ *specify years* ***or*** ☐☐ *specify months*	
5.	When it comes to making decisions about your health care, who has the final say? Is it…	☐1 You ☐2 Your main partner ☐3 You and your main partner, together ☐4 Someone else, ☐5 Other, *specify:* ________	
6.	Do you believe your main partner has or had sexual partners other than you in the last six months?	☐1 Yes, I know so ☐2 Yes, I believe so ☐3 No ☐4 Don't know	
7.	Are you or your main partner currently using a method for HIV prevention when you have sex together?	☐1 Yes ☐2 No → ***skip to Q9***	
8.	What prevention method(s) are you and your main partner using when you have sex together? *(Mark all that apply)*	Yes	No
	a. Male condom	☐1	☐2
	b. Female condom	☐1	☐2
	c. Oral PrEP	☐1	☐2
	d. Male circumcision	☐1	☐2
	e. Viral suppression through ART	☐1	☐2
	f. Injectable CAB-LA	☐1	☐2
	g. DPV vaginal ring	☐1	☐2
	h. Other, specify	☐1	☐2
	[If 8c = Yes]	☐1 I am using this method ☐2 My partner is using this method ☐3 Both of us are using this method	

	[If 8f = Yes]	☐1 I am using this method ☐2 My partner is using this method ☐3 Both of us are using this method
	[If 8h = Yes]	☐1 I am using this method ☐2 My partner is using this method ☐3 Both of us are using this method
9.	In the past 30 days, have you used vaginal lubricant (for any reason)?	☐1 Yes ☐2 No
10.	In the past 30 days, have you had vaginal sex?	☐1 Yes ☐2 No → ***skip to Q13***
11.	I know that you are counseled to use condoms when you have vaginal sex, but I also know that this isn't always possible. In the past 30 days, how often did you use a male or female condom during vaginal sex? (*read responses*)	☐1 Every time ☐2 Almost every time ☐3 Occasionally ☐4 Very infrequently ☐5 Never → ***skip to Q13***
12.	During the last time you had vaginal sex, was a male or female condom used?	☐1 Yes ☐2 No ☐3 *Don't know*
13.	When making choices about HIV prevention, who do you speak with to help you make the decision? Is it… *(Mark all that apply)*	☐1 No one, it is my decision ☐2 Clinic staff (doctor, nurse, counselor, etc.) ☐3 My mother ☐4 My sibling/s ☐5 My partner ☐6 Friend/s ☐7 Other (*Specify:* _________)
INTERVIEWER READS: Now, I would like to talk about family planning. Family planning refers to the various methods that a couple can use to delay or avoid pregnancy.		
14.	Which of the following methods for family planning have you ever used? Please answer based on your experiences with ALL your partners, both past and present. Have you ever used… *(insert response option, mark all that apply)*	☐1 Oral pills ☐2 Injectable (or shot) ☐3 Implant ☐4 Male condoms ☐5 Female condoms ☐6 IUD ☐7 Emergency contraception *(e.g. morning after pill)* ☐8 Female sterilization (tubal ligation/hysterectomy) ☐9 Natural methods (rhythm, fertility awareness calendar) ☐10 NuvaRing ☐11 None → ***skip to Q16*** ☐12 *Other:* Is there any other method you have used for family planning? (*Specify:* _________________)

15.	Which of these methods have you used in the past 30 days?	*[Only read aloud response options that were chosen in the previous question]* ☐ 1 Oral pills ☐ 2 Injectable (or shot) ☐ 3 Implant ☐ 4 Male condoms ☐ 5 Female condoms ☐ 6 IUD ☐ 7 Emergency contraception *(e.g. morning after pill)* ☐ 8 Female sterilization (tubal ligation/hysterectomy) ☐ 9 Natural methods (rhythm, fertility awareness calendar) ☐ 10 NuvaRing ☐ 11 None ☐ 12 *Other:* Is there any other method you have used for family planning? *(Specify*: _________________)

INTERVIEWER READS: The next questions are about products or items you may have inserted into your vagina for health reasons, cleanliness, menstrual control or for pleasure. Even if you might change how you use these products while you are in the study, I would like to know how often you have used them in the past three months.

16.	In the last three months, how often have you inserted anything into your vagina to… *(Show Response Card 6)*	Daily	Almost every day	Weekly	Monthly	Never
	a. Manage menses	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	b. Treat infection	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	c. Tighten or dry the vagina for sex	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	d. Clean the vagina	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
	e. Other, *specify:* ______________	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	16a.i.-e.i.. *If participant indicates that they have inserted a product into their vagina, ask:* What products or items did you use:	a.i. ___________________________________ b.i. ___________________________________ c.i. ___________________________________ d.i. ___________________________________ e.i. ___________________________________
17.	How comfortable are you with inserting items in your vagina using your fingers? *(Show Response Card 7)*	☐ 1 Very comfortable ☐ 2 Somewhat comfortable ☐ 3 Somewhat uncomfortable ☐ 4 Very uncomfortable

END OF CRF

CRF Completed By: ________ (initials) CRF Completion Date: __ __ / __ __ / __ __ __ __ (dd/mm/yyyy)