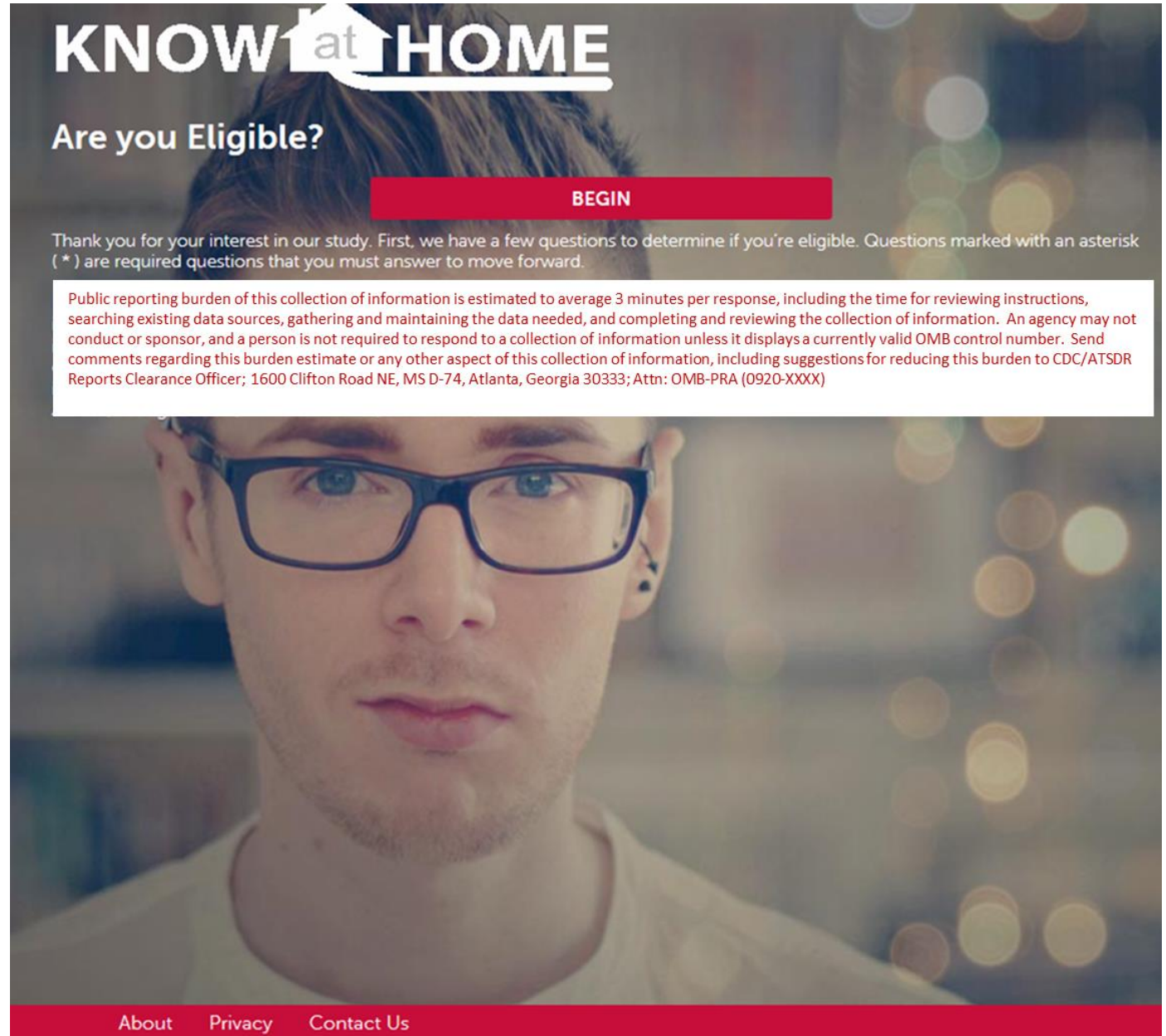


## eSTAMP Part 4 Screen Shots

### Eligibility Screener

A screenshot of a web page titled "KNOW at HOME" with the subtitle "Are you Eligible?". The page features a background image of a young man with glasses. A red button labeled "BEGIN" is prominent. Below the button, there is a paragraph of text explaining the study and a public reporting burden notice. At the bottom, there is a red navigation bar with links for "About", "Privacy", and "Contact Us".

