

**Intro:**

Thank you for joining this study. This survey will ask about your life, relationships, behaviors, and opinions about PrEP and the dapivirine ring. Some of the questions may seem very personal, but please remember that all of your answers will be kept confidential. With the computer, no one else can see or hear the questions and no one can see your answers. There are no right or wrong answers, and every answer is important, so please be as truthful as you can.

You can skip any question that makes you feel uncomfortable or stop taking the survey at any time. None of your answers will affect whether you can be in the study.

During this interview, when we say “tablets” we are talking about the tablets you will be taking in this study, and when we say “ring” we are talking about the ring you will be using in this study.

Some questions will ask you about your life or behavior during a specific time period (for example, “in the past 30 days”). Please pay close attention to the time period and only tell us about your behavior during that time.

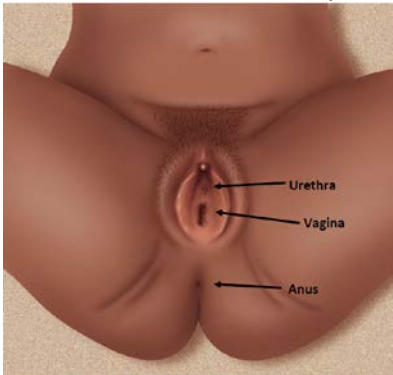
The survey will take about 20-30 minutes to complete. Only use the "Previous" (White) and "Next" (Green) buttons at the bottom of each page to move through the survey. If you have questions or need assistance, please ask a member of the study staff.

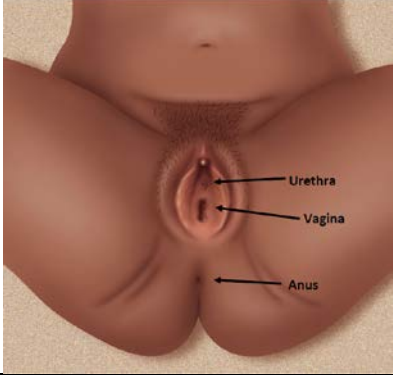
#	Question	Response Options	Item, skip pattern, or notes
<b>Community engagement</b>			
1.	Outside of home and school, how much do you participate in clubs, sports teams, or other social group activities?	Never Less than monthly Monthly Weekly Daily or almost daily Participant skipped question	D1
<b>Housing and food security</b>			
2.	Do you have a regular place where you stay and store your things?	Yes No Participant skipped question	F1
3.	Who do you currently live with? (mark all that apply)	Alone Mother Father Siblings Children Grandparents Husband/main partner /boyfriend Other Participant skipped question	F2 If “Alone”, no other response options should be selected
4.	<b>In the past 30 days</b> , how often did you worry that you would not have enough food?	Never Rarely (Once or Twice) Sometimes (3-10 times) Often (More than 10 times) Participant skipped question	F3

<b>Peer social support scale</b>			
<b>In the next few questions, we'll ask about your friends. Please tell us how much you agree or disagree with the following statements:</b>			<b>G1</b>
5.	My friends really try to help me.	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Participant skipped question	G2
6.	I can count on my friends when things go wrong	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Participant skipped question	G3
7.	I have friends with whom I can share my joys and sorrows	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Participant skipped question	G4
8.	I can talk about my problems with my friends	Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree Participant skipped question	G5

<b>Brief self-control scale</b>								
<b>Please indicate how much each of the following statements reflects how you typically are:</b>								<b>H1</b>
		Not at all like me	A little like me	Somewhat like me	Mostly like me	Very much like me	Participant skipped question	
9.	I am good at resisting temptation.							H2
10.	People would say I have very strong self-discipline.							H3
11.	I am able to work effectively toward long-term goals.							H4
12.	I do certain things that are bad for me, if they are fun.							H5
13.	Pleasure and fun sometimes keep me from getting work done.							H6
14.	I can't stop myself from doing something, even if I know it's wrong.							H7
15.	I often act without thinking through all of the alternatives.							H8

