**MTN-025**

**Drug Feedback IDI (DF-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 uploaded to the FTP site as a Word document.*

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| **Basic IDI Information:** | |
| PTID:  CRS/CTU:  Venue:  Person Completing Form: | Interview Date:  Month in Study:  Most Recent Visit Number**:**  Interviewer:  Note-taker: |
| *Fill out check box depending on participant’s decision at enrollment*:  🞎 Accepted ring  🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_*(describe why this participant had a DF-IDI interview if she did not accept ring at enrollment)*  *Fill out check box if participant has EVER accepted a ring in HOPE or not during follow up*:  🞎 Has accepted ring at least once | |
| **Debriefing Summary:** | |
| 1. Please describe the participant’s thoughts/feelings about the HIV Prevention Options Counselling approach and counseling sessions in HOPE (*Be sure to include any changes in motivation to accept/not accept the ring or participate in the study as a result of the counseling.)*      1. Please describe the participant’s thoughts/feelings about her drug level results (*Record details about the participant’s reaction to the drug level results and if changes in motivation to accept/not accept the ring or participate in the study.)*      1. What suggestions did the participant have to improve the drug level feedback experience?      1. Were there any unexpected or unanticipated findings? *(Record anything unexpected, unanticipated, or new that was learned from this IDI.)*      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.)* | |