





Follow-up behavioral and acceptability (FU4) CRF [Visit 5, 9]

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

<p>INTERVIEWER READS: The following questions ask you about your opinions and experiences with the vaginal ring you used <u>over the past month</u>. Your honest opinions are very important in making sure we have the best information possible for developing dual purpose prevention products that will be liked and can be easily used by people like you.</p>										
Overall Product Acceptability										
<p>1. On a scale of 1 to 10, how much did you like or dislike using the vaginal ring since your last visit, where 1 means extremely disliked and 10 means extremely well liked? <i>(Show Response Card 16)</i></p>										
										
<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 disliked ² Very disliked						⁹ Very well liked ¹⁰ Extremely well liked				
<p>2. Please rate how easy or difficult it was for you to use the ring since your last visit, from 1-10, with 1 being extremely difficult and 10 being extremely easy. <i>(Show Response Card 17)</i></p>										
										
<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 difficult ² Very difficult						⁹ Very easy ¹⁰ Extremely easy				
<p>3. On a scale of 1 to 10, how worried were you when using the vaginal ring since your last visit, where 1 means extremely worried and 10 means not at all worried? <i>(Show Response Card 18)</i></p>										
										
<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 worried ² Very worried						⁹ Not worried ¹⁰ Not at all worried				
<p>4. On a scale of 1 to 10, how excited were you when using the vaginal ring since your last visit, where 1 means not at all excited and 10 means extremely excited? <i>(Show Response Card 19)</i></p>										
										
<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 Not at all excited ² Not excited						⁹ Very excited ¹⁰ Extremely excited				
<p>5. How acceptable to you was the overall process of removing the ring? <i>(Show Response Card 20)</i></p>							<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			

<p>6. How acceptable to you was the amount of time it took to remove the ring? (<i>Show Response Card 20</i>)</p>	<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		
<p>7. The next statements are about things that you may have experienced when you were using this [v5: "first", v9: "second"] vaginal ring over the past month. For each of the following statements, please tell me if you agree or disagree.</p>	<p>Yes (<i>Agree</i>)</p>	<p>No (<i>Disagree</i>)</p>	<p>N/A</p>
<p>a. I thought a lot about the ring over the past month</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>b. The vaginal ring felt uncomfortable during normal activities</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>c. The vaginal ring felt painful during normal activities</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>d. The vaginal ring felt too hard</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>e. The vaginal ring felt too soft or not hard enough</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>f. The vaginal ring caused side effects</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>g. I felt like I could easily remove the vaginal ring as it was explained to me</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>h. I felt uncomfortable with the vaginal ring in place during menses</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>i. The vaginal ring made sex more enjoyable</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>j. I did not feel the vaginal ring during sex</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>k. It was exciting to use a new option that is being designed for dual purpose prevention</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>l. I felt like I had control over the vaginal ring.</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
<p>8. [If 7g = Yes] Please describe the side effects you've experienced while using the vaginal ring. <i>If one is needed, complete an AE form.</i></p>	<p><i>Specify:</i></p> <hr/> <hr/>		
<p><i>Ease of Use</i></p>			
<p>9. Since the last visit, were you aware of the feeling of the vaginal ring during your normal daily activities?</p>	<input type="checkbox"/> ₁ Yes, most of the time <input type="checkbox"/> ₂ Yes, sometimes <input type="checkbox"/> ₃ No		
<p>10. Since the last visit, did you notice any of the following changes in your vagina? <i>(Mark all that apply)</i></p>	<input type="checkbox"/> ₁ More wetness than normal <input type="checkbox"/> ₂ More dryness than normal <input type="checkbox"/> ₃ More itchiness than normal <input type="checkbox"/> ₄ More soreness than normal <input type="checkbox"/> ₅ Other, <i>specify:</i> <hr/> <input type="checkbox"/> ₆ No noticeable changes		
<p><i>Burden</i></p>			
<p>11. Since your last visit, how often did your use of the vaginal ring interfere with any of your regular daily activities?</p>	<input type="checkbox"/> ₁ Most of the time <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Never <input type="checkbox"/> ₄ Ring not used		




