

Sexual Partner Demographic and Acceptability (SPDEM) CRF [IDI visit for sexual partner]

Note: Information in italics is for the interviewer and will not be read aloud to the participant. All response options should be read aloud to the participant unless shown in italics.

<p>INTERVIEWER READS: The following are some questions regarding your background to help us describe the people who participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.</p>		
1.	How old are you?	Age (in years): <input type="text"/> <input type="text"/>
<p><i>Question 2 and 3 response options may be modified, as appropriate, for study population and location.</i></p>		
2.	What sex were you assigned at birth?	<input type="checkbox"/> <i>1 Female</i> <input type="checkbox"/> <i>2 Male</i> <input type="checkbox"/> <i>3 Intersex</i> <input type="checkbox"/> <i>4 Prefer not to answer</i>
3.	What is your gender identity?	<input type="checkbox"/> <i>1 Woman</i> <input type="checkbox"/> <i>2 Man</i> <input type="checkbox"/> <i>3 Transgender woman</i> <input type="checkbox"/> <i>4 Transgender man</i> <input type="checkbox"/> <i>5 Nonbinary, Gender Non-Conforming, or Genderqueer</i> <input type="checkbox"/> <i>6 A gender not listed here, please specify: _____</i> <input type="checkbox"/> <i>7 Prefer not to answer</i>
4.	What is your race or ethnicity?	<p><i>For sites in South Africa and Zimbabwe</i></p> <input type="checkbox"/> <i>1 Black</i> <input type="checkbox"/> <i>2 Colored</i> <input type="checkbox"/> <i>3 Indian</i> <input type="checkbox"/> <i>7 Asian</i> <input type="checkbox"/> <i>4 White</i> <input type="checkbox"/> <i>10 Other, please specify: _____</i> <p><i>For US site (select all that apply)</i></p> <input type="checkbox"/> <i>5 Hispanic or Latino</i> <input type="checkbox"/> <i>4 White</i> <input type="checkbox"/> <i>6 Black or African American</i> <input type="checkbox"/> <i>7 Asian</i> <input type="checkbox"/> <i>8 Native Hawaiian or Other Pacific Islander</i> <input type="checkbox"/> <i>9 American Indian or Alaska Native</i> <input type="checkbox"/> <i>10 Other, please specify: _____</i>
5.	What is your highest level of school attended?	<input type="checkbox"/> <i>1 No schooling</i> <input type="checkbox"/> <i>2 Primary school, not complete</i> <input type="checkbox"/> <i>3 Primary school, complete</i> <input type="checkbox"/> <i>4 Secondary/high school, not complete</i> <input type="checkbox"/> <i>5 Secondary/high school, complete</i> <input type="checkbox"/> <i>6 Post-secondary education, not complete</i> <input type="checkbox"/> <i>7 Post-secondary education, complete</i>

6.	What is your relationship with your sexual partner in this study?	<input type="checkbox"/> ₁ We are in a casual relationship <input type="checkbox"/> ₂ We are in an exclusive relationship, but not engaged or married <input type="checkbox"/> ₃ We are engaged <input type="checkbox"/> ₄ We are married <input type="checkbox"/> ₅ Other, <i>specify:</i> _____	
7.	Who are all the people you live with now? <i>Mark all that apply</i>	Yes	No
	a. I live alone	<input type="checkbox"/> ₁ [<i>Skip to Q8</i>]	<input type="checkbox"/> ₂
	b. Sexual Partner in this study	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	c. Other sexual partner (not in this study)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	d. Sibling(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	e. Mother and/or father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	f. Other relative(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	g. Your child(ren)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	h. Friend(s)/Roommate(s)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
	i. Other, <i>please specify:</i> _____	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
8.	<i>If Q2 = 2. Male</i> Are you circumcised?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Prefer not to answer	
9.	Have you ever been tested for HIV?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → <i>skip to Q12</i> <input type="checkbox"/> ₃ Prefer not to answer → <i>skip to Q12</i>	
10.	When was your last HIV test?	<input type="checkbox"/> ₁ Less than one month ago <input type="checkbox"/> ₂ Between approximately 1 and 3 months ago <input type="checkbox"/> ₃ Between approximately 3 and 12 months (1 year) ago <input type="checkbox"/> ₄ More than 12 months (1 year) ago <input type="checkbox"/> ₅ Not known	
11.	What was the result of your most recent HIV test?	<input type="checkbox"/> ₁ Negative <input type="checkbox"/> ₂ Positive <input type="checkbox"/> ₃ Not known	

