Proposed Administration in MTN-042:

<table>
<thead>
<tr>
<th>MTN-042</th>
<th>Enrolment/Baseline</th>
<th>6-week PPO visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Proposed Administration in MTN-043:

<table>
<thead>
<tr>
<th>MTN-043</th>
<th>Enrolment/Baseline</th>
<th>PUEV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

Note: question/sub-question/response option text in blue denotes alignment with the MTN-034 COVID questions. Alignment with other surveys is denoted in superscript (like this).

Text in italics should not be read aloud. Unless indicated otherwise, read response options aloud.
## General COVID-19 and HIV Questions

*Interviewer reads: As you may know, there is an outbreak of respiratory disease caused by the novel coronavirus. The disease is called COVID-19. There are millions of confirmed cases and many deaths related to COVID-19, including here in [add country & COVID-19 relevant info (i.e., lockdown started in X month)].*

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>ENR, F/U or Both</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many people you know personally are (or have been) infected with COVID-19?</td>
<td>□□□ Specify number</td>
<td>Both</td>
</tr>
</tbody>
</table>

*(Please include both suspected and confirmed infections, do not count yourself, and give your best estimate if you do not know the exact number.)*

*(If completing at follow-up, only count those people who have been infected since you joined the study)*

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**Color Key:**
- Blue font color = asked in MTN-034
- White background = asked in both studies
- Red background = MTN-042 only
- Blue background = MTN-043 only
2. **Were you infected (or suspected to be infected) with COVID-19?** [WHO](https://www.who.int) *(Do not read response options)*

(If completing at follow-up, indicate if you’ve been infected since you joined the study)

- Yes, tested and the result was positive
- Yes, suspected but not confirmed by a test
- No, tested and the result was negative
- No
- Not sure

3. Did you ever self-isolate or quarantine to prevent yourself from getting or transmitting COVID-19? [RTI](#)

- Yes
- No

4. **Interviewer reads:** Now I’m going to ask you about some worries you might currently have. Please indicate how worried or concerned you are about the following things: [RTI](#)

- Having enough food to eat
- Having a job
- Having money to cover basic expenses
- Getting the coronavirus (COVID-19)
- Getting HIV

- Very worried
- A little worried
- Not worried at all

5. Which of these concerns worries you the most (pick one)? [RTI](#)

- Having enough food to eat
- Having a job
- Having money to cover basic expenses
- Getting the coronavirus (COVID-19)
- Getting HIV

6. Between getting COVID-19 and getting HIV, which is more concerning to you right now? [RTI](#)

- Getting COVID-19
- Getting HIV
- Both equally
- Neither concerns me

7. How has COVID-19 influenced your interest in preventing HIV? [RTI](#)

- Decreased
- Increased
- No influence
8. How has COVID-19 influenced your interest in using [pills/ring]? 
   - Decreased
   - Increased
   - No influence
   - Both

9. Do you think other people would judge you or treat you badly if you had COVID-19?
   - Yes
   - No

10. Interviewer reads: I’m going ask you about several different aspects of your life that might have changed because of COVID-19 (and the plans used to manage it). For each one, please tell me if the following has decreased, increased, or not changed because of COVID-19.

A) Your level of anxiety (nervous or on edge; not being able to stop or control worrying)

B) Your feelings of depression (hopeless, little interest in doing things, feeling constantly sad)

C) Your feeling of connection to family

D) Your feeling of connection to friends

E) How often you have sex

F) Your access to condoms

G) How often you use condoms when you have sex

H) Violence in your household

I) Your access to money for necessary items

J) How much food you eat

K) Your access to health care

L) Your alcohol consumption

M) Your feeling of connection to your primary partner

RESPONSE CATEGORIES FOR ALL:
   - Has decreased because of COVID-19
   - Has increased because of COVID-19
   - Has not changed

ENR
### N) Your partner’s alcohol consumption\(^\text{RTI}\)
- N/A: No primary partner *(Skip to Q9)*
- N/A: Don’t know
- Has decreased because of COVID-19
- Has increased because of COVID-19
- Has not changed/no different because of COVID-19
- Don’t know

### 11. Did you experience any of the following situations because of COVID-19 and the plans used to manage the outbreak? \(^\text{RTI}\) *(Read response options, select Yes or No as appropriate)*
- Less privacy than usual
- Less access to clean water than usual
- Less access to toilet facilities than usual
- Being unable to conceal study product use from others
- Being unable to use your study product as directed
- Forgetting to use your study product

### Pregnancy/Breastfeeding specific COVID-19 Questions

12. Were you given any specific information about COVID-19 and pregnancy? \(^\text{RTI}\)
- Yes
- No

13. Were you given any specific information about COVID-19 and breastfeeding? \(^\text{RTI}\)
- Yes
- No *(Skip to Q15)*

14. Has this information impacted your feeding decisions at all? \(^\text{RTI}\)
- Yes
- No

15. We are curious to hear about how the coronavirus impacted your pregnancy, if at all. Since the coronavirus pandemic started, please consider how your pregnancy or delivery may have been impacted. *Lebel*
We are curious to hear about how the coronavirus impacted you and your baby, if at all. Since the coronavirus pandemic started, please consider how you or your baby may have been impacted.

<table>
<thead>
<tr>
<th>Q.</th>
<th>RESPONSE CATEGORIES:</th>
</tr>
</thead>
</table>
| a. How much have you thought your life is (was) in danger because of the COVID-19 pandemic? | • Not at all  
• Somewhat  
• Very much |
| b. How much have you thought your baby’s life was in danger because of the COVID-19 pandemic? |  |
| c. How much have you worried that exposure to COVID-19 would harm your baby? |  |
| d. How concerned have you been that you or your baby are not receiving the clinical care that you need? |  |
| e. How did the quality of your prenatal care change because of the COVID-19 pandemic? | • Improved  
• Worsened  
• No change |
| f. Have you made any changes to your plans to deliver your baby because of the COVID-19 pandemic? | • Yes  
• No  
• Planning to but no changes made yet |
| g. IF YES: Which changes have you made to your plans? (read aloud and check all that apply) | • Birth location has changed  
• Support people have changed  
• Other, please specify ________________ |
| h. Did you deliver your baby somewhere other than a health facility because of COVID-19? | • Yes, specify ________________  
• No |
References to source questions:

1. World Health Organization: Survey Tool and Guidance

2. HIV/AIDS Network Coordination (HANC)
   Adolescent Trials Network (ATN) COVID Questionnaire Draft

3. Pregnancy during the COVID-19 Pandemic Study (Dr. Catherine Lebel)
   [https://www.pregnancyduringthepandemic.com/](https://www.pregnancyduringthepandemic.com/)