

HPTN 084 Open Label Extension Questionnaire
(CRF_43223_HPTN084OPENLABELEXENSIONQUEST)

1

Please enter the participant's 9-digit PTID with no hyphens or spaces (for example: 999000111): *

(I_1685129829730_PTID)

Please enter the 5-7 digit CASI ID assigned to this participant (for example: EX001): *

(I_1685129829513_CASIID)

What visit is this?

Please select the visit from the dropdown menu.

*

(I_1201319_VISIT)

V55.0 - Step 4a - Day 0
V56.0 - Step 4b - Day 0
V57.0 - Step 4c-CAB LA - Week 0
V58.0 - Step 4c-CAB LA - Week 8
V59.0 - Step 4c-CAB LA - Week 16
V60.0 - Step 4c-CAB LA - Week 24
V61.0 - Step 4c-CAB LA - Week 32
V62.0 - Step 4c-CAB LA - Week 40
V63.0 - Step 4c-CAB LA - Week 48
V64.0 - Step 4c-TDF/FTC - Week 0
V65.0 - Step 4c-TDF/FTC - Week 8
V66.0 - Step 4c-TDF/FTC - Week 16
V67.0 - Step 4c-TDF/FTC - Week 24
V68.0 - Step 4c-TDF/FTC - Week 32
V69.0 - Step 4c-TDF/FTC - Week 40
V70.0 - Step 4c-TDF/FTC - Week 48
V71.0 - Step 5-TDF/FTC - Day 0
V72.0 - Step 5-TDF/FTC - Week 12
V73.0 - Step 5-TDF/FTC - Week 24
V74.0 - Step 5-TDF/FTC - Week 36
V75.0 - Step 5-TDF/FTC - Week 48
V76.0 - Step 4d - Week 0
V176.0 - Step 4d - Week 0
V276.0 - Step 4d - Week 0
V376.0 - Step 4d - Week 0
V476.0 - Step 4d - Week 0

V77.0 - Step 4d - Week 4
V177.0 - Step 4d - Week 4
V277.0 - Step 4d - Week 4
V377.0 - Step 4d - Week 4
V477.0 - Step 4d - Week 4
V78.0 - Step 4d - Week 8
V178.0 - Step 4d - Week 8
V278.0 - Step 4d - Week 8
V378.0 - Step 4d - Week 8
V478.0 - Step 4d - Week 8
V79.0 - Step 4d - Week 12
V179.0 - Step 4d - Week 12
V279.0 - Step 4d - Week 12
V379.0 - Step 4d - Week 12
V479.0 - Step 4d - Week 12
V80.0 - Step 4d - Week 16
V180.0 - Step 4d - Week 16
V280.0 - Step 4d - Week 16
V380.0 - Step 4d - Week 16
V480.0 - Step 4d - Week 16
V81.0 - Step 4d - Week 20
V181.0 - Step 4d - Week 20
V281.0 - Step 4d - Week 20
V381.0 - Step 4d - Week 20
V481.0 - Step 4d - Week 20
V82.0 - Step 4d - Week 24
V182.0 - Step 4d - Week 24
V282.0 - Step 4d - Week 24
V382.0 - Step 4d - Week 24
V482.0 - Step 4d - Week 24
V83.0 - Step 4d - Week 28
V183.0 - Step 4d - Week 28
V283.0 - Step 4d - Week 28
V383.0 - Step 4d - Week 28
V483.0 - Step 4d - Week 28

V84.0 - Step 4d - Week 32
V184.0 - Step 4d - Week 32
V284.0 - Step 4d - Week 32
V384.0 - Step 4d - Week 32
V484.0 - Step 4d - Week 32
V85.0 - Step 4d - Week 36
V185.0 - Step 4d - Week 36
V285.0 - Step 4d - Week 36
V385.0 - Step 4d - Week 36
V485.0 - Step 4d - Week 36
V86.0 - Step 4d - Week 40
V186.0 - Step 4d - Week 40
V286.0 - Step 4d - Week 40
V386.0 - Step 4d - Week 41
V486.0 - Step 4d - Week 41
V87.0 - Step 4d - Week 2 PP
V187.0 - Step 4d - Week 2 PP
V287.0 - Step 4d - Week 2 PP
V387.0 - Step 4d - Week 2 PP
V487.0 - Step 4d - Week 2 PP
V88.0 - Step 4d - Week 4 PP
V188.0 - Step 4d - Week 4 PP
V288.0 - Step 4d - Week 4 PP
V388.0 - Step 4d - Week 4 PP
V488.0 - Step 4d - Week 4 PP
V89.0 - Step 4d - Week 8 PP
V189.0 - Step 4d - Week 8 PP
V289.0 - Step 4d - Week 8 PP
V389.0 - Step 4d - Week 8 PP
V489.0 - Step 4d - Week 8 PP
V90.0 - Step 4d - Week 16 PP
V190.0 - Step 4d - Week 16 PP
V290.0 - Step 4d - Week 16 PP
V390.0 - Step 4d - Week 16 PP
V490.0 - Step 4d - Week 16 PP

