

**Sexual Partner Events Log (SPE) [As Needed]**

*Note: To be used when a sexual partner reports any event or complaint related to the study participant's use of the IVR during the study.*

1. Date site was informed of sexual partner event:	Date: ___ / ___ / _____ (dd/mm/yyyy)
2. Sexual partner event description:	_____ _____
3. Type of sexual partner event:	<input type="checkbox"/> <b>1 Medical event</b> - Partner reported untoward medical event related to the study product <input type="checkbox"/> <b>2 Personal Relationships (Partner)</b> - Had negative experiences with significant other, spouse, or sex partner <input type="checkbox"/> <b>3 Personal Relationships (Other)</b> - Had negative experience with friends, neighbors, or other community members (excluding family) <input type="checkbox"/> <b>4 Personal Relationships (Family)</b> - Had negative experiences with family (excluding partner) <input type="checkbox"/> <b>5 Housing</b> - Had trouble getting or keeping housing, had negative experience with landlord, or had other problems related to housing <input type="checkbox"/> <b>6 Other</b> - Had other problems not covered in the codes above
4. Did this event involve physical harm to the sexual partner?	<input type="checkbox"/> <b>1 Yes</b> <input type="checkbox"/> <b>2 No</b>
5. What impact did this situation have on the sexual partner's quality of life?	<input type="checkbox"/> <b>1 Minimal disturbance</b> <input type="checkbox"/> <b>2 Moderate disturbance; no significant impact</b> <input type="checkbox"/> <b>3 Major disturbance with significant impact</b> <input type="checkbox"/> <b>4 Unknown</b>
6. Describe what was done by staff and sexual partner to address the event?	_____ _____ _____
7. Current status:	<input type="checkbox"/> <b>1 Unresolved</b> <input type="checkbox"/> <b>2 Unable to resolve; no further action taken</b> <input type="checkbox"/> <b>3 Resolved</b>

**END OF CRF**

CRF Completed By: \_\_\_\_\_ (initials) CRF Completion Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ (dd/mm/yyyy)