Form Approved OMB Number: 0920-0840 Expiration Date: 00/00/0000

> Emory University, Rollins School of Public Health Consent to be a Research Subject

Flesch-Kincaid Reading Level: 7.9

Title: Evaluation of Rapid HIV Self-Testing among MSM in High Prevalence Cities

Principal Investigator: Patrick Sullivan, DVM PhD

<u>Funding Sources:</u> Emory University, Centers for Disease Control and Prevention (CDC), MANILA Consulting Group, Inc.

<u>Purpose:</u> The Emory University Rollins School of Public Health is doing a research study of men who use the Internet. The purpose of this study is to learn about behaviors that put people at risk for getting diseases transmitted by having sex (like HIV). The information we learn from this study will help create better HIV prevention programs for people in our community.

<u>Procedures:</u> If you would like to be in the study, you will take a 5 minute Internet survey to see if you are eligible. All of your answers to the survey questions will be confidential.

In the survey you will be asked questions about the following topics:

- a. Your age, race/ethnicity and gender
- b. Your sex behavior
- c. If you have ever tested for HIV or been in an HIV vaccine trial
- d. Your contact information

You will take this survey on a computer. The web site where the survey is located is secure and any answers you give us will be safely stored on a password-protected computer. Researchers will not be able to link your responses to you or your Facebook page. You can refuse to answer a question at any time. If you don't answer a question, or if you want to end the survey, there will be no penalty to you.

Based on your responses to this survey, you may be asked to participate in a research study. If you are asked and agree to participate in the study, we will ask that you provide additional information.

<u>Risks and Discomforts:</u> All of your answers will remain private. Some of the questions in the survey are about sex and may make you feel uncomfortable. Your participation is completely voluntary and you can refuse to answer a question at any time.

Benefits: There are no direct benefits by taking this survey. The information from the Internet survey may be used to determine eligibility for a research study.

Compensation: If you agree to take this survey, you will not receive any compensation (money or otherwise) for taking this survey.

Privacy: Certain offices and people other than the researchers may look at your medical charts and study records. Government agencies and Emory employees overseeing proper study conduct may look at your study records. These offices may include the Emory Institutional Review Board, the Emory Office of Research Compliance, Food and Drug Administration, the Office for Human Research Protections and/or the U.S. Centers for Disease Control and Prevention. The contact information you give us will be kept in a secure location and will not identify you. If you are eligible to participate this information will be used to contact you to make an appointment for the research study, then it will be destroyed. The survey answers you give us will be grouped with survey answers from other persons. Researchers will not be able to link your responses to you or your Facebook page. If you are asked and agree to participate in the research study, you will be asked to provide additional information. You do not have to participate in the study and you can still participate in this survey even if you do not want to provide additional information for the research study.

#### Voluntary Participation and Withdrawal

Being in this research is voluntary and you have the right to refuse to answer all questions in the survey. You can stop at any time after giving your consent.

#### Contact Persons

If you have any questions about this study or feel you have been harmed in this study please contact a member of the research team:

Patrick Sullivan, DVM PhD Emory University Rollins School of Public Health 1518 Clifton Road NE Room 464 Atlanta, GA 30322 (404) 727-2038

If you have any questions about your rights as a participant in this study or feel you have been harmed by being in this study you can contact the institutional review board at Emory University.

For Emory University contact:

Emory IRB 1599 Clifton Road 5th Floor East Atlanta, GA 30322 USA Tel: 404 712 0720 Toll free: 877 503 9797 Email:irb@emory.edu

You may print a copy of this form for your records if you like.

If you agree to the above and would like to participate in this study, please click "Agree" below.

- Agree
- Disagree

OMB Number: 0920-0840 Expiration Date: 00/00/0000

#### Evaluation of Rapid HIV Self-Testing: Qualitative and User Proficiency Assessments Eligibility Screener

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

Thank you for your interest in our study. First, we have a few questions to determine if you're eligible. Please take note of the following information:

- Your answers are anonymous: we don't have any information about who you are beyond the
  questions you answer.
- Some questions are about sensitive topics; you can choose not to answer any question that you are not comfortable with.
- If you have any questions or comments, you may contact the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038.

How	old	are	you?	

xpiration Date: 00/	00/0000
Do you co	onsider yourself to be Hispanic or Latino?
0	Yes
0	No
0	I prefer not to answer
0	Don't know
Which ra	cial group or groups do you consider yourelf to be in? Check all that apply:
	American Indian or Alaska Native
	] Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	] White
	I prefer not to answer
	Does not apply
	Don't know
What ZIP	Code do you live in?
11	

# Gender Assessment and Identity

What was your sex at birth?

Male

Form Approved

OMB Number: 0920-0840

- Female
- Intersex/Ambiguous
- I prefer not to answer
- Don't know

Do you consider yourself to be male, female, or transgender?

- Male
- Female
- Transgender
- I prefer not to answer
- Don't know

OMB Number: 0920-0840 Expiration Date: 00/00/0000

#### Sex Risk Assessment

The next question is about having sex with other men. For this question, "anal sex" means you put your penis in his anus (butt) or he put his penis in your anus (butt).

Have you had anal sex with a man in the past 12 months?

- O No
- Yes
- I prefer not to answer
- Don't know

OMB Number: 0920-0840 Expiration Date: 00/00/0000

## Bleeding disorder

Have you ever been diagnosed with a bleeding disorder?

- No
- Yes
- I don't know
- I prefer not to answer

OMB Number: 0920-0840 Expiration Date: 00/00/0000

### **HIV Testing**

Have you ever been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS.

- O No
- Yes
- I prefer not to answer

OMB Number: 0920-0840 Expiration Date: 00/00/0000

#### Have you ever tested positive for HIV?

- No
- Yes
- I don't know
- I prefer not to answer

OMB Number: 0920-0840 Expiration Date: 00/00/0000

#### Are you taking antiretroviral medications to prevent HIV?

- O No
- Yes
- I don't know
- I prefer not to answer

OMB Number: 0920-0840 Expiration Date: 00/00/0000

### Have you ever been part of an HIV vaccine trial?

- No
   No
- Yes
- I don't know
- I prefer not to answer

Form Approved OMB Number: 0920-0840 Expiration Date: 00/00/0000

# Contact information

Ve will communicate with you via email, phone or text message to schedule a time for you to participate in a esearch session. We will also contact you to remind you about the date, time and place of the research ession. This information will not be shared or used for any other research purposes.
required
mail address*:
man address .
elephone number to receive calls*:
elephone number to receive text messages:
Ve will not ask your name as part of the participation in the study. Please provide us with an alias or name of our choice that we can use throughout the study to communicate with you.
lickname or name of choice:

Your login will be the e-mail address you provided. Please create a password that you will use to access the study website.