V91.0 - Step 4d - Week 24 PP

V191.0 - Step 4d - Week 24 PP

V291.0 - Step 4d - Week 24 PP

V391.0 - Step 4d - Week 24 PP

V491.0 - Step 4d - Week 24 PP

V92.0 - Step 4d - Week 32 PP

V192.0 - Step 4d - Week 32 PP

V292.0 - Step 4d - Week 32 PP

V392.0 - Step 4d - Week 32 PP

V492.0 - Step 4d - Week 32 PP

V93.0 - Step 4d - Week 44 PP

V193.0 - Step 4d - Week 40

V293.0 - Step 4d - Week 40

V393.0 - Step 4d - Week 40

V493.0 - Step 4d - Week 40

V94.0 - Step 4d - Week 48 PP

V194.0 - Step 4d - Week 48 PP

V294.0 - Step 4d - Week 48 PP

V394.0 - Step 4d - Week 48 PP

V494.0 - Step 4d - Week 48 PP

V118.0 - Step 6-CAB LA - Week 72

V121.0 - Step 6-CAB LA - Week 96

Is participant currently pregnant? *

(I_1201352_PREGNANT)

☐ Yes

☐ No

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Language: *

(I_1201371_LANGUAGE)

- ☐ English
- ☐ Shona
- ☐ Setswana
- ☐ Luganda
- ☐ Zulu
- ☐ Xhosa
- ☐ Swahili
- ☐ Luo
- ☐ Chichewa
- ☐ Afrikaans
- ☐ Sotho
- ☐ Siswati

Is this questionnaire being completed by the participant directly or is an interviewer from the site staff reading the questionnaire to the participant and entering participant's responses? *

(I_1201361_COMPLETEDBY)

- ☐ Participant is completing questionnaire
- ☐ Interviewer is administering questionnaire

Is this the first visit (transition) in Open label extension part of the study? *

(I_1201356_FRSTVIS)

- ☐ Yes
- ☐ No

Did the participant switch study product at this visit? *

(I_1201351_PRODSW)

- ☐ Yes
- ☐ No

Which study product is the participant is taking at this visit? *

(I_1201349_OLE_QORRES29)

- ☐ CAB
- ☐ TDF/FTC
- ☐ None

Is this study exit visit? *

(I_1201346_STDYEXV)

- ☐ Yes
- ☐ No

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Thank you for joining this study. The following survey will ask you questions about your life, your beliefs, and your behavior.

Some of the questions ask about behavior that you may consider to be private or confidential. We are asking these questions because your answers could help us to understand whether the study product could help to slow the spread of HIV in your community. The information you provide is an important contribution to this study and will be kept confidential.

You can skip any question that makes you feel uncomfortable or stop taking the survey at any time.

(I_1685129829010_INTRO1_TXT)

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

Please do not use the browser back button to move through this survey as it may cause your answers to be lost. Only use the survey "Previous" and "Next" buttons at the bottom of each page to move through the survey.

If you have questions or need assistance, please let a member of the study staff know.

(I_1213839_)

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What did you like about an injectable method?
Mark all that apply.

*

(I_1201207_INJLIKES)

- ☐ Nothing
- ☐ May protect against HIV
- ☐ Easier to use than other methods (i.e., don't have to remember to take pills; easier than condoms)
- ☐ May provide longer-term protection than other methods
- ☐ Can be used discreetly
- ☐ Is administered by a healthcare provider
- ☐ Does not interrupt sex
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129826029_INJLIKESOTHERTEXT)

What concerns do you have about an injectable HIV prevention method?
Mark all that apply.

*

(I_1201206_INJCONCERN)

- ☐ None
- ☐ May not protect against HIV
- ☐ May be painful
- ☐ May cause harmful side effects
- ☐ Once injected
- ☐ Cannot be used discreetly
- ☐ Cost may be unaffordable
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129825947_INJCONCERNOTHERTEXT)

If it were possible to change the way the injection was given, what kind of changes would you recommend?

Mark all that apply.

