

--	--	--	--

dd		MMM		yy	

MTN-032 Behavior Assessment (BA)

INTERVIEWER READS: The following are some basic questions regarding your background to help us know what type of people participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff.

BEHAVIORAL

1.	Do you currently have a primary sex partner? By primary sex partner, I mean a person you have sex with on a regular basis or who you consider to be your main partner.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → if No, go to 14
2.	Are you currently married? (<i>choose one</i>)	<input type="checkbox"/> ₁ Yes, legally married <input type="checkbox"/> ₂ Yes, traditionally married <input type="checkbox"/> ₃ No <input type="checkbox"/> ₄ Other, specify: <hr/>
3.	Have you had the same [husband/primary sex partner] for the last 3 months ?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4.	Is your [husband/primary sex partner] the same partner you had when you <u>exited</u> ASPIRE?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Can't remember
5.	For how long have you been with your current [husband/primary sex partner]? (<i>mark one</i>)	<input type="checkbox"/> <input type="checkbox"/> or <input type="checkbox"/> <input type="checkbox"/> months years
6.	How old is your [husband/primary sex partner]?	<input type="checkbox"/> <input type="checkbox"/>
7.	Are you currently living with your [husband/primary sex partner]?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
8.	Does your [husband/primary sex partner] provide you with financial and/or material support?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
9.	Does he have any sex partners other than you?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don't Know
10.	In the past 3 months , have you had vaginal sex with your [husband/primary sex partner]? By vaginal sex we mean when a man puts his penis inside of your vagina.	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
11.	Is your [husband/primary sex partner] circumcised? By circumcised, we mean when the foreskin of the penis is removed/cut off. <i>See visual aid.</i>	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No <input type="checkbox"/> ₃ Don't Know
12.	What is the HIV status of your [husband/primary sex partner]?	<input type="checkbox"/> ₁ HIV positive <input type="checkbox"/> ₂ HIV negative → if HIV neg, go to item 14 <input type="checkbox"/> ₃ Don't Know

--	--	--	--

dd		MMM		yy	

MTN-032 Behavior Assessment (BA)

13.	Is your [husband/primary sex partner] taking antiretrovirals (ARVs)?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't Know
14.	In the past 3 months , with how many other male partners have you had vaginal sex? By other male partners, we mean any man who is <u>not</u> your primary sex partner.	<input type="text"/> <input type="text"/> # <i>sex partners</i> <input type="checkbox"/> 1 Don't Know <input type="checkbox"/> 2 Decline
15.	In total, how many different people have you had vaginal sex with in your lifetime ?	<input type="text"/> <input type="text"/> # <i>sex partners</i> <input type="checkbox"/> 1 Don't Know <input type="checkbox"/> 2 Decline
16.	The next questions are about your sexual behavior in the past 7 days , not including today. In the past 7 days , how many acts of vaginal sex did you have?	<input type="text"/> <input type="text"/> # <i>of acts</i> → if 00, go to item 18
17.	In the past 7 days , during how many acts of vaginal sex was a male or female condom used?	<input type="text"/> <input type="text"/> # <i>sex acts</i> <input type="checkbox"/> 1 Don't Know <input type="checkbox"/> 2 Decline
18.	During the last vaginal sex that you had, was a male and/or female condom used? (<i>choose one</i>)	<input type="checkbox"/> 1 Male condom <input type="checkbox"/> 2 Female condom <input type="checkbox"/> 3 Both <input type="checkbox"/> 4 Neither
19.	In the past 3 months , how many times have you had anal sex? By anal sex, I mean when a man puts his penis inside your anus?	<input type="text"/> <input type="text"/> # <i>of acts</i> → if 00, go to item 21 <input type="checkbox"/> 1 Don't Know <input type="checkbox"/> 2 Decline
20.	During the last act of anal sex that you had, was a male or female condom used? (<i>choose one</i>)	<input type="checkbox"/> 1 Yes, male condom <input type="checkbox"/> 2 Yes, female condom <input type="checkbox"/> 3 Both <input type="checkbox"/> 4 Neither

FAMILY PLANNING

21.	What method(s) of contraception/family planning are you currently using? (<i>Can choose more than one</i>)	None → if none, go to item 23 a. Female Condom <input type="checkbox"/> 1 b. Male Condom <input type="checkbox"/> 2 c. Intrauterine device (IUD) <input type="checkbox"/> 3 d. Oral contraceptives/birth control pills <input type="checkbox"/> 4 e. Implant <input type="checkbox"/> 5 f. Injectable contraceptives <input type="checkbox"/> 6 g. Other: _____ <input type="checkbox"/> 7 <input type="checkbox"/> 8
22.	(<i>Complete if 21c. – 21g. selected, otherwise skip to 23</i>) What date did you start the above mentioned contraception/family planning method?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> dd MMM yy

--	--	--	--

dd		MMM		yy	

MTN-032 Behavior Assessment (BA)

