

KNOW at HOME

Are you Eligible?

[BEGIN](#)

Thank you for your interest in our study. First, we have a few questions to determine if you're eligible. Questions marked with an asterisk (*) are required questions that you must answer to move forward.

Public reporting burden of this collection of information is estimated to average 3 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)

KNOW at HOME

Form Approved

OMB No 0920-XXXX

Expiration Date XX/XX/XXXX

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Thank you for your interest in our study. First, we have a few questions to determine if you're eligible. Questions marked with a red asterisk (*) are required questions that you must answer to move forward.

*

How old are you?

NEXT

EXIT AND CLEAR SURVEY

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What U.S. State or U.S. Territory do you live in?

Choose one of the following answers

Georgia

*** What zip code do you live in?**

30333


Only numbers may be entered in this field.

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

- No
- Yes
- I prefer not to answer

*** What is your race?**
Check any that apply
This question is mandatory. Please check at least one item.

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

Next 

Exit and clear survey

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Eligibility - Page 2

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

- Male
- Female
- Intersex/Ambiguous
- I prefer not to answer

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

- Male
- Female
- Transgender
- I prefer not to answer
- Other:

Next 

Exit and clear survey

• Have you ever been diagnosed with a bleeding disorder?
Choose one of the following answers

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

•
The next questions are about your HIV status. Please remember that your answers are anonymous and will be kept private.

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

Choose one of the following answers

- No
- Yes
- I prefer not to answer

Next >

Exit and clear survey

• Are you taking antiretroviral medications to prevent HIV?
Choose one of the following answers

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

• Have you ever been part of an HIV vaccine trial?
Choose one of the following answers

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

Next >

Exit and clear survey

• We will communicate with you via email, phone or text message to schedule a time for you to participate in a research session. We will also contact you to remind you about the date, time and place of the research session. This information will not be shared or used for any other research purposes.

Email address:

• Telephone number to receive calls:

(Only numbers may be entered in this field. Please enter area code and 7-digit phone number - do not include dashes or parenthesis)

Submit

Exit and clear survey

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You are not eligible to participate in this study.

Thank you for your interest in this health study. Unfortunately, the system did not select you to participate any further.

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: www.aidsvu.org

To get more information about HIV, please visit: www.cdc.gov/hiv

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