Asked at Visit 9 only (Q12-21)					
12. How, if at all, would the following changes in your vagina affect your use of vaginal rings in the future? (<i>Show Response Card 21</i>) <i>[Response option only included if selected in prior question]</i>	More likely to use	No change in use	Less likely to use		
a. More wetness than normal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
b. More dryness than normal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
c. More itchiness than normal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
d. More soreness than normal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
e. Other, <i>specify</i> : _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		
Discreetness and Product Use - Asked at Visit 9 only					
INTERVIEWER READS: The next questions ask about your views of whether the vaginal ring can be used discreetly (without others knowing) and whether you have to let others know about your product use or not.					
13. How involved was your main partner when you were deciding whether to join this study?	<input type="checkbox"/> 1 Not at all involved <input type="checkbox"/> 2 A little involved <input type="checkbox"/> 3 Very involved <input type="checkbox"/> 4 I don't have a partner → skip to Q17				
14. Was your main partner aware that you were using the vaginal ring this past month?	<input type="checkbox"/> 1 Yes, I chose to tell them about it <input type="checkbox"/> 2 Yes, they found out from someone else <input type="checkbox"/> 3 Yes, they discovered the ring some other way <input type="checkbox"/> 4 No, they don't know I was using the ring → skip to Q17				
15. How supportive was your main partner of your use of the ring when they first found out?	<input type="checkbox"/> 1 Very supportive <input type="checkbox"/> 2 A little supportive <input type="checkbox"/> 3 Not very supportive <input type="checkbox"/> 4 Not at all supportive				
16. How supportive is your main partner now of your use of the ring?	<input type="checkbox"/> 1 Very supportive <input type="checkbox"/> 2 A little supportive <input type="checkbox"/> 3 Not very supportive <input type="checkbox"/> 4 Not at all supportive				
17. In the future, if vaginal rings were available for dual purpose HIV and pregnancy prevention, how important is it to you that the vaginal ring could be used without the following people knowing? <i>(Show Response Card 22)</i>	Very unimportant	Somewhat unimportant	Somewhat important	Very important	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
e. Community members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18. In the future, if the vaginal ring were available, how easy or difficult would it be to use this product without the following people knowing? <i>(Show Response Card 23)</i>	Very difficult	Difficult	Easy	Very easy	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
e. Community members	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Q19-21 - Asked at Visit 9 only					
19. Did you tell anyone- other than your main partner - about your use of the vaginal ring while you were in the study?	<input type="checkbox"/> ₁ No one <input type="checkbox"/> ₂ Casual (other) sexual partner(s) <input type="checkbox"/> ₃ Family, <i>specify:</i> _____ <input type="checkbox"/> ₄ Other, <i>specify:</i> _____				
20. Did any of these people find out because you felt forced to tell them?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → skip to Q21				
20a. If yes, who?	_____ _____ _____				
21. Did anyone find out about your vaginal ring use without you telling them?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No				
21a. If yes, who?	_____ _____ _____				
<i>Ring Use During Sex, Menstruation and Vaginal Practices</i>					
INTERVIEWER READS: I will now ask you some questions about sex, menstruation, and other vaginal practices in the last month . I know it can be awkward to talk about some of these things; I hope you feel comfortable to answer freely, and you can always skip questions if you would prefer.					
22. What kinds of sex have you had since inserting the [v5: "first", v9: "second"] vaginal ring one month ago ? <i>Select all that apply</i>	<input type="checkbox"/> ₁ Oral <input type="checkbox"/> ₂ Vaginal <input type="checkbox"/> ₃ Anal <input type="checkbox"/> ₄ Digital <input type="checkbox"/> ₅ None <input type="checkbox"/> ₆ Other, <i>specify:</i> _____ <input type="checkbox"/> ₇ Only non-receptive sex				
23. Did using the vaginal ring affect...	Yes		No		
a. How often you had any type of sex? <i>If yes, in what ways:</i> _____	<input type="checkbox"/> ₁		<input type="checkbox"/> ₂		
b. Your overall desire to have sex? <i>If yes, in what ways:</i> _____	<input type="checkbox"/> ₁		<input type="checkbox"/> ₂		