# 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)

[About](#) [Privacy](#) [Contact Us](#)

# KNOW at HOME

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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?**

 X

**NEXT**

**EXIT AND CLEAR SURVEY**

# KNOW at HOME

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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

Attachment 6

**\* 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](#)

**KNOW at HOME**  
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](#)

# KNOW at HOME

Eligibility - Page 3

• **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](#)

# KNOW at HOME

Eligibility - Page 4

• **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](#)

# KNOW at HOME

Eligibility - Page 5

**\* 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)**

SubmitExit and clear survey

# KNOW at HOME

## 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](http://www.aidsvu.org)

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

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

[About](#)   [Privacy](#)   [Contact Us](#)

## Study Consent

**KNOW at HOME**

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

**Principal Investigator:** Patrick Sullivan, DVM PhD

**Funding Sources:** Emory University and MANILA Consulting Group, Inc. are conducting this study which is sponsored by the Centers for Disease Control and Prevention (CDC).

**Introduction**  
You are invited to be in a research study. This study is being done by Emory University's Rollins School of Public Health. We expect to have up to 1000 men take part. If you decide to take part, the things we learn from you will help create better HIV prevention programs for our community.

[View](#) | [Save PDF](#)

Please check ONE of the following options:

- I am at least 18 years of age, agree to the above information and would like to participate in this research study.
- I would not like to continue as a participant in this research study.

We would like to freeze part of the dried blood spot specimen you send us for future use. Your samples would be stored for an indefinite time. We may use these specimens for research in the future. Nothing that could be linked to you will be kept with the specimens. Tests that might be done on these specimens may include tests for HIV, other viruses, or immune function tests (ability to fight infection). We will not test for genetic problems or use the specimens for cloning or commercial purposes. You may choose not to have your specimens stored for future research and still be part of this study.

Are you willing to have your specimens frozen for future use?

- Yes
- No

[Continue](#)

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## Study Registration

KNOW HOME

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### JOIN 1/5: The Basics

Enter e-mail address:

Create a password:

Enter name or nickname:


Confirm Password:

**NEXT>**

KNOW HOME


### JOIN 2/5: Enter a telephone number where you can receive text messages:

Enter a telephone number where you can receive text messages:

I prefer to receive voice calls at another number 

**SEND CONFIRMATION CODE TO MOBILE**



KNOW  HOME

### JOIN 5/5: Shipping Information

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.

First Name/Nickname: ScreenShots

Last Name/Nickname: Demonstration

Address 1: 123 Demonstration Lane

Address 2:

Zip Code: 30333

City: Atlanta

State: GA

You can choose to have to sign for your package when it's delivered, or have it left for you without a signature.

The package can be left without my signature

I prefer to sign to receive my package

**SAVE AND LOGIN**

## Baseline Surveys

# KNOW at HOME

0% 100%

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**We appreciate your willingness to be part of this study. Your participation will help us learn more about ways to get people tested for HIV. This survey includes some personal questions about your HIV testing practices and sexual behaviors. You can choose to not answer any questions that make you feel uncomfortable.**

