

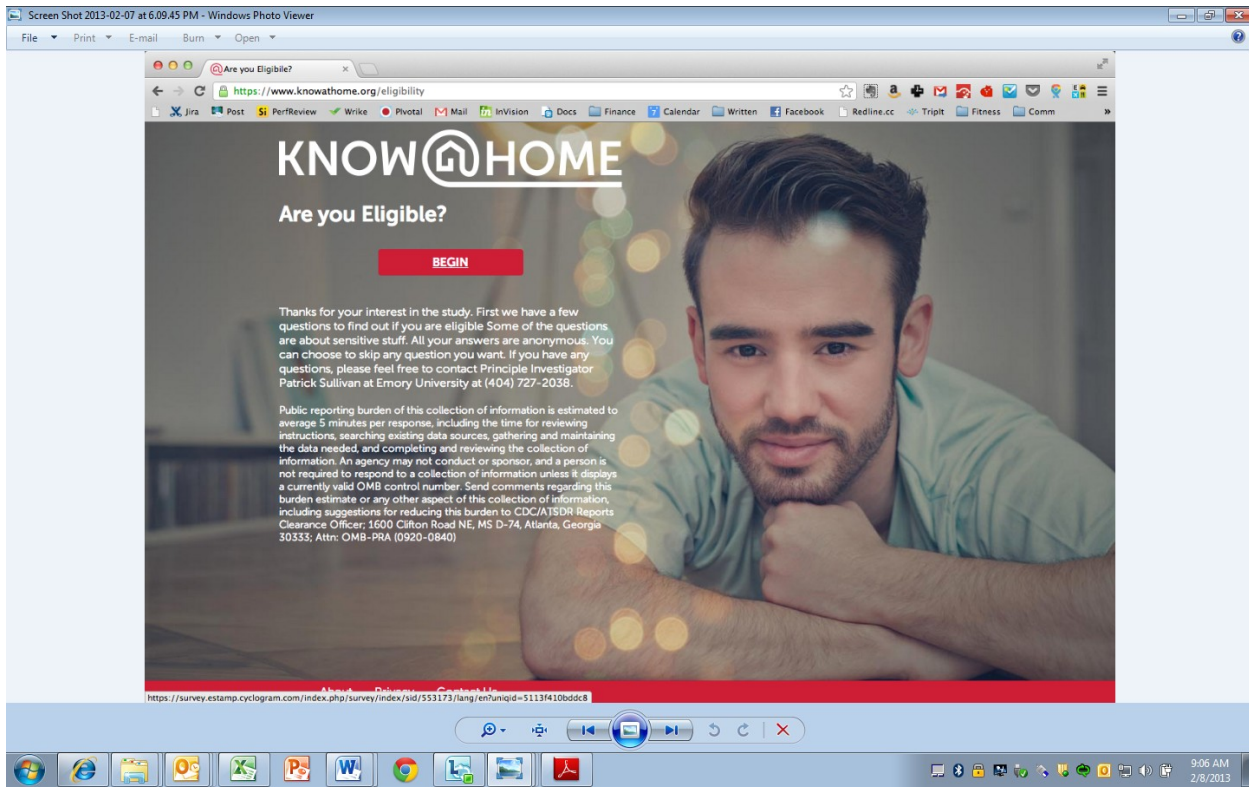
Attachment 4d

Screenshots

Home Page:



Eligibility Screener:



KNOW^{at}HOME

0% 100%

Eligibility

Thank you for your interest in our survey. Please take note of the following information:

1. Your answers are confidential: the information you provide us will be kept private and known only to study staff.
2. This survey includes some personal questions about sexual behaviors, HIV status, HIV testing practices. You can choose to not answer any questions that make you feel uncomfortable.

How old are you?

Only numbers may be entered in this field.

What US State or US Territory do you live in?
Choose one of the following answers

What zipcode do you live in?

Only numbers may be entered in this field.

Do you consider yourself to be Hispanic or Latino?
Choose one of the following answers

No
 Yes
 Don't Know
 No answer

What is your race? Please mark all that apply.

Check any that apply

American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

What was your sex at birth?
Choose one of the following answers

Male
 Female
 Intersex/Ambiguous
 No answer

Do you consider yourself to be male, female, or transgender?
Choose one of the following answers

Male
 Female
 Transgender
 Don't Know
 Other:
 No answer

Study Registration:

