| **Enrollment Product Adherence Counseling Checklist** | |
| --- | --- |
| **PTID:** | **Visit Date:** |
| ❒ **De-brief with participant about her gel insertion experience**:  • Was she able to insert the gel?  • Did she have any difficulties?  • Does she have any questions?  • Does she have any concerns about using gel at home?  • Would she like any additional information or instructions? | |
| **Discuss key adherence messages and use instructions to the participant**  ❒ Apply contents of one applicator every day.   * at approximately the same time every day * to avoid gel leakage, some participants may prefer to insert gel at night, before retiring or before the longest period of rest   ❒ If you miss a dose, apply the missed dose as soon as possible. If the next dose is due within 6 hours, the missed dose will be skipped and the next dose will be administered as originally scheduled.  ❒ Keep your product supplies in your possession.  ❒ At home, keep your product supplies in a secure dry place, out of the sun and safe from children.  ❒ Do not share your product and do not use other participant’s product.  ❒ Bring **all used and unused** applicators to clinic visits. | |
| **❒ Provide instructions to contact study staff:**   * To report symptoms or problems she may be experiencing * Needs additional counseling * Has any other problems, concerns, or questions (such as partner or family issues) | |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Initials and Date**