**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.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Have you been using a consistent, effective method of contraception for at least the past two months and are willing to use this method of contraception for the duration of the study, which is expected to be about one and a half years?  Effective methods include methods other than the contraceptive ring, such as oral contraceptive pills, contraceptive injections or implants, the intrauterine contraceptive device (IUD). | 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 study participation, which is expected to be for about one and half years? | Yes 🞎 | No 🞎 |
|  | Are you available for all visits and willing and able to comply with all study procedural requirements? | Yes 🞎 | No 🞎 |
|  | During your study participation, which is expected to be for about one and a half year, do you plan to move away from the study clinic area? | Yes 🞎 | No 🞎 |
|  | During your study participation, do you plan to travel away from the study clinic area for more than four consecutive weeks? | Yes 🞎 | No 🞎 |
|  | Have you been pregnant within the last 8 weeks (2 months)? | Yes 🞎 | No 🞎 |
|  | Are you breastfeeding now? | Yes 🞎 | No 🞎 |
|  | Do you plan to become pregnant during your study participation? | 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 🞎 |
|  | In the past 3 months, have you used post-exposure prophylaxis (PEP) for HIV exposure? | Yes 🞎 | No 🞎 |
|  | In the past 3 months, have you used pre-exposure prophylaxis (PrEP) (Truvada®) for HIV prevention? | Yes 🞎 | No 🞎 |
|  | Do you plan to access or use pre-exposure prophylaxis (PrEP) (Truvada®) outside of your study participation? | Yes 🞎 | No 🞎 |
|  | In the past 60 days (8 weeks) 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 1-3 above must be “Yes” and responses to items 4-13 above must be “No.”**