Microsoft Office 2010

File Edit View Picture Tools Help

Type a question for help

Join

Step 1 of 3

Login with Facebook

Login with Google

Enter Your E-mail

Pick a Username

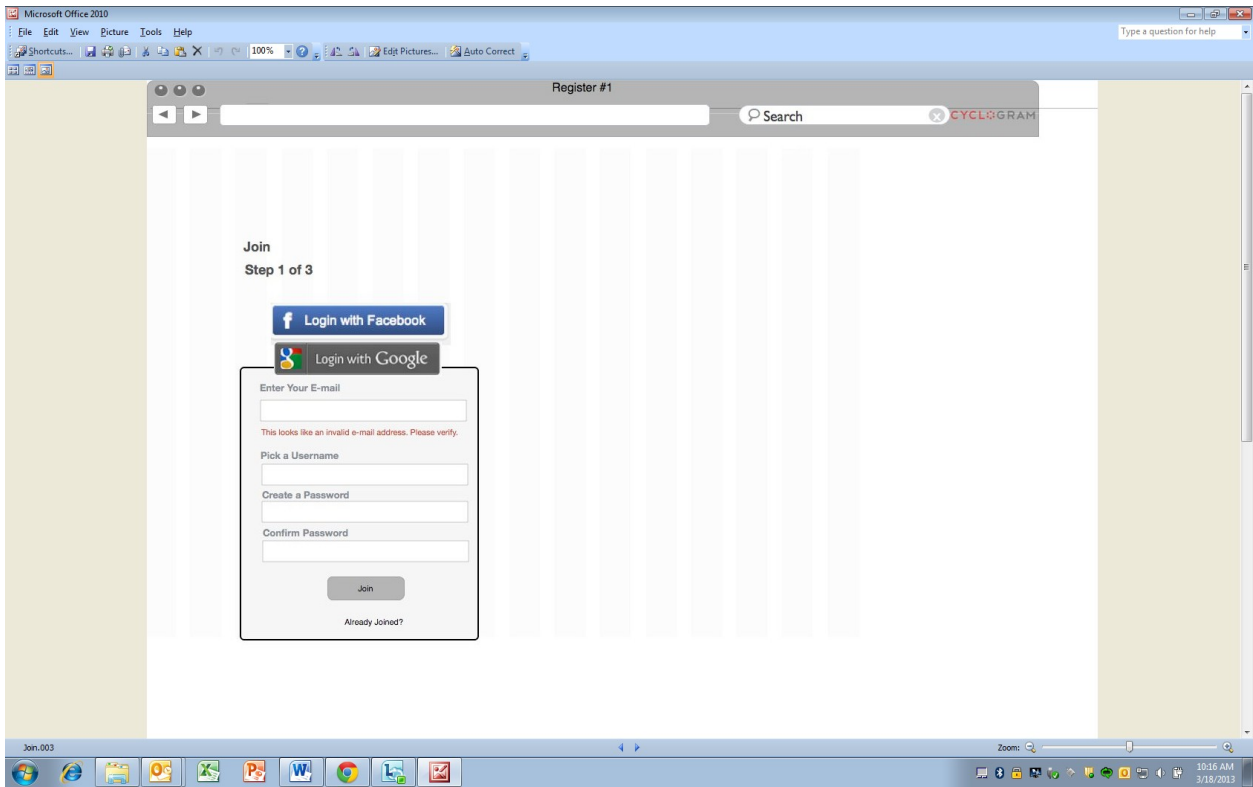
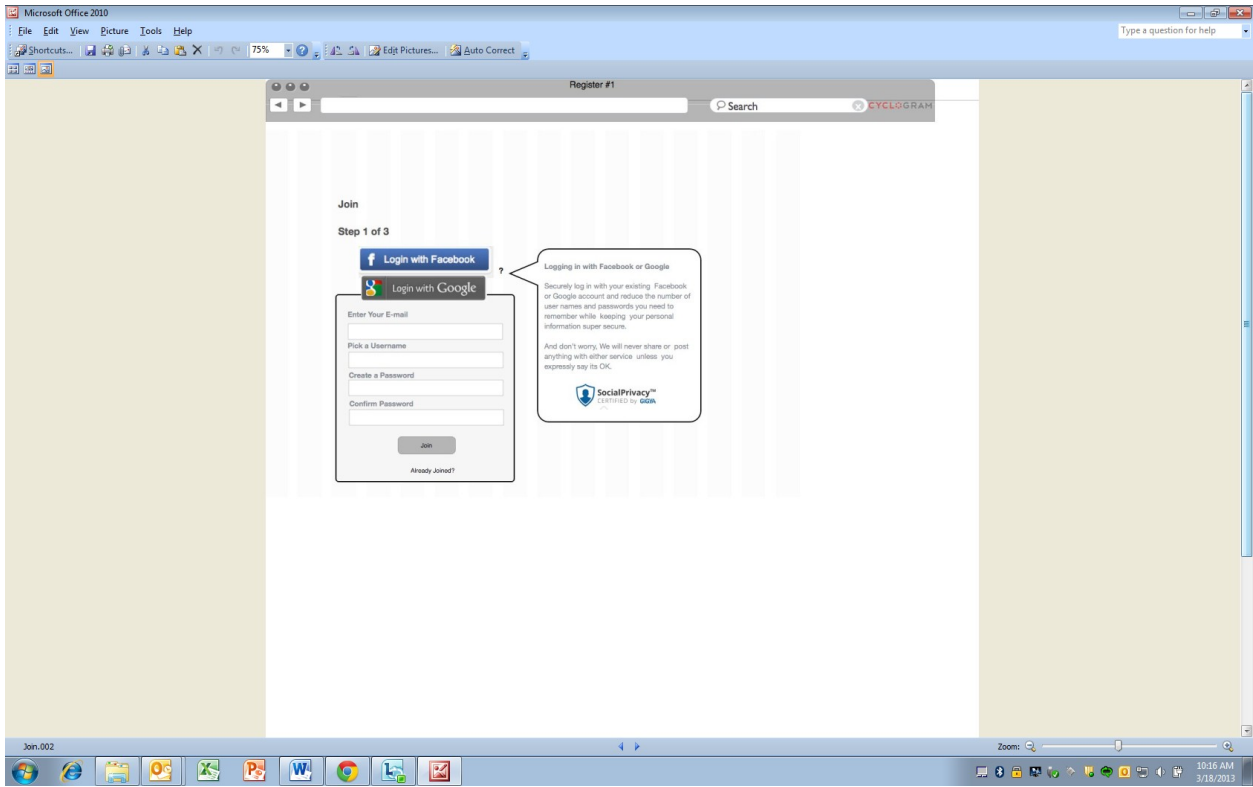
Create a Password

