**Partner Prevention Preference Questionnaire Visit Code 01.00**

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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

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| **Partner Prevention Preference Questionnaire** *These are interviewer-administered questions and should be read aloud directly as written.* | | | | | | | | | | | | | |
| **1** | What fears or concerns do you have about starting ARVs? *Mark all that apply.* | | | | | | | | | | | | |
|  | *no concerns* |  | *not willing to take if there is no benefit for me* |  | | *taking ARVs means I will die soon* | | | | | |  | |
|  | *side effects* |  | *pill burden would be too great for too long* |  | | *I may be forced to disclose* | | | | | |  | |
|  | *concerns about stigma* |  | *resistance may come sooner other* |  | | **Others:** | | | | | | | |
| **2** | **If you could take PrEP s or your partner start ARVs, which would you prefer for HIV prevention?** | | | | | | | | | | | | |
|  | *start on ARVs* |  | *have my partner use PrEP* |  | | **Both PrEP and ARVs** | | | | | | |  |
| **3** | **Why would you prefer to? *(Insert response from item 2.) Mark all that apply.*** | | | | | | | | | | | | |
|  | *ARVs will benefit my partner in the long term* |  | *my partner is already used to taking study drug every day* | |  | | *I can take PrEP to show support for my partner* | | | | | |  |
|  | *ARVs are currently free* |  | *My partner should do everything possible to keep from giving me HIV* | |  | | *better for my partner to be in charge of my own HIV*  *prevention* | | | | | |  |
|  | *My partner is already using ARVs* |  | *I am already used to taking study drug every day* | |  | | *I don’t trust my partner* | | | | | |  |
|  | **Others:** | | | | | | | | | | | | |
| **4** | **How many more children would you like to have now or in the future?** | | | | | | | |  | | ***If > 0, go to item 6.*** | | |
| **5** | **When do you plan to have your next child?** | | | | | | | | | | | | |
|  | *currently trying to get pregnant* | | | | | | |  | |  | | | |
|  | *currently pregnant/partner pregnant* | | | | | | |  | | ***Go to item 6.*** | | | |
|  | *within the next 2 years* | | | | | | |  | | ***Go to item 6.*** | | | |
|  | *More than 2 years from now* | | | | | | |  | | ***Go to item 6.*** | | | |
|  | *Don’t know* | | | | | | |  | | ***Go to item 6.*** | | | |
| **5a** | **What are you doing to try to reduce your partner’s HIV risk while trying to get pregnant?** *Mark all that apply.* | | | | | | | | | | | | |
|  | *timed unprotected sex* |  | *take PrEP* |  | | *ART for my partner* | | | | | |  | |
|  | *Others:* | | | | | | | | | | | | |
| **6** | Have you discussed your fertility desires with your current partner? | | | | | | | **Yes** | | **No** | *no current partner* | | |
| **7** | In general, what do you think is your risk of giving HIV to your partner? | | | | | | | | | | | | |
|  | *High risk* |  | *Low risk* |  | | *No risk* | | | | | |  | |
|  | *Moderate risk* |  | *Don’t know* |  | |  | | | | | | | |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **Index Prevention Preference Questionnaire** CRF is administered to the index participant at Enrollment and all quarterly follow-up visits.

Please review each item carefully. If more than one response is accepted, “mark all that apply” is written after the question. If not noted, then only one response can be accepted.

Please encourage the participant to respond to all of these questions, regardless of their partner's current HIV status.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **Item 1** | Do not read these categories aloud. Mark the appropriate box(es) based on discussion with the participant.  If possible, try to use one of the defined categories rather than “other.” |
| **Items 2 & 3** | If the index participant has already started using ARVs, pose these questions to the partner participant as if the HIV-infected partner has not yet started ARVs. |
| **Item 2** | If possible, try to avoid a response of “I don’t know.” |
| **Item 3** | Do not read these categories aloud. Mark the appropriate box(es) based on discussion with the participant.  If possible, try to use one of the defined categories rather than “other.”  Participant is not eligible to enroll in the study if already taking ARVs at enrollment. |
| **Item 4** | If the woman is currently pregnant or if the man's partner is currently pregnant, include this child in the number of children he/she would like in the future.   * If she is currently pregnant with an unwanted child, this child should still be counted. * If she knows she is having twins, this can be counted as “02” children. |
| **Item 7** | This question refers to the participant’s general feelings about giving HIV to his / her partner. |