**Read the following statement to the participant before administering the eligibility worksheet:**

“I am now going to ask you some questions about yourself. Some of these questions are personal and sensitive, but remember that we do not have your name on these papers. All of your answers will be kept confidential.”

**To confirm eligibility for the study, ask the participant the following questions and mark her responses accordingly.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Do you plan to continue your pregnancy until delivery? | Yes 🞎 | No 🞎 |
|  | Do you plan to deliver at a facility associated with this clinic, either <insert facility names>, or other health center or hospital where adequate medical records can be obtained by the clinic? | Yes 🞎 | No 🞎 |
|  | Are you willing to be assigned to either the pill or ring by chance (randomized) when you enroll in the study and continue to use that assigned product until the end of your pregnancy? | Yes 🞎 | No 🞎 |
|  | Are you available for all visits and willing and able to comply with all study requirements? | Yes 🞎 | No 🞎 |
|  | Will you permit study staff to contact your antenatal and postpartum care provider(s) and to obtain copies of your antenatal/postpartum care records? | Yes 🞎 | No 🞎 |
|  | If you were to join this research study, would you agree not to take part in any other research studies involving drugs, medical devices, vaginal products, or vaccines for the duration of your participation, which is expected to last until about 6 weeks after the end of your pregnancy? | Yes 🞎 | No 🞎 |
|  | Do you plan to access or use oral pre-exposure prophylaxis (PrEP) (Truvada®) outside of your study participation? | Yes 🞎 | No 🞎 |
|  | During your and your infant’s study participation, which is expected to last until your infant is one year old, do you plan to move away from the study clinic area? | Yes 🞎 | No 🞎 |
|  | During your and your infant’s study participation, do you plan to travel away from the study clinic area for any time period that would interfere with your study participation, such as attending all visits? | Yes 🞎 | No 🞎 |
|  | Are you breastfeeding now? | Yes\*\*🞎 | No 🞎 |
|  | Have you ever had an adverse or bad reaction to any of the study products (dapivirine or Truvada)? | Yes 🞎 | No 🞎 |
|  | Have you ever had an adverse or bad reaction to latex or polyurethane, what condoms are commonly made from? | Yes 🞎 | No 🞎 |
|  | In the past 12 months, have you used a needle to inject drugs that were not prescribed to you by a medical professional? | Yes\*\* 🞎 | No 🞎 |
|  | During this pregnancy, have you used post-exposure prophylaxis (PEP) for HIV prevention after possible HIV exposure or oral PrEP? | Yes 🞎 | No 🞎 |
|  | During this pregnancy, have you participated in any other research study involving drugs, medical devices, vaginal products or vaccines? | Yes 🞎 | No 🞎 |

**For the participant to be eligible, the responses to items 1-6 above must be “Yes.”**

**For the participant to be eligible, the responses to items 7-15 above must be “No.”**

**\*\*If the response to items 10 and 13 are “Yes,” assess likelihood of eligibility by Enrollment Visit and proceed accordingly.**