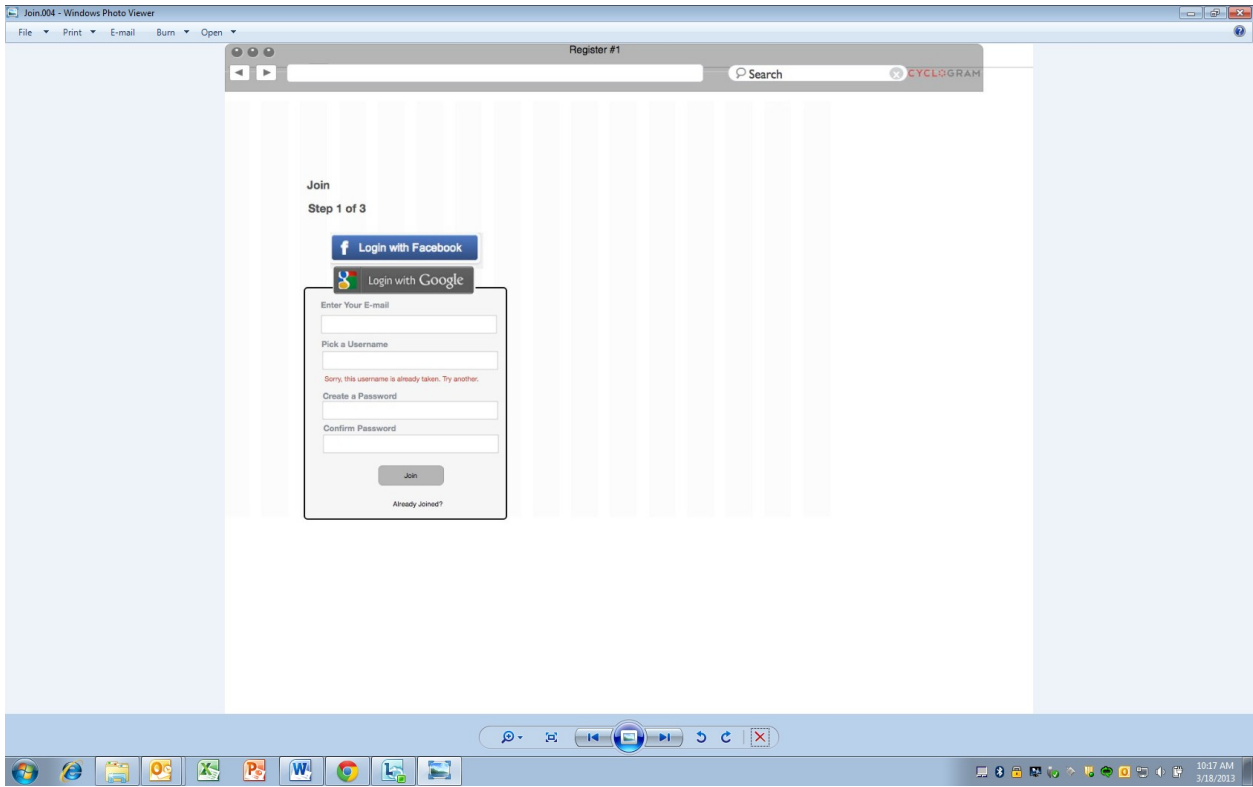
Confirm Password

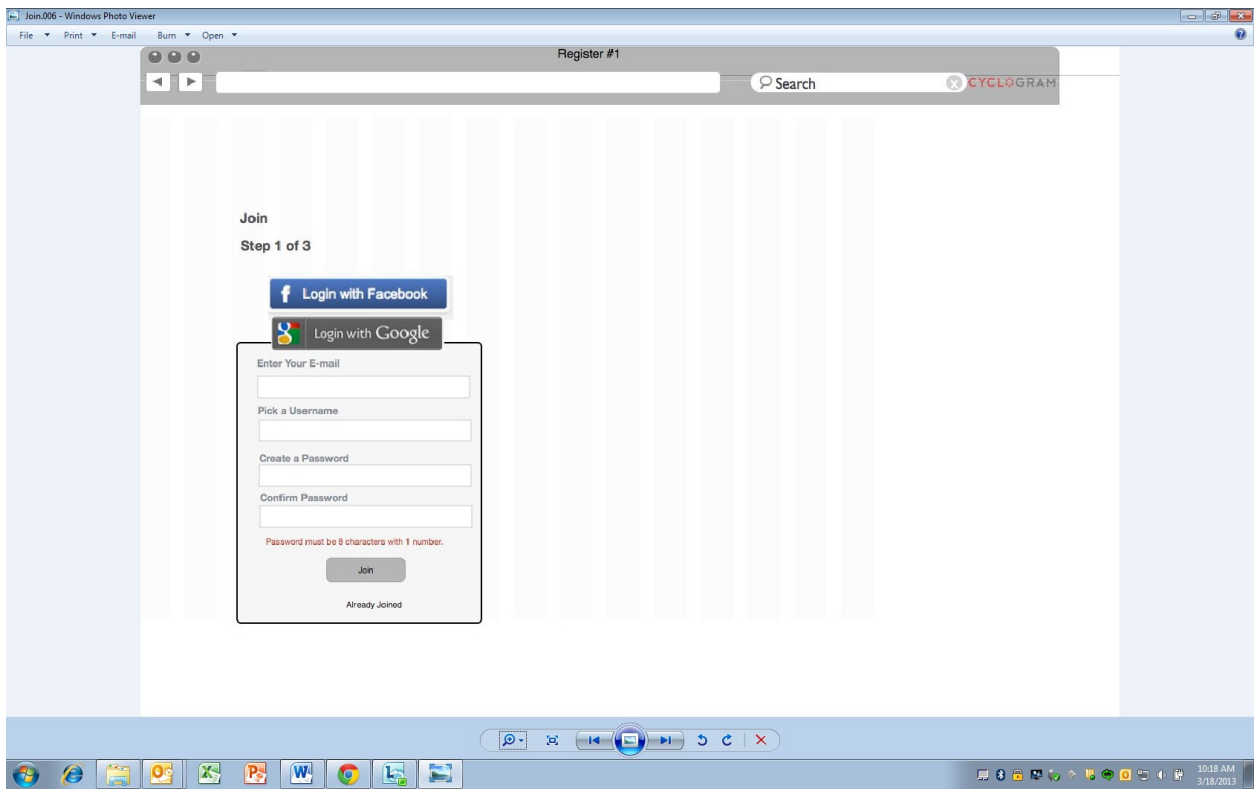
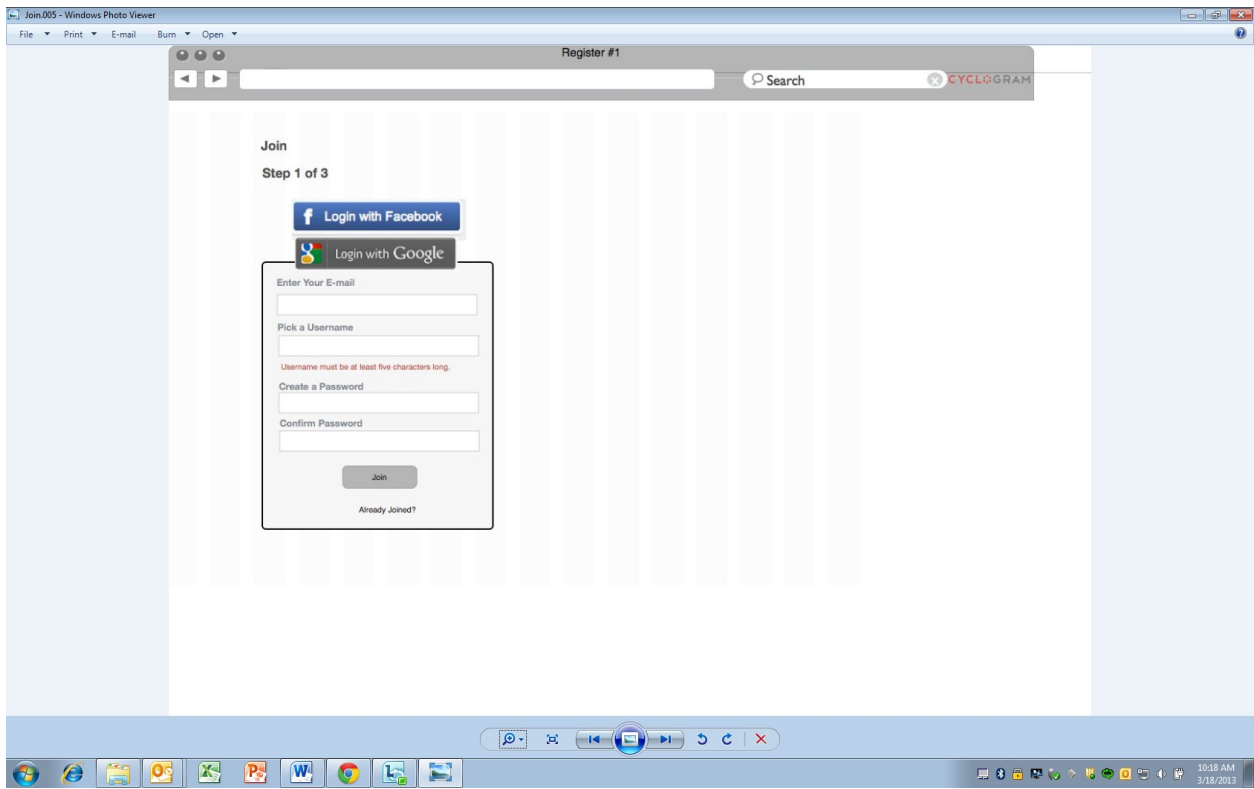
Join