Acceptability

12. On a scale of 1 to 10, how much did you like or dislike your partner using the vaginal ring during this study, where 1 means extremely disliked and 10 means extremely well liked? (*Show Response Card 29*)



<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					⁹ Very well liked				
² Very disliked					¹⁰ Extremely well liked				

12.a. What did you like or dislike about your partner using the ring?

13. On a scale of 1 to 10, how worried were you about your partner using the vaginal ring, where 1 means extremely worried and 10 means not at all worried? *(Show Response Card 30)*



<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
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

¹Extremely worried ⁹Not worried
²Very worried ¹⁰Not at all worried

13.a. If the response selected is in the range of 1-5, ask: What worried you about your partner using the ring?

14. *On a scale of 1 to 10, how enthusiastic were you about your partner using the vaginal ring, where 1 means not at all enthusiastic and 10 means extremely enthusiastic? *(Show Response Card 31)*



<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
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------	-----------------------------

¹Not at all enthusiastic ⁹Very enthusiastic
²Not enthusiastic ¹⁰Extremely enthusiastic

14.a. If the response selected is in the range of 6-10, ask: What excited you about your partner using the ring?

Impact on Sex

15. Have you had vaginal sex with your partner while she was participating in the study?

1 Yes
 2 No → skip to Q20

16. How often was the ring in her vagina when you had sex with her?

1 Every time
 2 Some of the time
 3 Never → skip to Q20
 4 I'm not sure

17. Could you feel the vaginal ring on your penis during sex?

1 Yes
 2 No
 3 Not sure

17a. If yes: What did it feel like to you?

18. Did your partner using the vaginal ring affect...

Yes	No
-----	----

a. How often you had any type of sex?

<input type="checkbox"/> 1	<input type="checkbox"/> 2
----------------------------	----------------------------

b. Your overall desire to have sex with her?

<input type="checkbox"/> 1	<input type="checkbox"/> 2
----------------------------	----------------------------

c. Your sexual pleasure

d. Your feelings of intimacy or emotional closeness with your partner during sex?

<input type="checkbox"/> 1	<input type="checkbox"/> 2
----------------------------	----------------------------

e. The types of sex you had?

(If a-d are Yes) In what ways:

<input type="checkbox"/> 1	<input type="checkbox"/> 2
----------------------------	----------------------------

19. How acceptable was the vaginal ring's effect on: <i>(Show Response Card 32)</i> <i>Response options included only if selected "yes" in prior question</i>	Acceptable	Somewhat acceptable	Not acceptable
a. How often you had 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 sexual pleasure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Your feelings of intimacy or emotional closeness with your partner during sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. The types of sex you had	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
20. 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 ... <i>[insert item from table]</i> <i>(Show Response Card 33)</i>			
	Disagree	Agree Somewhat	Agree a lot
a. My partner using a vaginal ring may interfere with our sexual relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. My partner using a vaginal ring may enhance or improve our sexual relationship.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. My partner using a vaginal ring may make me think that she is at high risk/that she takes sexual risks.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. People in my community who are similar to me may want their partners to use a vaginal ring. <i>"Similar" means people who may share the same life circumstances as you, be in a similar situation in terms of relationships, age, living situation, education</i>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. My partner using a vaginal ring may make me feel safer.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

END OF CRF

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