Clinician Observations for Removal (COR) CRF [Visits 5, 9]

Note: To be clinician-completed at every in-clinic visit with product removal (product initiation and follow-up visit, per protocol). Clinician will be present (behind a curtain) to address questions and concerns. Privacy should be offered to participants.

1.	Was the vaginal ring removed?	☐₁ Yes ☐₂ No [*END FORM*]
2.	Was the vaginal ring removed in the presence of a clinician?	☐₁ Yes ☐₂ No → *skip to Q4*
3.	Were you:	☐₁ In the same room as participant but behind a curtain or separation ☐₂ In the same room as participant not behind a curtain or separation ☐₃ Other, specify: _____
4.	Did the participant require assistance with removal of the vaginal ring?	☐₁ Yes, specify type of assistance needed: _____ ☐₂ No
5.	**(If Q2 = Yes)** Based on your perception or observation, how difficult or easy was it for the participant to remove the vaginal ring?	☐₁ Very difficult ☐₂ Difficult ☐₃ Neither difficult nor easy → *skip to Q7* ☐₄ Easy → *skip to Q7* ☐₅ Very easy → *skip to Q7*
6.	Explain why it was difficult for the participant to remove the vaginal ring? (*mark all that apply)*	☐₁ Reluctance to remove the ring herself ☐₂ Physical discomfort or pain while removing the ring ☐₃ Discomfort with touching the vagina ☐₄ Concern that she could not "find" the ring ☐₅ Discomfort with removing in the presence of clinician ☐₆ Difficulty with grasping the ring ☐₇ Other, specify: _____
7.	**(If Q2 = Yes)** Based on your perception or observation, did the participant remove the vaginal ring as per the provided instructions?	☐₁ Yes ☐₂ No If no, explain: _____ _____ _____

8.	**(If Q2 = Yes)** Based on your perception or observation, how confident did the participant seem removing the vaginal ring today?	☐₁ Very confident ☐₂ Confident ☐₃ Not confident
9.	Notes:	

END OF CRF

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