*

(I_1201205_INJCHANGE)

- ☐ None
- ☐ Reduce the volume of injectable
- ☐ Increase the duration of protection offered by the injectable (i.e., make it work for longer period of time)
- ☐ Receive the injection in the arm, instead of the buttock (bum)
- ☐ Receive the injection in the thigh, instead of buttock (bum)
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129825866_INJCHANGEOTHERTEXT)

On a scale of 0 to 6, where 0 is none of the time and 6 is all of the time, please rate your responses to these questions.

(I_1685129825391_INCONV_TXT)

How often do you find it inconvenient or difficult to receive your injection as recommended? *

(I_1201264_INCONVINJ)

- ☐ None of the time 0
- ☐ 1
- ☐ 2
- ☐ Half of the time 3
- ☐ 4
- ☐ 5
- ☐ All of the time 6
- ☐ Prefer not to answer

On a scale of 0 to 6, where 0 is no discomfort at all and 6 is a very great deal of discomfort, please rate your responses to these questions.

(I_1685129825608_T2)

How much pain or discomfort have you experienced with your injection? *

(I_1201262_DISCMFINJ)

- ☐ None at all 0
- ☐ 1
- ☐ 2
- ☐ Moderate discomfort 3
- ☐ 4
- ☐ 5
- ☐ A very great deal 6
- ☐ Prefer not to answer

What did/do you like about an oral pill method?
Mark all that apply.

*

(I_1201188_ORALLIKES)

- ☐ Nothing
- ☐ May protect against HIV
- ☐ Easier to use than other methods (e.g., condoms)
- ☐ Can be used discreetly
- ☐ Does not interrupt sex
- ☐ Easily reversible
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129821351_ORALLIKESOTHERTEXT)

What concerns do you have about an oral HIV prevention method?

Mark all that apply.

*

(I_1201244_ORALCONCRN)

- ☐ None
- ☐ May not protect against HIV
- ☐ May cause harmful side effects
- ☐ Requires taking a daily pill
- ☐ Cannot be used discreetly, without a partner's knowledge
- ☐ Cost may be unaffordable
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129824144_ORALCONCRNOTHERTEXT)

On a scale of 0 to 6, where 0 is none of the time and 6 is all of the time, please rate your responses to these questions.

(I_1685129825779_T1)

How often do you find it inconvenient or difficult to take your oral study medication (i.e. the tablets) as recommended? *

(I_1201260_INCONVORAL)

- ☐ None of the time 0
- ☐ 1
- ☐ 2
- ☐ Half of the time 3
- ☐ 4
- ☐ 5
- ☐ All of the time 6
- ☐ Prefer not to answer

On a scale of 0 to 6, where 0 is no discomfort at all and 6 is a very great deal of discomfort, please rate your responses to these questions.

(I_1685129825211_DISCMF_TXT)

How much discomfort have you experienced with your oral study medication (i.e. the tablets)? *

(I_1201258_DISCMFORAL)

- ☐ None at all 0
- ☐ 1
- ☐ 2
- ☐ Moderate discomfort 3
- ☐ 4
- ☐ 5
- ☐ A very great deal 6
- ☐ Prefer not to answer

What is your product choice today? *

(I_1201257_OLE_QORRES1)

- ☐ Continue CAB LA
- ☐ Continue TDF/FTC
- ☐ Change to CAB LA with an oral lead in (4a)
- ☐ Change to CAB LA with direct to injection (4b)
- ☐ Stop CAB LA and start oral TDF/FTC
- ☐ No prevention method

When making your choice about which PrEP method to use, who did you speak with to help you make the decision? *

(I_1201256_OLE_QORRES2)

- ☐ No-one – it was my decision
- ☐ The study staff
- ☐ My mother
- ☐ My sibling/s
- ☐ My partner
- ☐ My best friend
- ☐ More than one of my friends
- ☐ Others

What were the main reasons for making the choice you did today? *

(I_1201255_OLE_QORRES3)

- ☐ This method suits my lifestyle best
- ☐ This method feels safest for me
- ☐ I want to get pregnant
- ☐ I do not want my partner, family or friends to know that I am taking PrEP
- ☐ Easier to use than other methods (e.g., condoms)
- ☐ Does not interrupt sex
- ☐ Easily reversible
- ☐ Other
- ☐ Prefer not to answer

Other, specify:

(I_1685129824888_OLE_QORRES3TEXT)

Which treatment option do you prefer? Please select one.

