**Form Approved**

**OMB No. 0920-XXXX**

**Expiration Date: XX/XX/XXXX**

**Evaluation of Free Rapid HIV self-testing in MSM (eSTAMP): Randomized-Controlled Trial**

**Attachment 3b**

**Study Registration**

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-XXXX)

**Part 4 Registration**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AUTO1.** Date of Registration: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

(M M / D D / Y Y Y Y)

**AUTO2.** Time Began Registration \_\_ \_\_:\_\_ \_\_:\_\_ \_\_ [24 Hour time HH:MM:SS]

*After being noted as eligible, text on that page says* “Click Next to Join KNOWatHOME.” [Next button]

*Under the Next button in smaller text:* We will now ask you some questions to obtain your contact information and provide access to the study Web site. This information will not be shared or used for any other research purposes. Questions marked with a red asterisk (\*) are required questions that you must answer to move forward. Emory University and MANILA Consulting Group, Inc. are conducting the study, which is funded by the Centers for Disease Control and Prevention (CDC).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with a name (or nickname) that we can use to communicate with you and to ship packages to as part of this study. You will need to know the package is for you.

QS1. Enter name or nickname:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If QS5 is not answered, display*** “Please enter your name or nickname to proceed.” ***and loop back to enter the name.***

***Allow the participant 2 attempts to enter a name. If he does not answer on the second attempt skip to End1.***

QS2. Enter your email address\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If QS2 is not answered, display*** “Please enter a valid email address to proceed.” ***and loop back to enter the email address.***

***Allow the participant 2 attempts to enter an email address. If he does not answer on the second attempt skip to End1.***

QS3. Enter a telephone number where you can receive calls:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If QS3 is not answered, display*** “Please enter a valid telephone number to proceed.” ***and loop back to enter the telephone number.***

***Allow the participant 2 attempts to enter a telephone number. If he does not answer on the second attempt skip to End1.***

QS4. Enter a telephone number where you can receive text messages:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If QS34 is not answered, display*** “Please enter a valid telephone number to proceed.” ***and loop back to enter the telephone number.***

***Allow the participant 2 attempts to enter a telephone number. If he does not answer on the second attempt skip to End1.***

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QS 4a. We just sent you a text message with a code. Please keep this code. You will need it to enter the Web site for the first time to set up your username (login) and password.

Enter the code:\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No code received? Send another. [To re-send code]

***If the code is correct, display*** “Thank you for entering the correct code.” ***and go to QS4.***

***If the code is not correct, display*** “Sorry, that is not the correct code. Please re-enter the code to proceed.” ***and loop back to enter the code.***

***Allow the participant 3 attempts to enter the code. If he does not enter the correct code on the third attempt skip to End1.***

Please provide us with a shipping address so we can send you rapid HIV home test kits by FedEx during the study. The package will arrive in a plain shipping box. You may choose to receive packages at home, at a family member’s address, or a friend’s address. However, Fed Ex cannot ship to a P.O. Box. If you cannot provide a shipping address you cannot participate in our study.

QS5. Enter shipping address:\*

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If QS5 is not answered, display*** “Please enter a valid shipping address to proceed.” ***and loop back to enter the shipping address.***

***Allow the participant 2 attempts to enter a shipping address. If he does not answer on the second attempt skip to End1.***

QS6. You can choose to have to sign for your package when it’s delivered, or have it left for you without a signature. To receive your package, would you prefer to sign for your package or have it left without your signature?

\_\_\_ I prefer to sign to receive my package

\_\_\_ The package can be left without my signature

[Next button to submit]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**End 1. If the participant does not provide the required information:**

Thank you for your interest in this health study. Unfortunately, you did not provide the required information. Any contact information you provided us above will be destroyed.

If you want to learn more about HIV, where to get more information, or where to get tested in your area, please click on the following link: <http://www.aidsvu.org/>

To get more information about HIV, please visit: [www.cdc.gov/hiv](http://www.cdc.gov/hiv)

If you have any questions or comments, you may contact the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038.

Otherwise, you can close your browser window. Thank you for your time.

**End survey.**

**End 2. If the participant provides the required information**:

Congratulations! You are registered to participate in this health study.

The first step is to create your secure account on the study Web site

An e-mail has been sent to you containing a link. You need to click that link and enter the code we sent to your mobile phone to verify your e-mail address, set up your username and password, and specify how you want to receive a $20 gift card after completing your first survey.

[If user does not receive e-mail, button to click] I didn’t get an e-mail - send another

[System response to clicking above] We’ve sent another e-mail. If you still haven’t received in after a few minutes, check your junk mail folder.

***[Verification e-mail content:]***

***E-mail Subject: Please verify your e-mail address and set up your account***

***From: knowathome@emory.org***

***Dear [name],***

***To continue registration, please click on this link to verify that you received this e-mail, and set up your account on the secure study Web site.***

**AUTO3.**  Time Ended Registration: \_\_ \_\_:\_\_ \_\_: \_\_ \_\_ [24 Hour time HH:MM:SS]