Partner/partnership characteristics			
<b>The next questions are about your recent sexual partners:</b>			<b>I1</b>
16.	Do you currently have a primary sex partner? By primary sex partner we mean a man you have sex with on a regular basis who is your boyfriend or husband, or who you consider to be your main partner.	Yes No Participant skipped question	If No, skip to question 22 (item J1) I2
17.	How old, in years, is your primary sex partner? If you don't know, please guess.	___ years Participant skipped question	I4
18.	How long have you been with your partner?	Less than 3 months 3 - 6 months More than 6 months but less than 1 year 1-2 years More than 2 years Participant skipped question	I5
19.	Does your primary sex partner provide you with financial and/or material support? By material support, we mean things like food, rent, clothes/shoes/accessories, cosmetics, transport, or items for your children or family.	Yes No Participant skipped question	I6
20.	What is the HIV status of your primary sex partner?	HIV positive HIV negative Don't know Participant skipped question	I7
21.	In the <b>past 3 months</b> , has your primary sex partner had sex with another partner besides you?	Yes, I know so Yes, I think so No Don't Know Participant skipped question	I8

Sexual behavior:			
22.	In the <b>past 3 months</b> , how often have you had vaginal sex? By vaginal sex we mean when a man puts his penis inside your vagina. <i>Press the PINK box to see a picture of the vagina.</i>	Never Less than monthly Monthly Weekly Daily or almost daily Participant skipped question	If Never, skip to question 25 (item J5) J1
			
23.	In the <b>past 30 days</b> , how many times have you had vaginal sex?	___ ___ times Participant skipped question	J2
24.	During the <b>last act</b> of vaginal sex that you had, was a condom used? By condom we mean a male or female condom.	Yes No Participant skipped question	J4

25.	<p>In the past <b>3 months</b>, how often have you had anal sex? By anal sex we mean when a man puts his penis inside your anus.  <i>Press the PINK box to see a picture of the anus.</i></p> 	<p>Never                  Less than monthly                  Monthly                  Weekly                  Daily or almost daily                  Participant skipped question</p>	<p>If Never, skip to question 27, (item J7)                  J5</p>
26.	<p>During the <b>last act</b> of anal sex that you had, was a condom used?</p>	<p>Yes                  No                  Participant skipped question</p>	<p>J6</p>
27.	<p><b>In the past 3 months</b>, how many men all together have you had sex with? Please include ALL your sex partners: your primary partner, if you have one, and any other type of partner, such as boyfriends, causal partners, or clients.</p>	<p>COUNT                  Participant skipped question</p>	<p>J7</p>
<p><b>The next few questions ask about events over the last 6 months.</b></p>			<p><b>J8</b></p>
28.	<p>In the past <b>6 months</b>, did you receive money, material goods, gifts, drugs, or shelter in exchange for sex? By material goods, we mean things like food, rent, clothes/shoes/accessories, cosmetics, transport, or items for your children or family.</p>	<p>Yes                  No                  Participant skipped question</p>	<p>J9</p>

<p><b>Partner/non-partner violence:</b></p>			
29.	<p>In the past <b>6 months</b>, has any current or previous sex partner punched, slapped, kicked, bit you, or caused any type of physical harm?</p>	<p>Yes                  No                  Participant skipped question</p>	<p>K1</p>
30.	<p>In the past <b>6 months</b>, has any current or previous sex partner insulted, ignored or humiliated you, yelled at you, or made you feel ashamed or bad about yourself?</p>	<p>Yes                  No                  Participant skipped question</p>	<p>K2</p>
31.	<p>In the past <b>6 months</b>, has any current or previous sex partner forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want?</p>	<p>Yes                  No                  Participant skipped question</p>	<p>K3</p>
32.	<p>In the past <b>6 months</b>, has any other person (not including current or past sex partners) forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want?</p>	<p>Yes                  No                  Participant skipped question</p>	<p>K4</p>