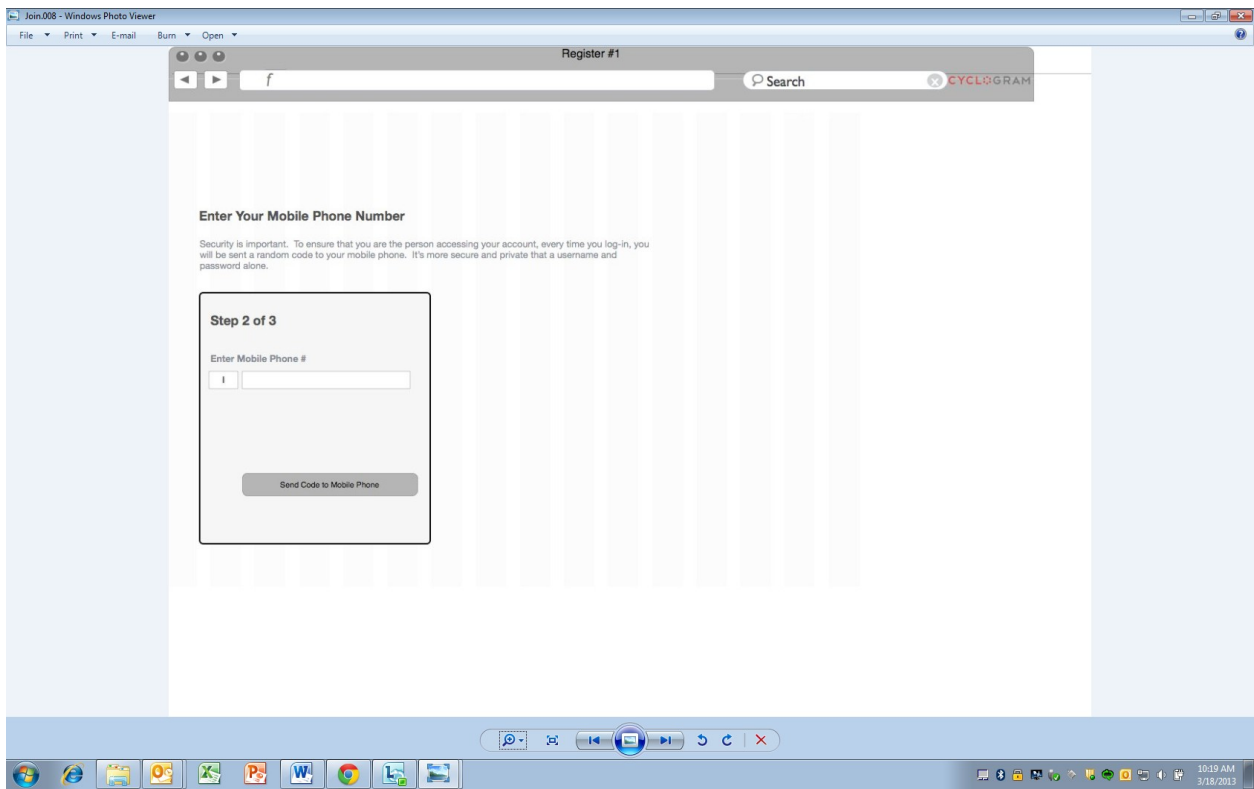
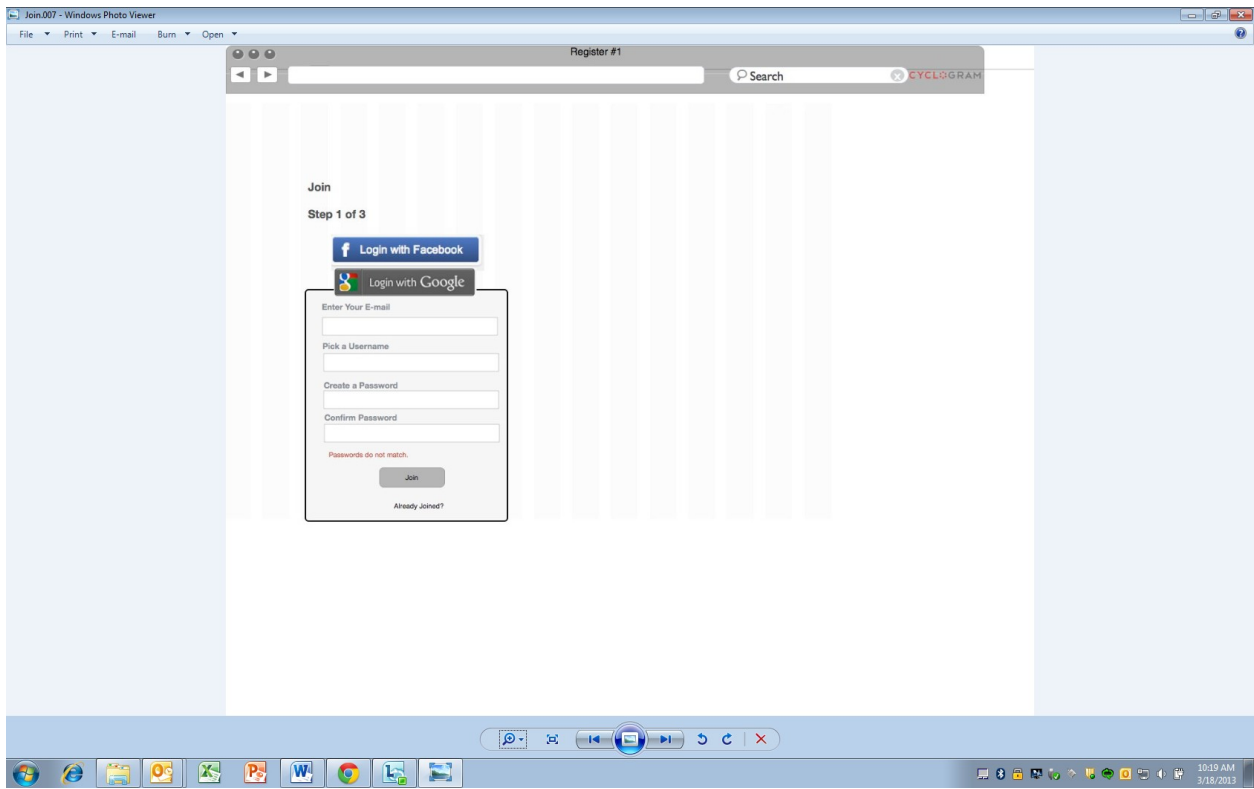
Already joined?

