

CRF – PrEP Use		
No	Question	Response
001	Enter today's date:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
002	Is this the first time filling out this CRF for this participant?	0 = No 1 = Yes
<p>Starting with the month and year of the date of conception, go through every month of pregnancy to date to assess exposure to PrEP. With every subsequent visit, start with the month of when the previous visit occurred and update exposure to PrEP month-by-month.</p> <p>CAB-LA Exposure Assessment: 003-005</p>		
003	<p>READ ALOUD TO PARTICIPANT</p> <p>In the year before you became pregnant, about how many injections of CAB-LA/injectable PrEP did you receive prior to [DATE OF CONCEPTION]?</p>	<p>Respond only if [002 = 1]</p>
004	<p>READ ALOUD TO PARTICIPANT</p> <p>Which month/year did you most recently receive an injection of CAB-LA/injectable PrEP before becoming pregnant on [DATE OF CONCEPTION]?</p>	<p>Respond only if [002 = 1] and [003 > 0]</p> <p>Select the month:</p> <ul style="list-style-type: none"> 0 = January 1 = February 2 = March 3 = April 4 = May 5 = June 6 = July 7 = August 8 = September 9 = October 10 = November 11 = December

005	Select the year for the month that the most recent injection was received prior to becoming pregnant:	<p>Respond only if [002 = 1] and [003 > 0]</p> <p>Select the year:</p> <p>0 = 2023</p> <p>1 = 2024</p> <p>2 = 2025</p> <p>3 = 2026</p> <p>4 = 2027</p>
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DVR and TFV Exposure Assessment: 006 - 010

006	Select the month:	<p>0 = January</p> <p>1 = February</p> <p>2 = March</p> <p>3 = April</p> <p>4 = May</p> <p>5 = June</p> <p>6 = July</p> <p>7 = August</p> <p>8 = September</p> <p>9 = October</p> <p>10 = November</p> <p>11 = December</p>
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007	Select the year:	<p>0 = 2023</p> <p>1 = 2024</p> <p>2 = 2025</p> <p>3 = 2026</p> <p>4 = 2027</p>
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008	<p>READ ALOUD TO PARTICIPANT (Remember to insert the month and year)</p> <p>During [MONTH] [YEAR], did you receive an injection of CAB-LA/injectable PrEP?</p>	<p>0 = No 1 = Yes</p>
009	<p>READ ALOUD TO PARTICIPANT (Remember to insert the month and year)</p> <p>During [MONTH] [YEAR], how often did you have the dapivirine/PrEP ring inserted?</p>	<p>0 = Most or all of the time 1 = About half of the time 2 = Less than half of the time 3 = Have it but didn't use it 4 = Did not have it to use 5 = Don't know/not sure</p>
010	<p>READ ALOUD TO PARTICIPANT (Remember to insert the month and year)</p> <p>During [MONTH][YEAR], how often did you take tenofovir-based/oral PrEP?</p>	<p>0 = Most or all of the time 1 = About half of the time 2 = Less than half of the time 3 = Have it but didn't use it 4 = Did not have it to use 5 = Don't know/not sure</p>
011	CRF Notes	