| **MTN-034 PTID:** | **Interview Date:** |
| --- | --- |
| **Initials and Date** **or NA** | **Procedures** |
| **Preparation** |
|  | Type of Interview (mark one):* Serial IDI (SIDI): randomized by SCHARP and selected per Qualitative Participation Log (QPL)
* Interview number (circle): 1 2 3

Print/file email confirming QMT approval* Special case IDI (CIDI)
* Choice non-acceptor IDI (NIDI). No approval from QMT needed for first 3.
* If 3 NIDIs already completed
 |
|  | Confirm and document eligibility for designated interview type *(NA for SIDI 2/3)*:***For All IDIs:*** * *Signed copy of IC is on file*
* *Agreed to participate in IDI*
* *Does not have any condition for exclusion per IoR discretion*

***For SIDI 1:**** *Enrolled in REACH*
* *Randomly selected by SCHARP*
* *Selected per QPL 2 [SIDI Final]*
* *HIV-negative*

***For CIDI:**** *Enrolled in REACH*
* *Confirmed eligible for CIDI by QMT if possible*
* *Not a SIDI participant*
* *Agreed to participate per column F [Agreed to Participate] of QPL 3.*

***For NIDI:**** *Enrolled in REACH*
* *Completed month 12 visit*
* *Chose neither oral PrEP nor DPV ring for third study period*
* *Not a SIDI participant*
* *Agreed to participate per column E [Agreed to participate] of QPL 4*
* ELIGIBLE ⇒ CONTINUE.
* NOT ELIGIBLE ⇒ STOP. Document on Qualitative Participation Log (QPL)
* NA (for SIDI 2/3)
 |
|  | Audio-recorder checked (power supply, extra batteries, etc.) |
|  | Venue confirmed and participant reminded of visit date/time/location at least one day before IDI. |
|  | Supplies gathered: pen and stationery for note-taking, IDI guide, visual probes, refreshments (if applicable), and reimbursement |
|  | Review participant’s relevant study documentation from REACH visitsRandomization sequence: * 1. Oral PrEP 2. DPV Ring
* 1. DPV Ring 2. Oral PrEP

If interview is at Visit 16 (month 12) or later, indicate all products used during the third study period *(select all that apply)*: * Oral PrEP
* DPV Ring
* Neither
 |
|  | *(For SIDI 2/3):* Review notes and/or Debrief Report(s) and/or transcript(s) from previous IDI(s) |
| **Participant Arrival, IC & Data Collection** |
|  | Confirm participant identity per site SOPs |
|  | Review key elements of IC and confirm willingness to participate. Document any questions/concerns in chart notes.* Willing and able to participate ⇒ CONTINUE
* NOT willing and able to participate ⇒ STOP and thank her for her time. Document in participant file notes.
 |
|  | Review IDI ground rules: * No right or wrong answers
* Use pseudonyms when providing responses
* Information shared remains confidential
* Cell phone off or on silent
 |
|  | Administer the IDI guide |
|  | Thank and reimburse the participant |
| **Post IDI (Immediately following IDI)** |
|  | Refer any reported social harms, adverse events, or protocol deviations to REACH counselor or clinic staff |
|  | Check audio recording to verify that the session was properly recorded. Label audio CD appropriately. To certify, site should: * Confirm the file size and/or length of the CD file is the same as electronic copy
* Listen to the beginning of the audio file, (make sure it’s the right PTID and interview) and spot check middle and end to make sure it’s complete.

Once above checks are done: * If writing on the CD, should include filename (PTID, type of file, date of interview, etc.), the word “certified” and it should be initialed and dated.
* In addition to that if the site uses a “certify” stamp on a sticker on the CD they can do that with initials, date and filename.
* Store in participant’s paper file.
 |
|  | Expand interview notes and store in participant’s file |
|  | Complete debrief report |
|  | Update QPL with date of IDI |
| **Comments**: *Initial and date all comments.*         |