

MTN-034: COVID-19 BEHAVIORAL ASSESSMENT

Administration schedule:				
<ul style="list-style-type: none"> ➤ 1st time point: ASAP (once approved): over the phone <u>or</u> during next study visit ➤ 2nd time point: ≥3 months after initial assessment for all participants (but no later than PUEV) 				
Instructions/notes:				
<ul style="list-style-type: none"> ➤ Text in blue denotes alignment with the MTN-042/043 COVID questions. ➤ Alignment with other surveys is denoted in superscript ^(like this). ➤ <i>Text in italics should not be read aloud.</i> ➤ Unless indicated otherwise, read response options aloud. 				
<i>Interviewer reads: As you may know, there is an outbreak of a respiratory disease caused by the novel coronavirus. The disease is called COVID-19. There are millions of confirmed cases and many deaths related to COVID-19, including here in [add country & COVID-19 relevant info (I.e., lockdown started in X month)].</i>				
1.	How many people you know personally are (or have been) infected with COVID-19? <i>(Please include both suspected and confirmed infections, do not count yourself, and give your best estimate if you do not know the exact number.)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <i>Specify number</i>		
2.	Were you infected (or suspected to be infected) with COVID-19? <i>(Do not read response options)</i>	<input type="checkbox"/> ₁ Yes, tested and the result was positive <input type="checkbox"/> ₂ Yes, suspected but not confirmed by a test <input type="checkbox"/> ₃ No, tested and the result was negative <input type="checkbox"/> ₄ No <input type="checkbox"/> ₅ Not sure		
3.	How often did you follow the guidelines in your community, like staying at home, to prevent yourself from getting or transmitting COVID-19?	<input type="checkbox"/> ₁ Always <input type="checkbox"/> ₂ Often <input type="checkbox"/> ₃ Occasionally <input type="checkbox"/> ₄ Rarely		
<i>Interviewer reads: Now I'm going to ask you about some worries you might currently have. Please indicate how worried or concerned you are about the following things:</i> <small>CHARISMA/SAMURAI</small>		Very worried	A little worried	Not worried at all
4.	Having enough food to eat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
5.	Having a job/going to school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
6.	Having money to cover basic expenses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
7.	Getting the coronavirus (COVID-19)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
8.	Getting HIV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
9.	Unplanned pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
10.	Between getting COVID-19 and getting HIV, which is more concerning to you right now?	<input type="checkbox"/> ₁ Getting COVID-19 <input type="checkbox"/> ₂ Getting HIV <input type="checkbox"/> ₃ Both equally <input type="checkbox"/> ₄ Neither concerns me		
11.	How has COVID-19 influenced your interest in preventing HIV?	<input type="checkbox"/> ₁ Decreased <input type="checkbox"/> ₂ Increased <input type="checkbox"/> ₃ No influence		

12.	How has COVID-19 influenced your interest in using [Ring/Tablet]?	<input type="checkbox"/> ₁ Decreased <input type="checkbox"/> ₂ Increased <input type="checkbox"/> ₃ No influence		
13.	Do you think other people would judge you or treat you badly if you had COVID-19?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No		
Interviewer reads: I'm going to ask you about several different aspects of your life that might have changed because of COVID-19 (and the plans used to manage it). For each one, please tell me if the following has decreased, increased, or not changed because of COVID-19.		Has decreased because of COVID-19	Has increased because of COVID-19	Has not changed
14.	Your level of anxiety (nervous or on edge; not being able to stop or control worrying)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
15.	Your feelings of depression (hopeless, little interest in doing things, feeling constantly sad)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
16.	Your feeling of connection to family ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
17.	Your feeling of connection to friends ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
18.	How often you have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
19.	The number of sexual partners you have ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
20.	Access to your contraceptive method	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
21.	Access to condoms ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
22.	How often you use condoms when you have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
23.	Violence in your household	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
24.	Your alcohol consumption ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
25.	Your access to money for necessary items	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
26.	How much food you eat	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
27.	Your access to health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
28.	Access to HIV testing ^{ATN}	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
29.	The amount of support to use the [Ring/Tablets] that you receive from the study counselors or nurses	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
30.	Your adherence to the [Ring/Tablets]	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
31.	Your feeling of connection to your primary partner	<input type="checkbox"/> ₁ Has decreased because of COVID-19 <input type="checkbox"/> ₂ Has increased because of COVID-19 <input type="checkbox"/> ₃ Has not changed/no different because of COVID-19 <input type="checkbox"/> ₄ N/A: No primary partner <input type="checkbox"/> ₅ N/A: Don't know		
32.	Due to COVID-19, did you experience a time when you were unable to get your [Ring/Tablets] as planned, and therefore could not use it/them?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (Skip to 39)		