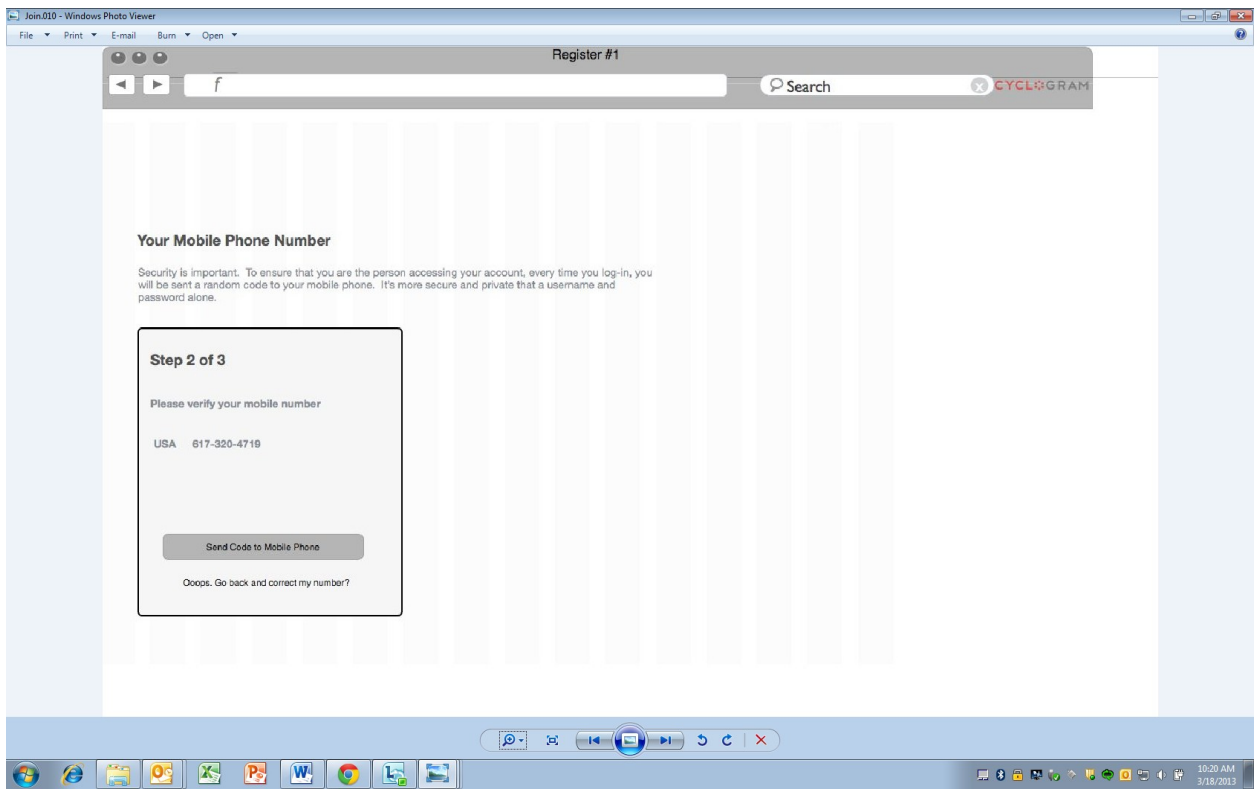
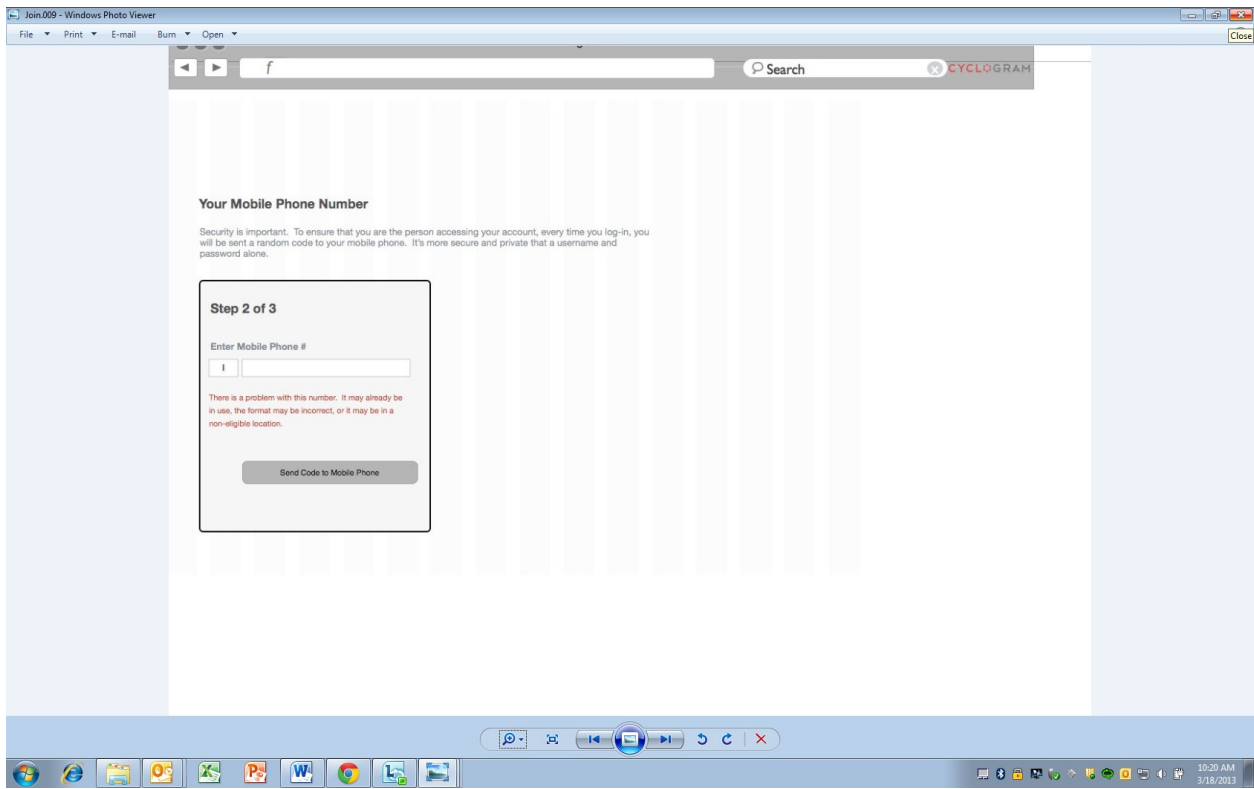
10:15 AM 3/18/2013

