



## Post-insertion acceptability (FU1) CRF [Visit 2, 6]

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

<b>INTERVIEWER READS:</b> I am going to ask you questions about your experiences with insertion and removal of the ring at <b>today's</b> visit.	
1. Did you insert and remove the ring during this visit?	<input type="checkbox"/> 1 Inserted only, did not remove <input type="checkbox"/> 2 Inserted and removed <input type="checkbox"/> 3 Did not insert or remove <b>[End]</b>
2. Overall, how easy or difficult was it to insert the vaginal ring yourself? ( <i>Show Response Card 8</i> )	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy → <b>skip to Q3</b> <input type="checkbox"/> 4 Easy → <b>skip to Q3</b> <input type="checkbox"/> 5 Very easy → <b>skip to Q3</b>
<b>2.a. What was difficult with inserting the ring?</b> _____	
3. Overall, how easy or difficult was it to follow the instruction sheet for vaginal ring insertion? ( <i>Show Response Card 8</i> )	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy <input type="checkbox"/> 4 Easy <input type="checkbox"/> 5 Very easy <input type="checkbox"/> 6 <i>N/A, instruction sheet not used</i>
4. [ <i>If Q1=2</i> ] Overall, how easy or difficult was it to remove the vaginal ring yourself? ( <i>Show Response Card 8</i> )	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy → <b>skip to Q5</b> <input type="checkbox"/> 4 Easy → <b>skip to Q5</b> <input type="checkbox"/> 5 Very easy → <b>skip to Q5</b>
<b>4.a. What was difficult with removing the ring?</b> _____	
5. [ <i>If Q1=2</i> ] Overall, how easy or difficult was it to follow the instruction sheet for vaginal ring removal? ( <i>Show Response Card 8</i> )	<input type="checkbox"/> 1 Very difficult <input type="checkbox"/> 2 Difficult <input type="checkbox"/> 3 Neither difficult nor easy <input type="checkbox"/> 4 Easy <input type="checkbox"/> 5 Very easy <input type="checkbox"/> 6 <i>N/A, instruction sheet not used</i>
6. [ <i>If Q1=1 or 2</i> ] Overall, on a scale of 1 to 10, how comfortable was the insertion of the vaginal ring, where 1 means extremely uncomfortable and 10 means extremely comfortable? ( <i>Show Response Card 9</i> )	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="background-color: #800000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">1</div> <div style="background-color: #FF0000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">2</div> <div style="background-color: #FF4500; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">3</div> <div style="background-color: #FF8C00; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">4</div> <div style="background-color: #FFD700; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">5</div> <div style="background-color: #FFFF00; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">6</div> <div style="background-color: #9ACD32; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">7</div> <div style="background-color: #90EE90; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">8</div> <div style="background-color: #3CB371; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">9</div> <div style="background-color: #008000; color: white; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">10</div> </div>	

<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
<sup>1</sup> Extremely uncomfortable <sup>2</sup> Very uncomfortable					<sup>9</sup> Very comfortable <sup>10</sup> Extremely comfortable				
7. [If Q1=1 or 2] On a scale of 1 to 10, how comfortable is the ring now that it is inserted, where 1 means extremely uncomfortable and 10 means extremely comfortable? (Show Response Card 9)									
									
<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
<sup>1</sup> Extremely uncomfortable <sup>2</sup> Very uncomfortable					<sup>9</sup> Very comfortable <sup>10</sup> Extremely comfortable				
8. [If Q1=2] Overall, on a scale of 1 to 10, how comfortable was the removal of the vaginal ring, where 1 means extremely uncomfortable and 10 means extremely comfortable? (Show Response Card 9)									
									
<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
<sup>1</sup> Extremely uncomfortable <sup>2</sup> Very uncomfortable					<sup>9</sup> Very comfortable <sup>10</sup> Extremely comfortable				
INTERVIEWER READS: Please mark how acceptable each aspect of the ring was for you <b>at today's visit</b> , on a scale from 1 (not at all acceptable) to 5 (highly acceptable). (2= Not acceptable, 3=somewhat acceptable, 4=acceptable)									
9. [If Q1=1 or 2] How acceptable was the overall process of inserting the ring yourself, on a scale from 1 to 5? (Show Response Card 10)						<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			
10. [If Q1=1 or 2] How acceptable was the size of the ring during insertion? (Show Response Card 10)						<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			
11. [If Q1=1 or 2] How comfortable were you inserting the ring with your fingers?						<input type="checkbox"/> 1 Very comfortable <input type="checkbox"/> 2 Comfortable <input type="checkbox"/> 3 Uncomfortable <input type="checkbox"/> 4 Very uncomfortable			
12. [If Q1=1 or 2] Do you feel confident that the vaginal ring was inserted correctly?						<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No			
13. How comfortable do you feel with inserting this vaginal ring on your own in the future?						<input type="checkbox"/> 1 Very comfortable <input type="checkbox"/> 2 Comfortable <input type="checkbox"/> 3 Uncomfortable <input type="checkbox"/> 4 Very uncomfortable <input type="checkbox"/> 5 I would be unable to insert it			

<p>14. [If Q1=2] How comfortable do you feel with removing this vaginal ring on your own in the future?</p>	<p><input type="checkbox"/> 1 Very comfortable</p> <p><input type="checkbox"/> 2 Comfortable</p> <p><input type="checkbox"/> 3 Uncomfortable</p> <p><input type="checkbox"/> 4 Very uncomfortable</p> <p><input type="checkbox"/> 5 I would be unable to remove it</p>
<b>Asked at Visit 2 only</b>	
<p>15. What suggestions do you have for improving the vaginal ring instruction sheet? What parts were easy to follow? What was unclear?</p> <p>_____</p> <p>_____</p>	
<b>Asked at Visit 6 only</b>	
<p>16. When you inserted the vaginal ring today, how easy or difficult was it compared to the first time you inserted one (one month ago)?</p>	<p><input type="checkbox"/> 1 It was more difficult today</p> <p><input type="checkbox"/> 2 It was the same</p> <p><input type="checkbox"/> 3 It was easier today</p>
<p><i>NOTES: Interviewer to include any relevant notes here about comments the participant made not captured here that may have impacted their responses (e.g., if multiple insertion attempts impacted how they responded, etc.)</i></p>          	

**END OF CRF**

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