**MTN-020**

**SIDI/IDI Debriefing Report**

***Instructions:*** *This report is to be completed on the same day as the interview and forwarded to RTI within one week of interview completion. This report should be sent via email as a Word document with scanned copies of completed body maps, if any (i.e. for single IDIs or first serial IDIs).*

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| **Basic IDI Information:** | |
| PTID:  CRS/CTU:  Venue:  Person Completing Form: | Interview Date:  Month in Study:  Interview Mode/#:  Interviewer:  Note-taker: |
| **Debriefing Summary:** | |
| 1. How did the SIDI/IDI go today? (*Describe in detail your subjective impressions of how the participant behaved, their emotional reactions [excited, sad, laughed, bored, confused, disappointed etc.], and any other important information about the context and experience. For repeat serial IDIs, reflect on changes from the last SIDI.)*      1. What were the most important themes or ideas discussed? (*Describe in detail the most important ideas discussed within each of the interview main topic areas and any additional important issues that were raised.)*    1. Motivation to join/stay in trial and HIV risk perception:      * 1. Acceptability and adherence *(Be sure to describe unique ring experiences or problems, such as expulsions)*:      * 1. Disclosure and partners:      * 1. Recommendations and feasibility for future use *(Include feedback/recommendations on study experience, procedures, etc.)*:      * 1. Study product discontinuation *(only complete for one time IDIs with participants discontinuing product early)*:      * 1. Other important issues:      1. Were there any unexpected or unanticipated findings? *(Record anything unexpected, unanticipated, or new that was learned from this SIDI/IDI.)*      1. Which HIV prevention product formulation(s) was the participant MOST interested in using in the future? (*tick all that apply*):   Vaginal Gel  Oral Tablets  Injectables  Vaginal Film  Vaginal Ring  Condoms; if participant specified  Male condoms  Female condoms  Vaginal Suppository/Tablets  Implants  Additional information about product attributes and product preferences (*i.e. reasons why chose products, likes*):     1. Which HIV prevention product formulation(s) was the participant LEAST interested in using in the future? (*tick all that apply)*:   Vaginal Gel  Oral Tablets  Injectables  Vaginal Film  Vaginal Ring  Condoms; if participant specified  Male condoms  Female condoms  Vaginal Suppository/Tablets  Implants  Additional information about product attributes and product preferences (*i.e. reasons why chose products, dislikes*):     1. Were there any potential AEs, SHs, or PDs mentioned in the interview today? *(Record what was mentioned during the interview and the action taken to report the AE/SH/PD or refer the participant, if applicable.)* | |