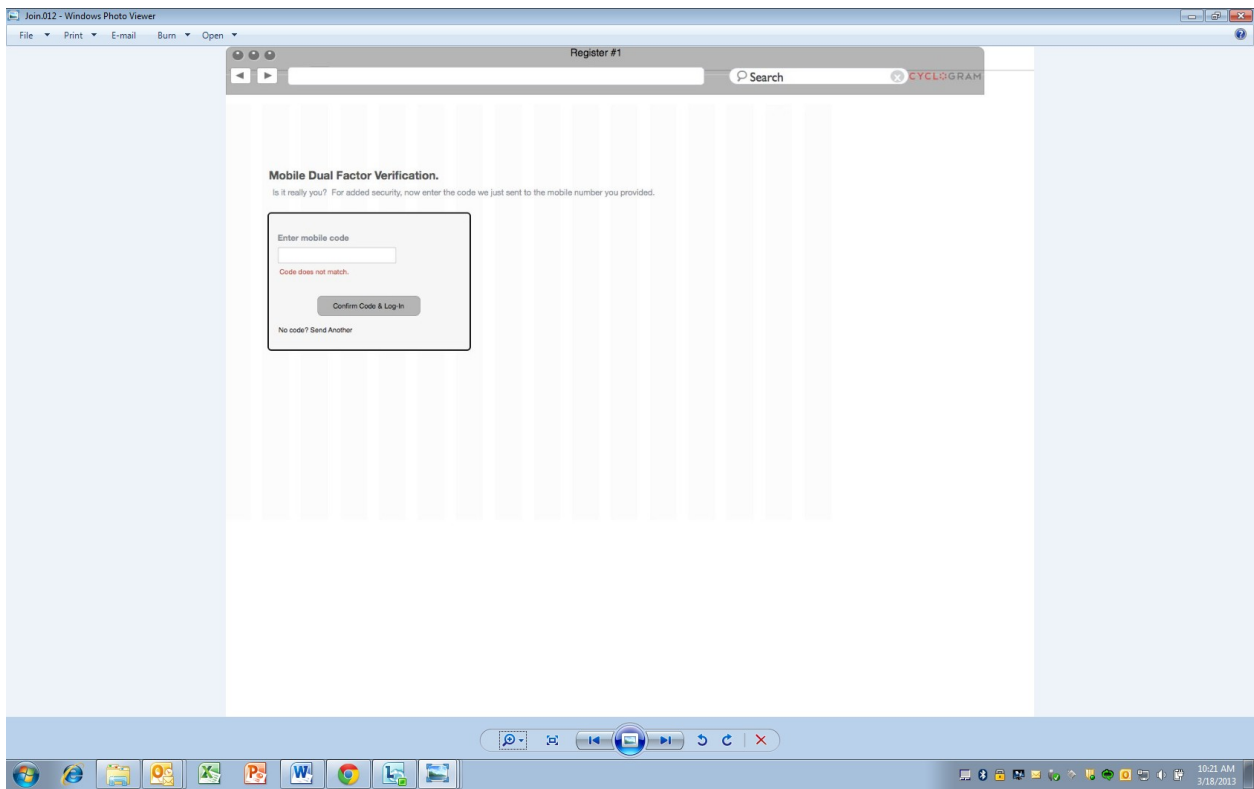
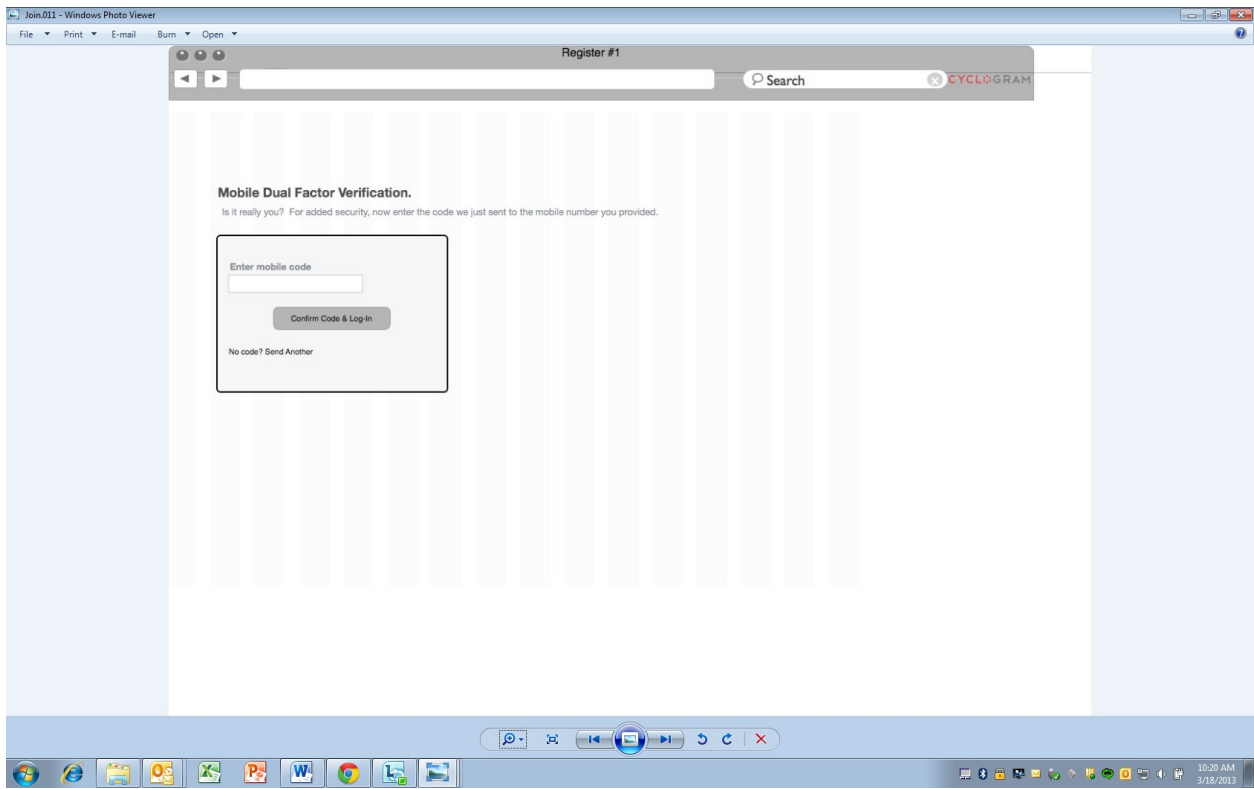




