**MTN-023/IPM 030 Enrollment Behavioral Eligibility Worksheet**

PTID: \_\_\_ \_\_\_ \_\_\_- \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_\_- \_\_\_ VISIT CODE: 02. 0

 VISIT DATE: \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**To confirm your eligibility for the study, I need to ask you a few more questions:**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Are you willing to comply with all study procedural requirements, including clinical and laboratory assessments, vaginal examinations, urine and blood testing, as well as attendance at all scheduled study visits? | Yes 🞎 | No 🞎 |
| 2 | Do you agree not to take part in other research studies involving drugs, medical devices, vaginal products, or vaccines for the duration of study participation? | Yes 🞎 | No 🞎 |
| 3 | If you were to join this research study, would you agree to use condoms for sexual intercourse? | Yes 🞎 | No 🞎 |
| 4 | For the past 30 days, have you been using an effective method of contraception, and do you intend to continue using this method during your participation in this study? Effective methods include hormonal methods (except contraceptive rings), intrauterine device (IUD), and sterilization.  | Yes 🞎 | No 🞎 |
| 5 | Are you willing not to insert any non-study vaginal products and/or objects into the vagina for the 5 days prior to your enrollment and throughout the duration of the study? These include spermicides, diaphragms, contraceptive vaginal rings, menstrual cups, cervical caps (or any other vaginal barrier method), douches, and lubricants. | Yes 🞎 | No 🞎 |
| 6 | Are you willing not to insert anything into the vagina for 72 hours prior to each follow-up visit? | Yes 🞎 | No 🞎 |
| 7 | Are you willing to not have penile-vaginal intercourse for 72 hours prior to each follow-up visit? | Yes 🞎 | No 🞎 |

***Note:* In order for the participant to be eligible, all of the responses to items 1-7 above must be ‘Yes.’**

|  |  |  |  |
| --- | --- | --- | --- |
| 8 | Are you currently with a known HIV-infected partner? | Yes 🞎 | No 🞎 |
| 9 | In the past 6 months, have you used HIV Post-exposure prophylaxis (PEP) and/or Pre-exposure prophylaxis (PrEP)? | Yes 🞎 | No 🞎 |

***Note:* In order for the participant to be eligible, the response to items 8 and 9 above must be ‘No.’**