

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

END OF CRF

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