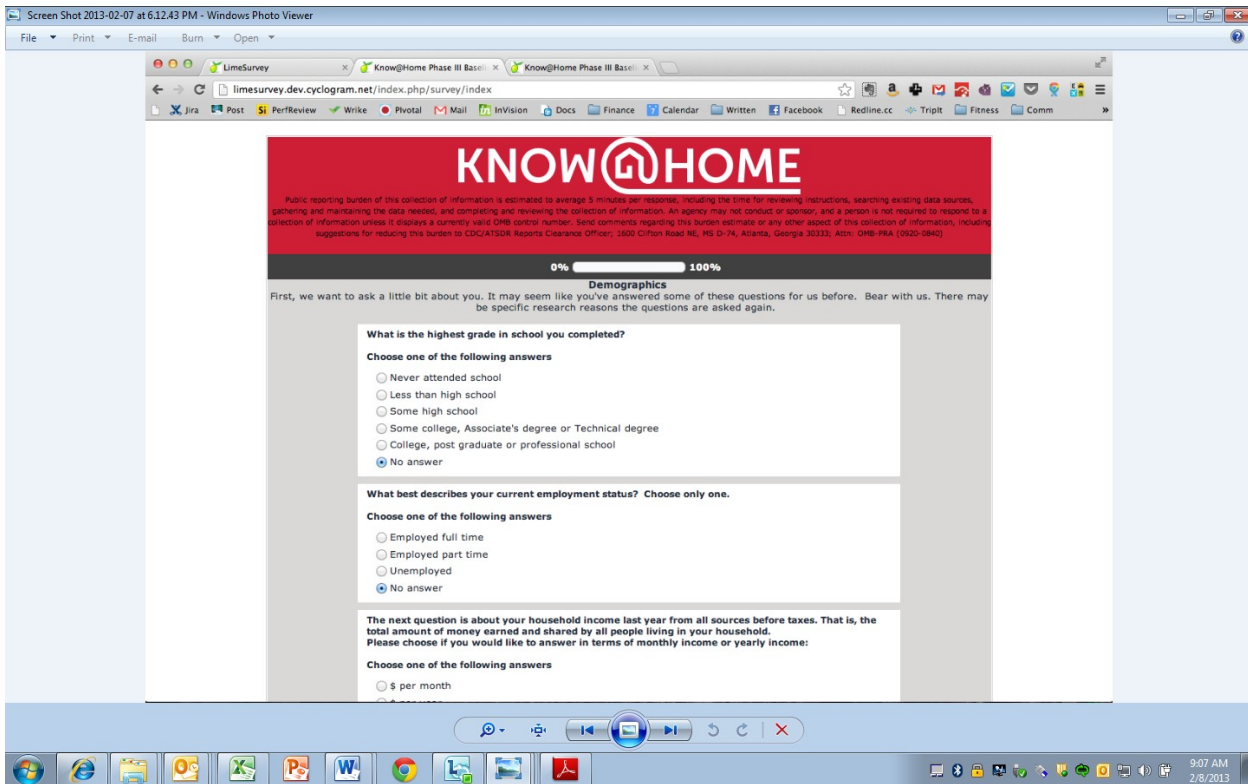
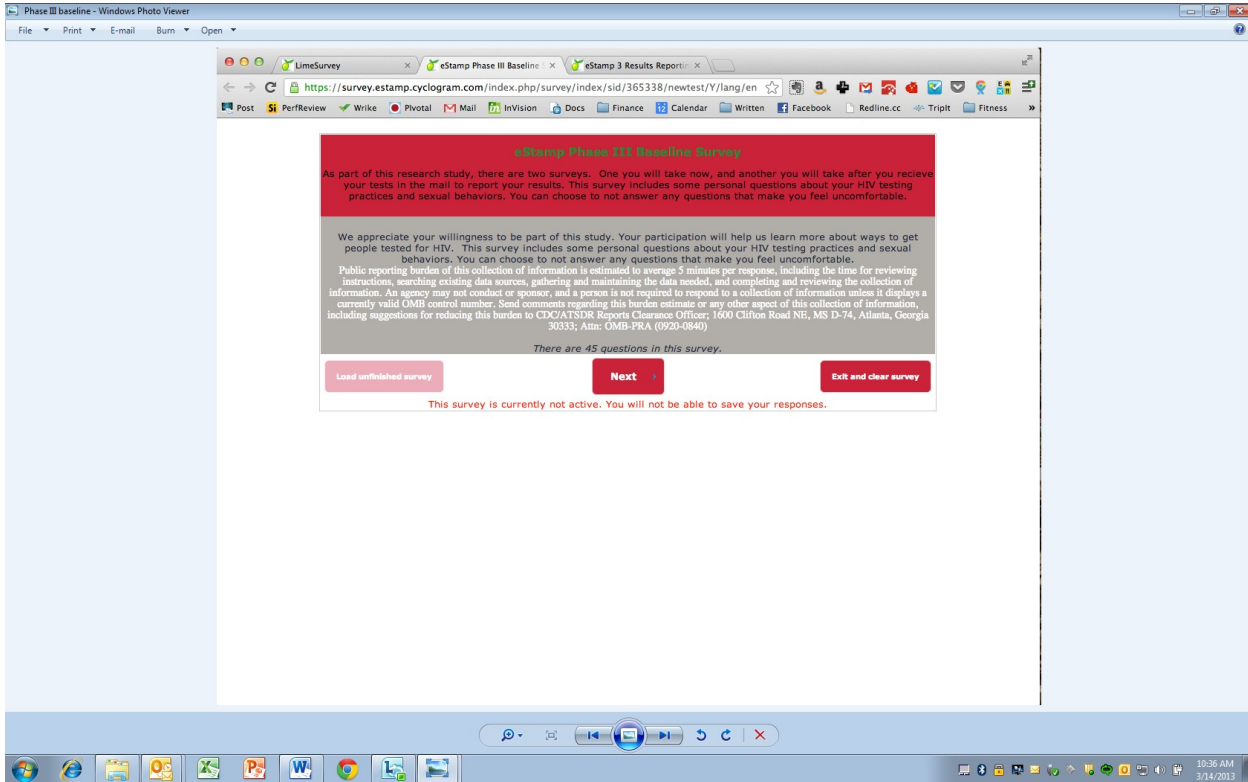




