

Participant ID

									0
--	--	--	--	--	--	--	--	--	---

Group 2 Home Dosing Log

You will insert the contents of 1 applicator of study gel into your vagina as directed. Please bring this log with you to your next clinic visit on ____/____/____.

For each dose, please record the date and time you inserted the study gel.

- Please be sure to mark the "AM" or "PM" box for each recorded time
- If you **did not** insert a dose of study gel (i.e. a dose was missed), please mark the "I did not insert this dose of gel" box

Optional: Record any comments or notes about additional or missed dosing on the back of this page.

Note to study staff: Mark the "N/A" box for Dose 7 for the first two home dosing periods.

DOSE 2	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
	OR <input type="checkbox"/> I did not insert this dose of gel						
DOSE 3	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
	OR <input type="checkbox"/> I did not insert this dose of gel						
DOSE 4	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
	OR <input type="checkbox"/> I did not insert this dose of gel						
DOSE 5	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
	OR <input type="checkbox"/> I did not insert this dose of gel						
DOSE 6	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
	OR <input type="checkbox"/> I did not insert this dose of gel						
DOSE 7	<input type="checkbox"/> N/A	Date:	MMM / dd / yy	Time:	hr • min	<input type="checkbox"/> AM	<input type="checkbox"/> PM
	OR <input type="checkbox"/> I did not insert this dose of gel						

