HPTN 035 Gel Resupply Worksheet

Partic	cipant I	D	Visit Da	ate		
]-			\prod	
	•		dd	ММ	М	уу
pant' dispe	's sexu ensed j	f: Applicators are dispensed in cartons of 10 only. At each visit, dispensing all frequency, supplies remaining from the prior visit(s), and the maximum oper 26-day period. Before administering this worksheet, complete item 2a in differential information from the participant's most recent behavior assessment form	number of (based on w	6 cartons a	llowed	to be
1.	visit. many	we are going to talk about how much study gel you may need between now Can you tell me how many unopened or full cartons of gel you have left now you have left that are partially used? Probe here as needed to help the partine her best estimate of remaining supplies.				
	1a.	Number of unopened/full cartons: Clinic Staff: Multiply	by 10:		applica	ators
	1b.	Number of partially used cartons: How many individual applicators do you the have left from these	ink you	+	applica	ators
	1c.	Clinic Staff: Add items 1a and 1b to get the number of applicators remain	 ning: 	= 	applica	ators
2.		rant to be sure you have enough applicators so that you can use one each al sex between now and your next visit.	time you ha	ave		
	2a.	At your last visit you thought you usually had sex about:	г [times per we	ek:
	of tim	ring ahead to next month, do you think you will have sex about the same notes per week, or might you have sex either more or less often than that? The here as needed by asking about, for example, planned partner absences form absences.		x 4 =		
		about the same → 2b. Clinic Staff: Multiply item 2a time	ı İ	<u></u> '	times per mo	onth
		more or less often 2c. How many times per week do yo you will have sex over the next n		× 4	times per we	∍ek
		≥ 2d. Clinic Staff: Multiply item 2c time	 es <i>4:</i> 	=	times per mo	onth
	2e.	That would add up to about (item 2d) times yes per month. Does that sound about right?	no	► If no, g	jo to 2c).
3. If ite	next i	c Staff: Subtract item 1c from the estimated number of applicators needed month (item 2b or 2d). Record result. If "00", skip to item 5 and record "s greater than 2b or 2d, participant does not need any additional appl	01"		applica	ators
		t. Do not complete a Study Product Request Slip. Go to item 7 on pag				

Staff Initials / Date

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Parti	cipant I	D														Vi	isit D	ate					
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Site	Number		Participa	ant Nur	mber		Chk									_	dd		MI	MM	_	уу	
4.						•												\exists		cart			
5.	Clinic	c Staff	t: Roi	ınd it	em 4	to th	e ne	ext hig	hest	whole	numl	ber:						L		can	tons		
disp peri	ic Staft ensing od. Co. ber of c	g, revi e mplete	ewite e a Pr	m 5 t oduc	t Req	sure t quest	t hat i slip i	no m o baseo	ore th d on t	an 60	appli	icator	s are c	disper	nsed p	per 2	?6 da	ay `	g/				
6.	today		shou	ld giv	e yo	u eno	ugh	gel to	o last	you fo	or nex		th, but m 8.										
7.	montl		ve will	l not	give	you a	ny n	nore o	carton	ns of g			nough ut rem						1				
8.	happe	Clinic	iny of the a	your applic ff: De	appl ators	licator s lost be wh	rs sir or da at ha	nce yo amag apper	our la ed? ned, n	ist visi	it? Fo	r exan		volve] d, and	no d			coun	go to seling item 8	<i>me</i>	ssage	•
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Counseling Message: In order to properly test if the gel protects against HIV, it is important that you use your gel during every sex act, even when condom use is not possible.