If Q22 = "5. None" or "7. Only non-receptive sex", skip 23c - 32			
c. Your feelings of intimacy or emotional closeness with your partner during sex? <i>If yes, in what ways:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
d. The types of sex you engaged in? <i>If yes, in what ways:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	
24. How acceptable was this [v5: "first", v9: "second"] vaginal ring's effect on: <i>(Show Response Card 24)</i> <i>Response options included only if selected "yes" in prior question</i>	Acceptable	Somewhat acceptable	Not acceptable
a. How often you had any type of sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Your overall desire to have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Your feelings of intimacy or emotional closeness with your partner during sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. The types of sex you engaged in	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
25. How did this [v5: "first", v9: "second"] vaginal ring affect your sexual pleasure?	<input type="checkbox"/> ₁ It was not affected <input type="checkbox"/> ₂ I had less sexual pleasure than usual <input type="checkbox"/> ₃ I had more sexual pleasure than usual		
26. How do you think this [v5: "first", v9: "second"] vaginal ring affected your partner's sexual pleasure?	<input type="checkbox"/> ₁ It was not affected <input type="checkbox"/> ₂ They had less sexual pleasure than usual <input type="checkbox"/> ₃ They had more sexual pleasure than usual <input type="checkbox"/> ₄ I do not know		
27. Did your partner notice this [v5: "first", v9: "second"] vaginal ring?	<input type="checkbox"/> ₁ Yes, I know they noticed it because we talked about it <input type="checkbox"/> ₂ Yes, I know they noticed it but we did not talk about it <input type="checkbox"/> ₃ I am not sure <input type="checkbox"/> ₄ No, they did not notice it		
28. Did your partner notice any changes related to you using the [v5: "first", v9: "second"] vaginal ring?	<input type="checkbox"/> ₁ Change in taste <input type="checkbox"/> ₂ Change in scent or smell <input type="checkbox"/> ₃ Change in lubrication <input type="checkbox"/> ₄ Partner felt the ring during sex <input type="checkbox"/> ₅ Change in the feeling <input type="checkbox"/> ₆ Other, <i>specify:</i> _____ <input type="checkbox"/> ₇ No changes <input type="checkbox"/> ₈ I do not know		
29. <i>(Skip unless Q22=2 (had vaginal sex))</i> How often did you use condoms when having vaginal sex, since inserting the [v5: "first", v9: "second"] vaginal ring?	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Sometimes <input type="checkbox"/> ₃ Rarely <input type="checkbox"/> ₄ Never		
30. <i>(Skip unless 22=2 (had vaginal sex))</i> Did you remove the [v5: "first", v9: "second"] vaginal ring during sex?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No		

<p>31. (Skip unless 22=2 (had vaginal sex)) Overall, how did you feel about the [v5: "first", v9: "second"] vaginal ring being present during sex?</p>	<p><input type="checkbox"/> 1 Liked it <input type="checkbox"/> 2 Did not like it <input type="checkbox"/> 3 No opinion <input type="checkbox"/> 4 N/A, I always removed the ring during sex</p>
<p>32. The next two questions ask you about the last two weeks. Have you inserted anything other than the study product into your vagina in the last two weeks? This could include things like medications, tampons, lubricants, and cleansers.</p>	<p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → skip to Q34</p>
<p>33. What else did you insert into your vagina in the last two weeks? (Read list and select each that apply)</p>	<p><input type="checkbox"/> 1 Condom (male or female) <input type="checkbox"/> 2 Tampons <input type="checkbox"/> 3 Lubricants <input type="checkbox"/> 4 Douches <input type="checkbox"/> 5 Sex toys <input type="checkbox"/> 6 Water (alone or with soap) <input type="checkbox"/> 7 Vaginal medications <input type="checkbox"/> 8 Vaginal moisturizers <input type="checkbox"/> 9 Vaginal products, to make the vagina dry or tight <input type="checkbox"/> 10 Materials such as paper, cloth, sponges, or cotton wool <input type="checkbox"/> 11 Other, <i>specify</i>: _____</p>
<p>Use During Menses or Bleeding</p>	
<p>34. In the past month, have you had any vaginal bleeding or spotting?</p>	<p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No → skip to Q37</p>
<p>35. Was the vaginal bleeding expected (usual menses) or unexpected?</p>	<p><input type="checkbox"/> 1 Expected <input type="checkbox"/> 2 Unexpected</p>
<p>36. How did you feel about the vaginal ring being present during bleeding?</p>	<p><input type="checkbox"/> 1 I liked using it during bleeding <input type="checkbox"/> 2 I did not like using it during bleeding <input type="checkbox"/> 3 No opinion</p>
<p>Expulsion and Removal</p>	
<p>37. Over the last two weeks, did you check to see if the vaginal ring was still present in the vagina?</p>	<p><input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No</p>