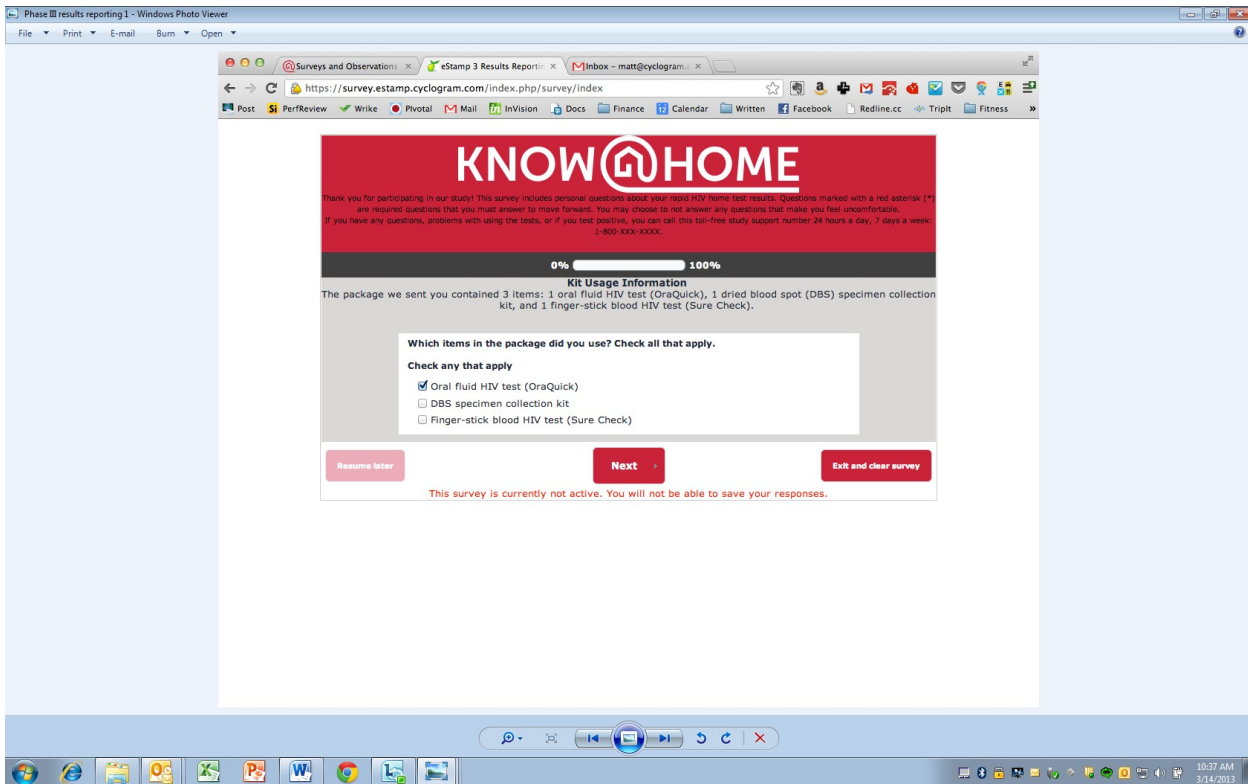
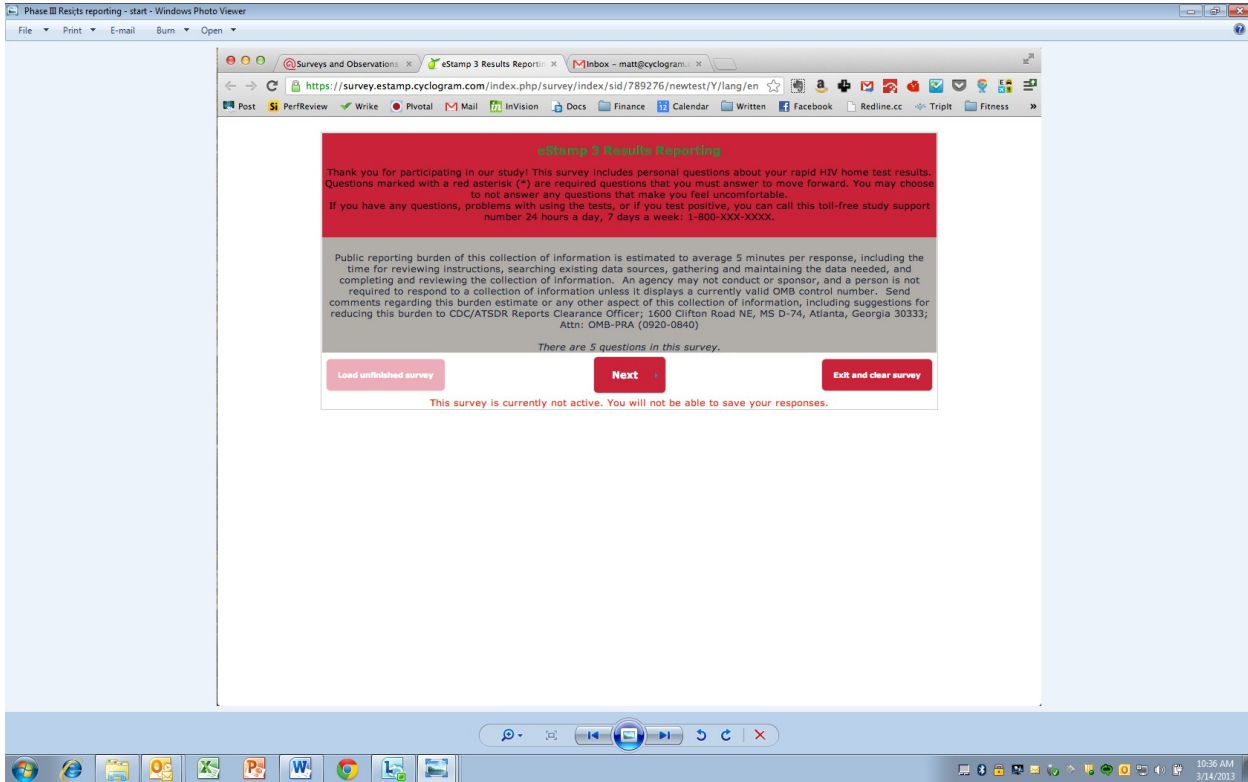




Baseline Survey:



Reporting HIV Self-Test Results:



Phase III Results Reporting 2 - Windows Photo Viewer

File Print E-mail Burn Open

Surveys and Observations x eStamp 3 Results Reportin x Inbox - matt@cyctogram.com x

https://survey.estamp.cyclogram.com/index.php/survey/index

Post PerReview Wrike Pivotal Mail InVision Docs Finance Calendar Written Facebook Redline.cc Tript Fitness

KNOW@HOME

Thank you for participating in our study! This survey includes personal questions about your rapid HIV home test results. Questions marked with a red asterisk (*) are required questions that you must answer to move forward. You may choose to not answer any questions that make you feel uncomfortable. If you have any questions, problems with using the tests, or if you test positive, you can call this toll-free study support number 24 hours a day, 7 days a week: 1-800-XXX-XXXX.

0% 100%

Kit verification and results reporting for OraQuick

*** What is the Kit Number printed on your oral fluid HIV test (OraQuick)?**

Only numbers may be entered in this field.

? You must answer this question before moving forward.

*** OraQuick HIV test result (Please check one of the answers)**

Check any that apply

Preliminary Positive
 Negative
 Invalid

*** Please select the image that most looks like your test device:**

Check any that apply

image
 image
 image
 image

10:37 AM
3/14/2013