*

(I_1201248_Q12)

- ☐ CAB
- ☐ TDF/FTC
- ☐ Unsure

Considering the option you prefer, please answer the following questions:

(ad7cc850-cac8-4ed8-bfcc-88e337329118)

I know which options are available to me. *

(I_1685129821484_OLE_QORRES11)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I know the benefits of each option. *

(I_1685129821526_OLE_QORRES12)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I know the risks and side effects of each option. *

(I_1685129821570_OLE_QORRES13)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am clear about which benefits matter most to me. *

(I_1685129821612_OLE_QORRES14)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am clear about which risks and side effects matter most to me. *

(I_1685129821655_OLE_QORRES15)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am clear about which is more important to me (the benefits or the risks and side effects). *

(I_1685129821698_OLE_QORRES16)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I have enough support from others to make a choice. *

(I_1685129821743_OLE_QORRES17)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am choosing without pressure from others. *

(I_1685129821787_OLE_QORRES18)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I have enough advice to make a choice. *

(I_1685129821831_OLE_QORRES19)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am clear about the best choice for me. *

(I_1685129821875_OLE_QORRES20)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I feel sure about what to choose. *

(I_1685129821920_OLE_QORRES21)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

This decisions is easy for me to make. *

(I_1685129821963_OLE_QORRES22)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I felt I have made an informed choice. *

(I_1685129822008_OLE_QORRES23)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

My decision shows what is important to me. *

(I_1685129822052_OLE_QORRES24)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I expect to stick to my decision. *

(I_1685129822096_OLE_QORRES25)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

I am satisfied with my decision. *

(I_1685129822140_OLE_QORRES26)

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree Nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree



5A

When you became pregnant this time, did you *

(I_1201253_OLE_QORRES4)

- ☐ want to become pregnant at this time
- ☐ want to wait a bit before becoming pregnant
- ☐ did not want to get pregnant at all.

Were you taking any of the study medicines when you became pregnant? *

(I_1201252_OLE_QORRES5)

- ☐ Yes
- ☐ No

If Yes, how often were you worried that the medicines would affect the baby?

*

(I_1201250_OLE_QORRES7)

- ☐ Never worried
- ☐ Sometimes worried
- ☐ Often worried
- ☐ Prefer not to answer

Has being pregnant changed how much you feel at risk of getting infected with HIV? *

(I_1201249_OLE_QORRES8)

- ☐ Not at all
- ☐ A little
- ☐ A lot
- ☐ Prefer not to answer

If Yes, how often were you worried that the medicines would affect the pregnancy?

*

(I_1201251_OLE_QORRES6)

- ☐ Never worried
- ☐ Sometimes worried
- ☐ Often worried
- ☐ Prefer not to answer

6

We'd like to ask you some questions about yourself, your household, and your living circumstances.

(I_1685129829921_SOCIAL_TXT)

How would you describe your current relationship status?
Note: *Mark the response that best describes your situation.*

*

(I_1201328_RELSTAT)

- ☐ Married
- ☐ Not married, have a regular partner and live with him
- ☐ Not married, have a regular partner but do not live with him
- ☐ Sexually active, but no regular partner
- ☐ Not sexually active currently
- ☐ Prefer not to answer

Do you have a regular place or home where you stay and store your things?

*

(I_1201323_REGPLACE)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

On average, how many nights do you sleep in your regular place or home every week?

*

(I_1201316_NUMNIGHTS)

- ☐ Number of nights
- ☐ Prefer not to answer

Number of nights

(I_1685129833258_NUMNIGHTSTEXT)

Is the place you stayed last night your regular place or home?

*

(I_1201364_LASTNIGHT)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

With whom do you live?
Mark all that apply.

*

(I_1201242_LIVEWITH)

- ☐ Alone
- ☐ Partner
- ☐ Parent(s)
- ☐ Sibling(s)
- ☐ With own children
- ☐ Roommate(s)
- ☐ Other, specify:
- ☐ Prefer not to answer

Other, Specify

(I_1685129824019_LIVEWITHLVWITHOTHTTEXT)

In the past **6 months**, how frequently did you worry that your household would not have enough food? *

(I_1201181_NOFOOD)

-
- ☐ Never worried
- ☐ Sometimes worried
- ☐ Often worried
- ☐ Prefer not to answer

In the last month, have you ever been paid for sex? *

(I_1201180_COMMSEX)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Do you identify yourself as a sex worker? *

(I_1201179_SEXWORKER)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
-
-

7

We are now going to ask you questions about the people whom you might have talked to about this research.

(I_1685129822594_DISCLFU_TXT)

Since your last visit, have you told anyone that you are taking part in this study? *

(I_1201212_TOLDABTSTDY)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Did you specifically tell anyone that you are taking or using the study pills or injections?