<p>38. Has the vaginal ring been removed or come out in the past two weeks? <i>Check all that apply</i></p>	<p><input type="checkbox"/> ₁ Yes, the ring was removed intentionally <input type="checkbox"/> ₂ Yes, the ring came out unintentionally or accidentally <input type="checkbox"/> ₃ No, the ring has not come out, either accidentally or intentionally → skip to Q43</p>
<p>39. [If Q38 = 1] How many times has the ring been removed intentionally in the past two weeks?</p>	<p>_____ times intentionally</p>
<p>40. [If Q38= 1] Why was the vaginal ring removed? <i>Check all that apply</i></p>	<p><input type="checkbox"/> ₁ It was uncomfortable <input type="checkbox"/> ₂ It felt like it was falling out <input type="checkbox"/> ₃ I wanted to show my partner/ my partner wanted to see it <input type="checkbox"/> ₄ My partner asked me not to wear it <input type="checkbox"/> ₅ I wanted to clean it <input type="checkbox"/> ₆ I was menstruating <input type="checkbox"/> ₇ I wanted to have sex without it <input type="checkbox"/> ₈ I was sick (e.g. diarrhea) and worried that it would be expelled <input type="checkbox"/> ₉ Other (specify): _____</p>
<p>41. [If Q38 = 2] How many times has the vaginal ring come out unintentionally or accidentally in the past two weeks?</p>	<p>_____ times unintentionally</p>
<p>42. [If Q38 = 2] Do you know what caused the ring to come out? [Probes: when did this happen? What were you doing when this happened?]</p>	<p>Describe: _____ _____</p>

<i>Product Attributes</i>			
<p>43. For each of the following, what is your opinion of... <i>(Show Response Card 25)</i></p>	 I liked it/ No problem	 Neutral/ No opinion	 I did not like it/ It was a problem
<p>a. How the vaginal ring is inserted</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>b. How the vaginal ring felt during insertion</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>c. How the vaginal ring felt while you were using it</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>d. The size of the vaginal ring</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>e. How long the protection would last (<i>i.e. one month protection</i>)</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>f. How the vaginal ring looks</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>g. How using the vaginal ring affected your body</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
<p>h. Vaginal ring side effects</p>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

i. Any increases to vaginal wetness caused by the vaginal ring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
j. The color of the vaginal ring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
k. The smell of the vaginal ring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
l. The shape of the vaginal ring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
m. The flexibility of the vaginal ring	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
n. The vaginal ring's ability to be kept discreet from others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Satisfaction

The next question about satisfaction will be used to assess one of the primary objectives of this study. Please take extra care to ensure the participant is alert and engaged at this point in the questionnaire. For V9, if appropriate, this may be a good point at which to take a stretch break.

