According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **xxxx-xxxx**. The time required to complete this information collection is estimated to average 4 minutes per response, including the time to review instructions, search existing data sources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA(XXXX-XXXX). Do not return the completed form to this address.

OMB Number: XXXX-XXX OMB Expiration Date: XX/XX/XXX

Attachment 2 – Web-based Screener OMB Number: TBD



Welcome

Researchers at the Blood Systems Research Institute and University of California San Francisco's Center for AIDS Prevention Studies are conducting a study about blood donation. This study explores men's views about blood donation policies that are designed to screen out donors with a history of male-male sexual contact.

The Principle Investigators for this study are Dr. Brian Custer, PhD, MPH and Dr. Nicolas Sheon, PhD.

For more information about the study, you may contact the study team.

email: blood@ucsf.edu

phone: (415) 597-9109

Please be sure to read the privacy statement, eligibility requirements, and survey instructions below before you continue. Failure to do so may result in your inability to successfully complete the survey.

If you are eligible and complete the survey, we will email you a \$10 Amazon.com Gift Code within 30 days. The survey takes approximately 20 minutes to complete.

PRIVACY

If you click the "Next Page" button at the bottom of this page to proceed with participation in the survey, specific electronic information will be automatically collected from your web browser and Internet connection. None of this information will be used to personally identify you. If you do not continue to the next page of the survey, none of this information will be collected from you. This allows you to decide if you want to share the information with the study researchers. The information includes:

- *IP (internet Protocol) address*: Your computer uses an IP address every time you connect to the Internet. It is a unique number that is used to identify computers on a network, so that data requested (such as web pages) can be sent to the computer.
- General information about the web browser, type of device (Dell computer, iPad, etc.) and operating system you are using. This

information is sent automatically by most web browsers when you visit any web site.

• The "referrer,", which is information passed along by your web browser that references the web site you linked from to reach this survey.

ELIGIBILITY

The survey will begin by asking a number of questions to determine if you qualify to participate in the study.

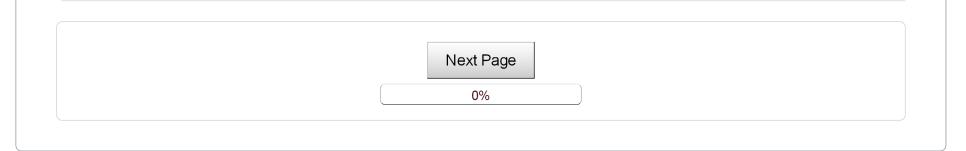
You may complete only one survey. In addition, only a single member of a household is eligible to take the survey. Additional criteria are explained later in the survey's consent document.

If you are accessing this survey using an "anonymous web proxy" that masks or alters your true IP address, or any other method that alters information about your Internet connection, you are ineligible to participate in this study.

INSTRUCTIONS FOR COMPLETING THE SURVEY

If you want to return to a previous page of the survey, click the "Previous Page" button located at the bottom of the survey web page. **Do not** use the "Back" button in the toolbar of your web browser.

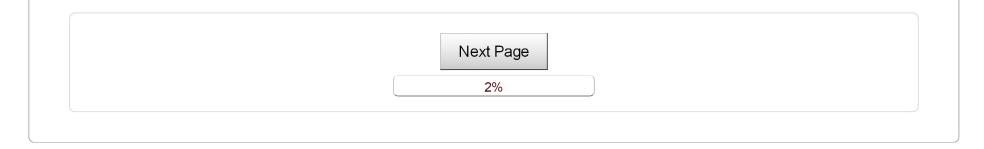
You may exit the survey at any time and then return later to complete the survey, **but only by clicking on the box titled** "*Click here to save your progress and continue the survey later,*" which appears at the bottom of every survey page. When you return to the survey web site, the questions will begin exactly where you left off. We ask that you please complete the survey within three days of beginning it.





1. Where did you hear about this study? *

Please be as specific as possible by telling us the name of an organization, establishment, or location of a study flyer, the name of a web site, or the type of person who referred you (such as a recruiter, or friend, or co-worker), etc.



Blood DROPS donation rules opinions study			
. What sex were you assigned at b	rth? *		
MaleFemale			
	Next	Page	



o under 18		
18-24		
25-34		
35-54		
● 55+		
	Next Page	

Blood DROPS donation rules opinions study	
--	--

0	Yes
0	No
Ho	ow would you describe your race? (check all that apply.) *
	White/Caucasian
	Black/African American
E	Asian
	American Indian/Alaska Native
	Native Hawaiian or Other Pacific Islander
	Next Page
	7%

Click here to save your progress

Blood DROPS donation rules opinions study	
6. In what country do you live? *	
	Next Page 9%

Blood DROPS donation rules opinions study	
7. In what state do you live? *	
	Next Page 11%



8. What are the first three digits of your zip code? *

If you currently are living in temporary housing such as a student dorm or friend's place, please use the zip code of your current address rather than a permanent address.

	Next Page	
	13%	

Blood DROPS donation rules opinions study	
9. In what city do you live? *	
	Next Page 14%



Sexual contact is any kind of co other form of sex.	ntact with another person that you felt was sexual - it could be just kissing or touching, or intercourse, or any
Yes	
No	
	Next Page
	16%



11. Have you ever been tested for or been told that you have any of the following infections?

	Never Tested	Tested Positive	Tested Negative
Hepatitis B Virus (HBV)	0	0	0
Hepatitis C Virus (HCV)	0	0	0
Human Immunodeficiency Virus (HIV)	0	0	0