*

(I_1201211_TOLDABTPROD)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

If you have told anyone you are participating in this study or taking or using the study pills or injections, answer "yes" or "no" for each person(s) you told in the list below.

(03c3a810-bd8c-4ff8-943b-46c56af2e9be)

Your regular or primary sex partner? *

(I_1685129823621_TOLDSP)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Your mother or your father? *

(I_1685129823671_TOLDPARENT)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Your sister or your brother? *

(I_1685129823720_TOLDSIBLING)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other family members? *

(I_1685129823770_TOLDOTHFAM)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Friends? *

(I_1685129823820_TOLDFRIEND)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Neighbors? *

(I_1685129823870_TOLDNEIGHBR)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Nurse or doctor outside the study? *

(I_1685129823920_TOLDRNMD)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other person(s)? Please specify: *

(I_1685129823970_TOLDOTH)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other person(s)? Please specify:

(I_1685129823549_TOLDOTH_TEXT)

Was his/her/their reaction supportive?

(2da42db2-975f-46df-b954-76a0f3070d2f)

Your regular or primary sex partner? *

(I_1685129823161_SUPSP)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Your mother or your father? *

(I_1685129823209_SUPPARENT)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Your sister or your brother? *

(I_1685129823257_SUPSIBLING)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other family members? *

(I_1685129823306_SUPOTHFAM)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Friends? *

(I_1685129823355_SUPFRIEND)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Neighbors? *

(I_1685129823404_SUPNEIGHBR)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Nurse or doctor outside the study? *

(I_1685129823452_SUPRNMD)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other person(s)? Please specify: *

(I_1685129823500_SUPOTH)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Not applicable
- ☐ Prefer not to answer

Other person(s)? Please specify:

(I_1685129823089_SUPOTH_TEXT)

8

Here is a list of some things that other people do for us or give us that may be helpful or supportive.

(I_1685129826514_SOCSUPP_TXT)

Please read each statement carefully and on a scale from 5 (meaning "As much as I would like") to 1 (meaning "Much less than I would like"), mark the response that is closest to your situation.

(7f02d9e5-c0d4-418f-9121-10a75f48d34a)

I have people who care what happens to me. *

(I_1685129822709_CARE)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get love and affection. *

(I_1685129822755_LOVE)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get chances to talk to someone about problems at work or school or with my housework. *

(I_1685129822802_WORKPROBS)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get chances to talk to someone I trust about my personal or family problems. *

(I_1685129822850_FAMPROBS)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get chances to talk about money matters. *

(I_1685129822897_MONEY)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get invitations to go out and do things with other people. *

(I_1685129822945_INVITE)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get useful advice about important things in life. *

(I_1685129822992_ADVICE)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

I get help when I am sick. *

(I_1685129823041_HELPICK)

- ☐ 5
As much as I would like
- ☐ 4
Almost as much as I would like
- ☐ 3
Some
- ☐ 2
Less than I would like
- ☐ 1
Much less than I would like
- ☐ Prefer not to answer

9

Now we'd like to ask some questions about your views on pregnancy.

(I_1685129826459_FERTIL_TXT)

How important is it to you to NOT get pregnant now? *

(I_1201274_NOTGETPREG)

- ☐ Not important
- ☐ Somewhat important
- ☐ Very important
- ☐ Prefer not to answer

Compared to the other things in your life, how much do you worry about getting pregnant? *

(I_1201273_PREGWORRY)

- ☐ Not at all
- ☐ Somewhat
- ☐ A lot
- ☐ Prefer not to answer

How would you describe your chances of getting pregnant in the next 6 months?

*

(I_1201272_PREGCHANCE)

- ☐ No chance at all
- ☐ Small chance
- ☐ Moderate chance
- ☐ Great chance
- ☐ Prefer not to answer

When do you think you might like to get pregnant? *

(I_1201271_OLE_QORRES28)

- ☐ Never
- ☐ As Soon as possible
- ☐ Within next year
- ☐ Within 2-5 years
- ☐ Depends on circumstances
- ☐ Unsure

10

Next, we will talk about how much you feel at risk of getting infected with HIV.

(I_1685129833435_HIVRISK_TXT)

How much do you personally feel at risk of getting infected with HIV? *

(I_1201365_PERSRISK)

- ☐ Not at all
- ☐ A little
- ☐ A lot
- ☐ Prefer not to answer

How much do you worry that your **own behaviors** put you at risk of getting infected with HIV? *

(I_1201360_OWNBHRISK)

- ☐ Not at all
- ☐ A little
- ☐ A lot
- ☐ Prefer not to answer

How much do you worry that your partner or partners' behaviors put you at risk of getting infected with HIV? *

(I_1201353_PTNRBEHRISK)

- ☐ Not at all
- ☐ A little
- ☐ A lot
- ☐ Prefer not to answer

11

The following questions are about times that you had different types of sex **because you wanted to**, not because you were forced or pressured to have sex.