WILLINGNESS TO PARTICIPATE [SEROCONVERTERS SKIP]																																			
23.	Would you be willing to participate in future vaginal ring studies?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No																																	
			Yes No																																
24.	What are the reason(s) that you would be willing to participate in a future dapivirine ring study? (<i>Read each category aloud, letting participant choose 'yes' to more than one.</i>)	a. HIV testing b. Counseling on reducing HIV infection c. Help fight against HIV in community d. Because the ring can protect against HIV e. Make it safer to have sex without condoms f. Only or best way to get health care g. Friends will probably participate h. Feel taken care of by study staff i. To join social events at the clinic j. Being in study helps feel better about self k. Study visits give someone to talk to l. Study visit reimbursement money is helpful m. Other, specify _____	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center; width: 50px;"><input type="checkbox"/> 1</td><td style="text-align: center; width: 50px;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/> 1</td><td style="text-align: center;"><input type="checkbox"/> 2</td></tr> </table>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
<input type="checkbox"/> 1	<input type="checkbox"/> 2																																		
RISK PERCEPTION [SEROCONVERTERS SKIP]																																			
25.	In the past 12 months , was getting HIV something you have... [<i>read options</i>]?	<input type="checkbox"/> 1 Never thought about <input type="checkbox"/> 2 Rarely thought about <input type="checkbox"/> 3 Thought about some of the time <input type="checkbox"/> 4 Thought about often																																	
26.	How worried are you that you might get HIV in the next 12 months ?	<input type="checkbox"/> 1 Not worried at all <input type="checkbox"/> 2 A little worried <input type="checkbox"/> 3 Somewhat worried <input type="checkbox"/> 4 Very worried <input type="checkbox"/> 5 Extremely worried																																	
27.	How likely is it that you will become infected with HIV in the next 12 months ?	<input type="checkbox"/> 1 Extremely unlikely <input type="checkbox"/> 2 Very unlikely <input type="checkbox"/> 3 Somewhat likely <input type="checkbox"/> 4 Very likely <input type="checkbox"/> 5 Extremely likely																																	
LEVEL OF PROTECTION [SEROCONVERTERS SKIP]																																			
28.	Would you use a vaginal ring for HIV prevention in the future?	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 Don't Know																																	
29.	What is the lowest level of protection you would find acceptable?	<input type="checkbox"/> 1 50% (half) <input type="checkbox"/> 2 75% (three-quarters) <input type="checkbox"/> 3 90% (almost full protection) <input type="checkbox"/> 4 100% (full protection)																																	

--	--	--	--

dd		MMM		yy	

MTN-032 Behavior Assessment (BA)

INCENTIVES			
30.	Anesu was a participant in ASPIRE who did not wear the ring for the full month. During ASPIRE, Anesu, like all other participants, received reimbursements for her transport and time. If the study had offered Anesu additional cash for wearing the ring for the full month, and this was verified by lab tests, do you think she would have been more likely to have used the ring for the full month?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → if No, go to item 32	
		Currency	Amount
31.	What is the minimum amount of money she would have had to receive for Anesu to keep the ring inserted for the full month? <i>(Fill in answer and specify amount and currency)</i>		
		Yes	No
32.	Instead of receiving money for wearing the ring for the full month, do you think Anesu would have worn the ring for the full month if she had received prizes such as <i>[Read categories aloud]</i> each month?	a. Beauty supplies (e.g. lotion, shampoo, soap) <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ b. Grocery vouchers <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ c. Household Items (e.g. towels, blankets) <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ d. Special treat (e.g. parties/functions) <input type="checkbox"/> ₁ <input type="checkbox"/> ₂ e. Other _____ <input type="checkbox"/> ₁ <input type="checkbox"/> ₂	
33.	If Anesu wore the ring for the full month, and she could have gained a lottery ticket with a small chance to win a big prize, do you think she would have been more motivated to use the ring for the full month?	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	
34.	What do you think would have been the best incentive for Anesu to wear the ring for the full month: cash, prizes, a lottery ticket or something else?	<input type="checkbox"/> ₁ Cash <input type="checkbox"/> ₂ Prizes <input type="checkbox"/> ₃ Lottery <input type="checkbox"/> ₄ Other, specify: _____	

MTN-032 Behavior Assessment (BA)

Item-Specific Instructions:

- **Item 1:** Record whether or not the participant **currently** has a primary sex partner.
- **Item 3:** Read aloud “husband” or “primary sex partner,” depending on the participant's response to item 2 (if not currently married).
- **Item 4:** Read aloud “husband” or “primary sex partner,” depending on the participant's response to item 2 (if not currently married).
- **Item 5:** Mark either months **or** years. If the participant has had the same partner for greater than or equal to 12 months, mark response in years. If less than 12 months, mark response in months. If participant responds with years and months, round to the nearest year (ex: 7 years 2 months should be rounded to 7 years).
- **Item 6:** Read aloud “husband” or “primary sex partner,” depending on the participant's response to item 2 (if not currently married). If the participant does not know her husband’s or primary partner’s exact age, record her best estimate. If she is unable to provide an estimate, record “99”.
- **Item 7:** Read aloud “husband” or “primary sex partner,” depending on the participant's response to item 2 (if not currently married).
- **Item 8:** Record whether or not the participant’s husband or primary partner provides her with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
- **Item 12:** Complete this item even if the participant is unsure of her partner’s HIV status.
- **Item 13:** Complete this item regardless of the response to item 12. Having a primary sex partner who is taking ARVs could impact the participant’s HIV risk, so we want this item answered by all participants who answered item 12.
- **Item 22:** Record the date the participant started the contraceptive method only if participant chooses one of the following methods in item 21: (C) intrauterine device (IUD), (D) oral contraceptives/birth control pills, (E) implant, or (F) injectable contraceptives. If the participant chooses more than one of these methods, mark dates for both and include which date corresponds to which method.