<p><b>Alcohol use scale</b></p>			
<p><b>The next questions are about your current use of alcohol:</b></p>			<p><b>L1</b></p>
33.	<p>How often do you have a drink containing alcohol? By alcohol, we mean beer, wine, liquor, and home or local brews.</p>	<p>Never                  Monthly or less                  2-4 times a month                  2-3 times a week                  4 or more times a week                  Participant skipped question</p>	<p>If Never, skip to question 37, (item M1)                  L2</p>


34.	How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2 3 or 4 5 or 6 7 to 9 10 or more Participant skipped question	L3
35.	How often do you have six or more drinks on one occasion?	Never Less than monthly Monthly Weekly Daily or almost daily Participant skipped question	L4
36.	<b>In the last 30 days</b> , did you have a drink containing alcohol just before or during sex?	Yes No Participant skipped question	L5

<b>Depression</b>			
<b>Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by ticking the appropriate box for each question:</b>			<b>M1</b>
37.	In the past week: I was bothered by things that usually don't bother me.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M2
38.	In the past week: I had trouble keeping my mind on what I was doing.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M3
39.	In the past week: I felt depressed.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M4
40.	In the past week: I felt that everything I did was an effort.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M5
41.	In the past week: I felt hopeful about the future.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M6
42.	In the past week: I felt fearful.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M7
43.	In the past week: My sleep was restless.	Less than 1 day 1-2 days 3-4 days	M8

REACH Enrollment (Visit 2) ACASI, v2.0 12 July 2018

		5-7 days Participant skipped question	
44.	In the past week: I was happy.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M9
45.	In the past week: I felt lonely.	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M10
46.	In the past week: I could not "get going."	Less than 1 day 1-2 days 3-4 days 5-7 days Participant skipped question	M11

Disclosure and support							
<b>We are now going to ask you questions about the people whom you might have talked to about this research study:</b>						<b>N1</b>	
Have you told any of the following people that you will be taking the tablets or using the ring?		Yes	No	Don't Know	Not applicable	Participant skipped question	(N1)
47.	Your primary sex partner						N4
48.	Any female family member(s) (such as sisters, mother, or aunts)						N5
49.	Any male family member(s) (such as brothers, father, or uncles)						N6
50.	Any of your friends						N7
		If items N4-N7 are all "No", "Don't know" or "Not applicable", skip to next applicable section: item Q1.					
51.	Of the people that you told, which ones are supportive of you taking the tablets or using the ring? <i>(mark all that apply)</i>	None of them are supportive Your primary sex partner Any female family member(s) Any male family member(s) Any of your friends Participant skipped question				N8	
52.	Of the people that you told, which ones are against you taking the tablets or using the ring? <i>(mark all that apply)</i>	None of them are against it Your primary sex partner Any female family member(s) Any male family member(s) Any of your friends Participant skipped question				N9	

Product preference:			
<b>We'd like to hear your opinion of the study products based on what you know about them so far. We will ask you these questions again after you have tried each product in case your opinions change.</b>		<b>Q1</b>	
53.	Would you prefer to use the ring or the tablets for HIV prevention? 	Ring Tablets Either product equally Neither product	Q2

Product acceptability:			
54.	Please rate how much you would like using the ring for HIV prevention.	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	R1
55.	Please rate how much you would like using the tablets for HIV prevention.	Dislike very much Dislike Neither like nor dislike Like Like very much Participant skipped question	R2

<b>Beliefs and worries:</b>			
56.	How worried are you about having a ring inside of you every day for 6 months or more while in this study?	Very worried Somewhat worried A little worried Not at all worried Participant skipped question	X1
57.	How worried are you about taking the tablets every day for 6 months or more while in this study?	Very worried Somewhat worried A little worried Not at all worried Participant skipped question	AD1

<b>Follow-up counseling:</b>			
58.	We have asked you a number of questions today. Some of them may have caused you to feel worried or sad. Would you like to talk to someone about how you are feeling? If you answer yes, a counselor will be notified that you would like to talk to her or him.	Yes No Participant skipped question	AF1

***If participant replies Yes to this question, an alert will be shown when the administrator closes the ACASI that a study counselor can offer additional counseling to the participant.***