Let's briefly go over the definitions of some terms so that you understand what is being asked. For vaginal sex, we mean when a man puts his penis into your vagina. For anal sex, we mean when a man puts his penis into your anus or buttocks (bum).

Please answer the following questions as honestly as you can. Remember that your answers are confidential.

(I_1685129832699_SEXBEH_TXT)

At any time during the past month, have you had a primary partner?

By primary partner, we mean a man you have sex with on a regular basis or who you consider to be your main or regular partner.

☐ Yes

☐ No

☐ Prefer not to answer

*

(I_1201359_MAINPTNR)

12

We'd like to know more about your relationship and the person that you have sex with regularly, i.e. your primary partner.

(I_1685129829983_MP_TXT)

How old, in years, is your primary partner?
If you are unsure of the exact age, please take your best guess.

(I_1201329_MPAGE)

- ☐ Age in years
- ☐ Don't know
- ☐ Prefer not to answer

Age in years
(I_1685129829637_MPAGETEXT)

Compared to you, is your primary partner much older, somewhat older, about the same age, somewhat younger, or much younger?

(I_1201321_MPAGEUNK)

- ☐ Much older
- ☐ Somewhat older
- ☐ About the same age
- ☐ Somewhat younger
- ☐ Much younger
- ☐ Prefer not to answer

Primary partner
(ecbf38e4-dd08-48cf-bace-c54b58e26803)

1 | How long have you been with your primary partner?
(I_1201373_MPTIME_LESS)

- ☐ Less than a month

2 | How long have you been with your primary partner?
Months
(I_1685129833752_MPTIME_MM)

3 | How long have you been with your primary partner?
Years
(I_1685129833824_MPTIME_YY)

4 | How long have you been with your primary partner?
Prefer not to answer
(I_1201376_MPTIME_NA)

- ☐ Prefer not to answer

Have you talked with your primary partner about his HIV status? *
(I_1201354_MPTALKHIV)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Have you and your primary partner tested together for HIV? *

(I_1201348_MPTTESTHIV)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

What is the HIV status of your primary partner? *

(I_1201345_MPHIVSTAT)

- ☐ HIV negative
- ☐ HIV positive
- ☐ Don't know
- ☐ He doesn't know
- ☐ Prefer not to answer

Some people infected with the HIV virus are prescribed medication called antiretrovirals or ARVs by a doctor or a nurse to help them live longer. Is your primary partner taking ARVs? *

(I_1201185_MPART)

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Prefer not to answer

Do you think your primary partner had sex with anyone besides you in the past month?

*

(I_1201183_MPOTHSEX)

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Prefer not to answer

13

In the past month, approximately how many male sex partners did you have – *including your primary partner, if you have one*? By sex partner, we mean someone who you had vaginal or anal sex with. *

(I_1201325_NUMPTNRS)

- ☐ Number of partners
- ☐ Prefer not to answer

Number of partners *

(I_1685129829199_NUMPTNRSTEXT)

Of these sex partners, approximately how many told you their HIV status?

*

(I_1201377_OPHIVSTAT)

- ☐ Number of partners
- ☐ Prefer not to answer

Number of partners

(I_1685129833043_OPHIVSTATTEXT)

Of these sex partners who told you their HIV status, how many were HIV positive?

*

(I_1201363_OPHIVPOS)

- ☐ Number of partners
- ☐ Prefer not to answer

Number of partners

(I_1685129832291_OPHIVPOSTEXT)

14

Now we will shift to the number of times you had sex. If you can't recall exact numbers, please give your best estimate.

(I_1685129829389_SEXNUM_TXT)

In the past month, approximately how many times did you have vaginal sex?

*

(I_1201318_NUMVS)

Number of times

(I_1685129833577_NUMVSTEXT)

- ☐ Number of times
- ☐ Prefer not to answer

Of the times when you had vaginal sex in the past month, approximately how many times was it **without** a condom? *

(I_1201367_VNOCOND)

Number of times

(I_1685129832391_VNOCONDTEXT)

- ☐ Number of times
- ☐ Prefer not to answer

Of these times that you had vaginal sex without a condom in the past month, approximately how many were with partners whose HIV status you did not know?