33.	During the time when you did not have study product, how worried were you about not having your [Ring/Tablets]?	<input type="checkbox"/> ₁ Very worried <input type="checkbox"/> ₂ Somewhat worried <input type="checkbox"/> ₃ Not at all worried	
<i>Interviewer reads: During the time when you did not have your [Ring/Tablets], was there any change in your sexual behavior? Please agree or disagree with the following statements.</i>		Agree	Disagree
34.	I stopped having vaginal sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
35.	I had less vaginal sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
36.	I used a condom more frequently	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
37.	I switched to other types of sex (e.g. oral/anal)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
38.	Other	Specify: _____	
39.	Due to COVID-19, did you receive more than one month's supply of your [Ring/Tablets]?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No (<i>Skip to after 42</i>)	
40.	When you had extra supply of [Ring/Tablets], how worried were you about being able to store it properly?	<input type="checkbox"/> ₁ Very worried <input type="checkbox"/> ₂ Somewhat worried <input type="checkbox"/> ₃ Not at all worried	
41.	Did anyone find out you were using the [Ring/Tablets] because you had extra product to store?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ <i>Not Sure/Don't know</i>	
42.	Did anyone take or use any of the extra [Rings/Tablets] you had stored during the COVID-19 outbreak?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ <i>Not Sure/Don't know</i>	
<i>Interviewer reads: Did you experience any of the following situations, because of COVID-19 and the plans to manage the outbreak?</i>		Yes	No
43.	Less privacy than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
44.	Less access to clean water than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
45.	Less access to toilet facilities than usual	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
46.	Being unable to conceal product use from others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
47.	Forgetting to use your study product	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

48.	<p>Which types of [Ring/Tablets] adherence support have been most helpful to you during the COVID-19 outbreak?</p> <p><i>(Do not read responses aloud, select all that apply)</i></p>	<p><input type="checkbox"/> <i>1 Daily text message</i></p> <p><input type="checkbox"/> <i>2 Weekly check-in via text message</i></p> <p><input type="checkbox"/> <i>3 Weekly check in via phone call</i></p> <p><input type="checkbox"/> <i>4 Peer buddy</i></p> <p><input type="checkbox"/> <i>5 In-person counseling</i></p> <p><input type="checkbox"/> <i>6 In-person adherence support groups</i></p> <p><input type="checkbox"/> <i>7 Online adherence support groups</i></p> <p><input type="checkbox"/> <i>8 Pill keychain</i></p> <p><input type="checkbox"/> <i>9 Support from friends</i></p> <p><input type="checkbox"/> <i>10 Support from family</i></p> <p><input type="checkbox"/> <i>11 Support from husband/partner</i></p> <p><input type="checkbox"/> <i>12 Other: specify _____</i></p> <p><input type="checkbox"/> <i>13 None of the above</i></p>
49.	<p>Which types of [Ring/Tablets] adherence support have you missed the most during the COVID-19 outbreak?</p> <p><i>(Do not read responses aloud, select all that apply)</i></p>	<p><input type="checkbox"/> <i>1 Daily text message</i></p> <p><input type="checkbox"/> <i>2 Weekly check-in via text message</i></p> <p><input type="checkbox"/> <i>3 Weekly check in via phone call</i></p> <p><input type="checkbox"/> <i>4 Peer buddy</i></p> <p><input type="checkbox"/> <i>5 In-person counseling</i></p> <p><input type="checkbox"/> <i>6 In-person adherence support groups</i></p> <p><input type="checkbox"/> <i>7 Online adherence support groups</i></p> <p><input type="checkbox"/> <i>8 Pill keychain</i></p> <p><input type="checkbox"/> <i>9 Support from friends</i></p> <p><input type="checkbox"/> <i>10 Support from family</i></p> <p><input type="checkbox"/> <i>11 Support from husband/partner</i></p> <p><input type="checkbox"/> <i>12 Other: specify _____</i></p> <p><input type="checkbox"/> <i>13 None of the above</i></p>