

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
<b>For the first time completing an instance of this CRF, assess CAB-LA exposure for the year before the date of conception.</b>		
003	<b>READ ALOUD TO PARTICIPANT</b>  In the year before you became pregnant, about how many injections of CAB-LA/injectable PrEP did you receive prior to [DATE OF CONCEPTION]?	<b>Respond only if [002 = 1]</b>
004	<b>READ ALOUD TO PARTICIPANT</b>  Which month/year did you most recently receive an injection of CAB-LA/injectable PrEP before becoming pregnant on [DATE OF CONCEPTION]?	<b>Respond only if [002 = 1] and [003 &gt; 0]</b> <b>Select the month:</b>  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:	<b>Respond only if [002 = 1] and [003 &gt; 0]</b> <b>Select the year:</b> 0 = 2023 1 = 2024 2 = 2025 3 = 2026 4 = 2027
<b>Monthly PrEP Use</b>		
006	<b>Complete an instance of this CRF for each month starting from the month of conception through the month of maternal study exit.</b>  Select the month:	0 = January 1 = February 2 = March 3 = April 4 = May 5 = June 6 = July 7 = August 8 = September 9 = October 10 = November 11 = December
007	Select the year:	0 = 2023 1 = 2024 2 = 2025 3 = 2026 4 = 2027

008	<p><b>READ ALOUD TO PARTICIPANT</b>  (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><b>READ ALOUD TO PARTICIPANT</b>  (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><b>READ ALOUD TO PARTICIPANT</b>  (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	