44. Please rate on a scale of 1-10 how satisfied you are, **overall**, with using the vaginal ring **over the past month**, where 1 means extremely dissatisfied and 10 means extremely satisfied. (Show Response Card 26)



<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 dissatisfied					⁹ Very satisfied				
² Very dissatisfied					¹⁰ Extremely satisfied				

End of Visit 5

Gains and Losses – Asked at Visit 9 only

45. 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 HIV prevention... [insert item from table]

	Disagree	Agree somewhat	Agree a lot
a. Using a vaginal ring on a regular basis may interfere with my sexual relationships.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Using a vaginal ring on a regular basis may enhance/improve my sexual relationships.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Using a vaginal ring on a regular basis may give me greater control of my sexual health.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Using a vaginal ring on a regular 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

Future Recommendation and Interest in Product Use – Asked at Visit 9 only	
46. In the future, if available for HIV prevention, how likely is it that you would recommend the vaginal ring to a friend? (<i>Show Response Card 27</i>)	<input type="checkbox"/> ₁ Very likely <input type="checkbox"/> ₂ Somewhat likely <input type="checkbox"/> ₃ Somewhat unlikely <input type="checkbox"/> ₄ Very unlikely
47. In the future, how likely are you to want to use a product that combines HIV and pregnancy prevention together into one product? (<i>Show Response Card 27</i>)	<input type="checkbox"/> ₁ Very likely <input type="checkbox"/> ₂ Somewhat likely <input type="checkbox"/> ₃ Somewhat unlikely <input type="checkbox"/> ₄ Very unlikely
48. In the future, if a vaginal ring were available for dual purpose HIV and pregnancy prevention, how interested would you be in using it? (<i>Show Response Card 28</i>)	<input type="checkbox"/> ₁ Very interested <input type="checkbox"/> ₂ Somewhat interested <input type="checkbox"/> ₃ Somewhat uninterested <input type="checkbox"/> ₄ Very uninterested
Preferred Ring Use – Asked at Visit 9 only	
<i>INTERVIEWER READS: I will now ask you some questions about your preference between the two vaginal rings you've used during this study.</i>	
49. Which ring was more comfortable for you to use over the course of the month?	<input type="checkbox"/> ₁ The first ring <input type="checkbox"/> ₂ The second ring <input type="checkbox"/> ₃ Both rings were equally comfortable to use <input type="checkbox"/> ₄ Neither ring was comfortable to use/both were uncomfortable
50. Which vaginal ring was easier to insert?	<input type="checkbox"/> ₁ The first ring <input type="checkbox"/> ₂ The second ring <input type="checkbox"/> ₃ Both rings were equally easy to insert <input type="checkbox"/> ₄ Neither ring was easy to insert
51. Which vaginal ring was easier to remove?	<input type="checkbox"/> ₁ The first ring <input type="checkbox"/> ₂ The second ring <input type="checkbox"/> ₃ Both rings were equally easy to remove <input type="checkbox"/> ₄ Neither ring was easier to remove
52. Which ring was better to use during sex?	<input type="checkbox"/> ₁ The first ring <input type="checkbox"/> ₂ The second ring <input type="checkbox"/> ₃ Neither ring <input type="checkbox"/> ₄ I did not have sex with either ring inserted <input type="checkbox"/> ₅ I did not have sex with the 1 st ring inserted <input type="checkbox"/> ₆ I did not have sex with the 2 nd ring inserted
53. Overall, which ring would you prefer to use in the future?	<input type="checkbox"/> ₁ The first ring <input type="checkbox"/> ₂ The second ring <input type="checkbox"/> ₃ I would use either <input type="checkbox"/> ₄ I would use neither

<p>54. Did you notice any differences between the two rings you used during the study?</p>	<p><input type="checkbox"/>₁ Yes <input type="checkbox"/>₂ No → <i>skip to Q56</i></p>
<p>55. What differences did you notice?</p>	<p>_____ _____ _____</p>
<p>56. Do you think that either or both of these rings need to be changed by scientists?</p>	<p><input type="checkbox"/>₁ No, neither needs changes → END <input type="checkbox"/>₂ Yes, the first ring needs to be changed <input type="checkbox"/>₃ Yes, the second ring needs to be changed <input type="checkbox"/>₄ Yes, they both need to be changed</p>
<p>57. Describe the changes you think should be made.</p>	<p>_____ _____</p>

END OF CRF

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