*

(I_1201355_VHIVUNK)

Number of times

(I_1685129831713_VHIVUNKTEXT)

- ☐ Number of times
- ☐ Prefer not to answer

That leaves times that you had vaginal sex without a condom with partners whose HIV status you **did** know in the past month. Of these times, approximately how many were with partners who were HIV positive? *

(I_1201344_VHIVPOS)

Number of times

(I_1685129821281_VHIVPOSTEXT)

- ☐ Number of times
- ☐ Don't know
- ☐ Prefer not to answer

Has the number of times you have sex changed since you became pregnant ?

*

(I_1201184_OLE_QORRES27)

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same

Has the number of times you used a condom during sex changed since you became pregnant?

*

(I_1201182_OLE_QORRES30)

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same



15

In the past **month**, approximately how many times did you have anal sex? By "anal sex", we mean when your partner puts his penis into your anus or buttocks (bum). If you have not had anal sex in the past month, please enter '0'.

*

(I_1201270_NUMRA)

Number of times

(I_1685129826110_NUMRATEXT)

Of the times when you had anal sex in the past month, approximately how many times was it **without** a condom?

*

(I_1201343_RANOCOND)

Number of times

(I_1685129830979_RANOCONDTEXT)

Of these times that you had anal sex without a condom in the past month, approximately how many were with partners whose HIV status you **did not** know?

*

(I_1201341_RAHIVUNK)

Number of times

(I_1685129830785_RAHIVUNKTEXT)

That leaves times that you had anal sex without a condom with partners whose HIV status you **did** know in the past month. Of these times, approximately how many were with partners who were HIV positive?

*

(I_1201337_RAHIVPOS)

Number of times

(I_1685129830373_RAHIVPOSTEXT)

Has the number of times you have sex changed since you became pregnant?

*

(I_1201335_OLE_QORRES31)

Has the number of times you used a condom during sex changed since you became pregnant?

*

(I_1201334_OLE_QORRES32)

- ☐ Number of times
- ☐ Prefer not to answer

- ☐ Number of times
- ☐ Prefer not to answer

- ☐ Number of times
- ☐ Prefer not to answer

- ☐ Number of times
- ☐ Don't know
- ☐ Prefer not to answer

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same

- ☐ Increased
- ☐ Decreased
- ☐ Stayed the same



16

We as women often find ourselves in situations where we need someone to help us.

(I_1685129822432_TRANSAC_TXT)

Sometimes people give or receive something in return for having sex. In the last **month**, have you had sex with a man because he provided you with or you expected that he would provide you with food, clothes, a place to sleep, a cell phone, money or other support?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

*

(I_1201209_TRANSACTSX)

What were you provided with in return for having sex?
Mark all that apply.

- ☐ Food
- ☐ Clothes, shoes, accessories
- ☐ Cosmetics
- ☐ Cell phone
- ☐ Items for your child(ren) or family such as clothes, food, school fees
- ☐ Transport, tickets or money for transport
- ☐ Your own school fees or residence fees
- ☐ Somewhere to stay
- ☐ Cash
- ☐ Other
- ☐ Prefer not to answer

*

(I_1201214_PROVIDED)

Other, specify:

(I_1685129822318_PROVIDEDOTHERTEXT)

17

Now we will ask you some questions about your relationships with any of your partners. We know that relationships can have good and bad moments. Some questions may be difficult to answer and we would like to remind you that your answers will be kept CONFIDENTIAL.

(I_1685129827634_VIOLENCE_TXT)

In the **past 6 months**, have any of your partners punched, slapped, kicked, bit you, or caused you any type of physical harm?

*

(I_1201295_HURT)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

In the **past 6 months**, have any of your partners insulted, ignored or humiliated you, yelled at you, or made you feel ashamed or bad about yourself?

*

(I_1201294_INSULT)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

In the **past 6 months**, have any of your partners forced you to have sex or perform any sexual act, or touched you sexually in any way that you did not want?

*

(I_1201293_FORCED)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

In the **past 6 months**, have any of your partners made you feel afraid, unsafe or in danger?

*

(I_1201292_UNSAFE)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

18

We'd like to know more about the way you have felt or behaved in the past week. In the list below, please indicate how often you have felt this way during the past week by ticking the appropriate box for each question.

