



Diary

Please record below when you took your tablets, when you had anal intercourse and also tick if a condom was always used when having anal sex.

| | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| Day | | | | | | | | | | |
| Date | | | | | | | | | | |
| Took tablets | | | | | | | | | | |
| Used a condom | | | | | | | | | | |
| Top (active) during anal sex | | | | | | | | | | |
| Bottom (passive) during anal sex | | | | | | | | | | |

Trial no. _____

Date of Birth ____/____/____

Initials _____

| | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| Day | | | | | | | | | | |
| Date | | | | | | | | | | |
| Took tablets | | | | | | | | | | |
| Used a condom | | | | | | | | | | |
| Top (active) during anal sex | | | | | | | | | | |
| Bottom (passive) during anal sex | | | | | | | | | | |

| | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|
| Day | | | | | | | | | | |
| Date | | | | | | | | | | |
| Took tablets | | | | | | | | | | |
| Used a condom | | | | | | | | | | |
| Top (active) during anal sex | | | | | | | | | | |
| Bottom (passive) during anal sex | | | | | | | | | | |