(5b48111a-8d0a-469a-8a60-dbd56fde1a6)

I was bothered by things that usually don't bother me. *

(I_1685129826844_MHBOtherED)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I had trouble keeping my mind on what I was doing. *

(I_1685129826899_MHUnFOCUSED)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I felt depressed. *

(I_1685129826954_MHDEPRESSED)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I felt that everything I did was an effort. *

(I_1685129827010_MHEFFORT)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I felt hopeful about the future. *

(I_1685129827065_MHHOPEFUL)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I felt fearful or afraid. *

(I_1685129827121_MHFEARFUL)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

My sleep was restless. *

(I_1685129827177_MHRESTLESS)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I was happy. *

(I_1685129827233_MHHAPPY)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I felt lonely. *

(I_1685129827290_MHLONELY)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

I could not "get going", I did not feel motivated. *

(I_1685129827346_MHGETGOING)

- ☐ Rarely or none of the time (less than 1 day)
- ☐ Some or a little of the time (1-2 days)
- ☐ Occasionally or a moderate amount of time (3-4 days)
- ☐ All of the time (5-7 days)
- ☐ Prefer not to answer

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past **month**, you:

(I_1685129826788_TRAUMA_TXT)

Have had nightmares about it or thought about it when you did not want to?

*

(I_1201280_NIGHTMARE)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

*

(I_1201279_AVOID)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Were constantly on guard, watchful, or easily frightened?

*

(I_1201278_ONGUARD)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Felt empty, numb or detached from others, activities, or your surroundings?

*

(I_1201277_NUMB)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

19

Now we would like to know more about your alcohol use. For alcohol, we mean beer, wine, home or local brews.

(I_1685129824399_ALC_TXT)

How often do you have a drink containing alcohol?

*

(I_1201246_ALCFREQ)

- ☐ Never
- ☐ Monthly or less
- ☐ 2 to 4 times a month
- ☐ 2 to 3 times a week
- ☐ 4 or more times a week
- ☐ Prefer not to answer

How many drinks containing alcohol do you have on a typical day when you are drinking?

*

(I_1201245_ALCNUM)

- ☐ 1 or 2
- ☐ 3 or 4
- ☐ 5 or 6
- ☐ 7 to 9
- ☐ 10 or more
- ☐ Prefer not to answer

How often do you have six or more drinks on one occasion?

*

(I_1201315_ALC6ORMORE)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ Prefer not to answer

In the past month, did you have a drink containing alcohol just before or during sex?

*

(I_1201314_ALCBFRSX)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

In the past month, did you use drugs just before or during sex?

*

(I_1201313_DRUGBFRSX)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

In the past month, has your partner been drunk from alcohol?

*

(I_1201312_SPDRUNK)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Now we'd like to ask you some questions about drug use. Don't include drugs that have been prescribed to you by a doctor or other health care provider.

(I_1685129828557_DRUG_TXT)

In the past month, how often have you used each of the following substances?

(1bb60977-4ea5-459a-b189-50b370699cd0)

Cannabis (Also called marijuana, pot, grass, dakka, dagga or hash) *

(I_1685129828074_MARIJUANA)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Cocaine (Also called coke, crack, or snow) *

(I_1685129828015_COCAINE)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Amphetamine-type stimulants (For example Tik/Crystal Meth, ecstasy, speed, or diet pills) *

(I_1685129828134_SPEED)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Inhalants (For example glue, petrol, paint thinner, nitrous) *

(I_1685129828194_INHALANT)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Sedatives or sleeping pills (For example serepax, rohypnol, quaaludes/mandrax) *

(I_1685129828255_SEDATIVE)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Hallucinogens (For example nyaope/whoonga, LSD, acid, mushrooms, PCP, Special K) *

(I_1685129828317_HALLUCIN)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Opioids (For example heroin, morphine, methadone, etc.) *

(I_1685129828377_OPIOID)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Prescription drugs for non-prescription purposes (For example codeine (including cough syrup), efavirenz, valium) *

(I_1685129828437_RXDRUG)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Other

(I_1685129828497_OTHDRUG)

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly (At least once a week)
- ☐ Daily or almost daily
- ☐ Prefer not to answer

Have you ever used a needle to inject drugs?

*

(I_1201301_INJECTEVER)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Have you used a needle to inject drugs in the past month?

*

(I_1201300_INJECTMO)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

20

We will now ask you some questions about your experience participating in this trial.

(I_1685129827808_ATTSTUDY_TXT)

Did you ever feel that people looked at you different because you were using TDF/FTC and injections?

*

(I_1201298_LOOKAT)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

How difficult has it been for you to attend the study visits?

*

(I_1201297_ATTENDVIS)

- ☐ Not at all difficult
 - ☐ A little more difficult than I might have thought
 - ☐ Moderately difficult
 - ☐ Quite difficult
 - ☐ Prefer not to answer
-
-

21

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 any of your answers? *

(I_1201333_NEED2TALK)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Thank you very much for taking the time to complete this survey. Please let a staff member know that you are done.

(I_1685129830046_ENDPAGETEXT)