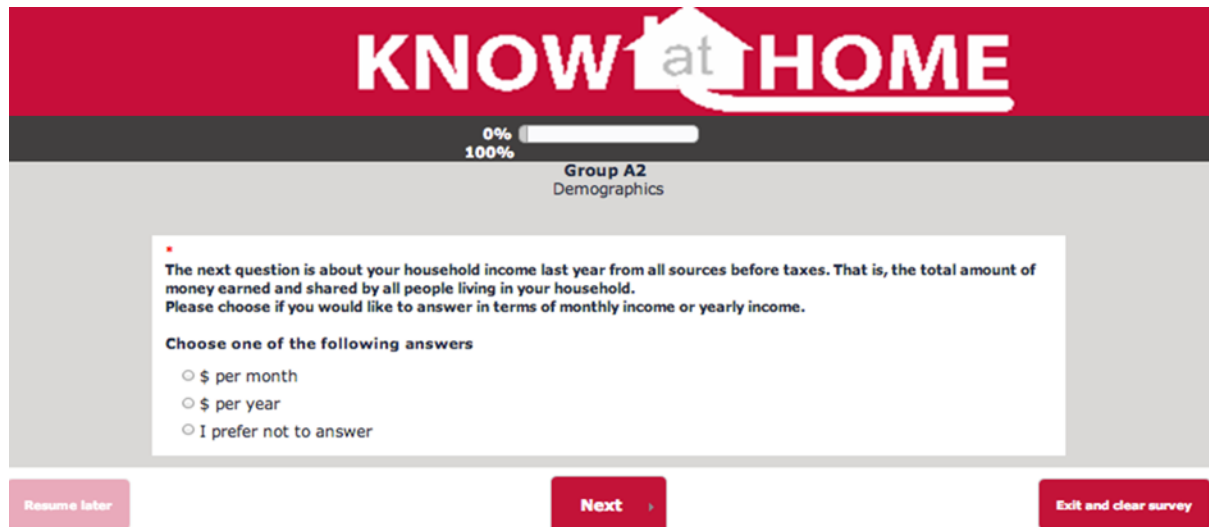
**\* What is the highest grade in school you completed?**  
*Choose one of the following answers*

- Never attended school
- Less than high school
- Some high school
- High school diploma or GED
- Some college, Associate's degree or Technical degree
- College, post graduate or professional school
- I prefer not to answer

**\* What best describes your current employment status?**  
*Choose one of the following answers*

- Employed full time
- Employed part time
- Unemployed
- I prefer not to answer

**The next question is about your household income last year from all sources before taxes. That is, the total amount of money earned and shared by all people**



The image shows a survey interface for 'KNOW at HOME'. At the top, there is a red banner with the text 'KNOW at HOME' in white. Below the banner is a progress bar showing 0% completion. The survey is for 'Group A2 Demographics'. A central white box contains a question about household income. At the bottom, there are three buttons: 'Resume later', 'Next', and 'Exit and clear survey'.

# KNOW at HOME

0%  
100%

**Group A2**  
Demographics

**\***  
The next question is about your household income last year from all sources before taxes. That is, the total amount of money earned and shared by all people living in your household.  
Please choose if you would like to answer in terms of monthly income or yearly income.

**Choose one of the following answers**

- \$ per month
- \$ per year
- I prefer not to answer

Resume later      Next >      Exit and clear survey

\* Including yourself, how many people depended on this income? (Answer should be at least 1)

1

\* Which of these common terms best describes you?

*Choose one of the following answers*

- Homosexual or Gay or Same gender loving
- Heterosexual or Straight
- Bisexual
- Other (Specify)
- I prefer not to answer

\* Do you currently have health insurance?

*Choose one of the following answers*

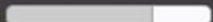
- No
- Yes - Through my job
- Yes - Through someone else's job
- Yes - Paid for by me or another person
- Yes - Medicare/Medicaid
- I prefer not to answer

\* In the past 12 months, have you seen a doctor, nurse, or other health care provider about your own health?

*Choose one of the following answers*

- No
- Yes
- I prefer not to answer

# KNOW at HOME

0%  100%

**Group E3**  
Baseline Partner Risk

▪ **In the past 3 months, before having sex with a new partner how often did you discuss each other's HIV status?**  
Choose one of the following answers

- Always
- Usually
- Sometimes
- Rarely
- Never
- No new partners in the past 3 months
- I prefer not to answer

▪ **In the past 3 months, did you have anal sex with more than one man in the same encounter without using a condom or not using it the whole time?**  
Choose one of the following answers

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

[Resume later](#) [Next](#) [Exit and clear survey](#)

## Reporting of Home-test Results



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### \* How did you get the home rapid HIV test kit?

*Choose one of the following answers*


- I was mailed my test as part of KNOWatHOME (I am a KNOWatHOME participant) [Link to page for participant login]
- I was given my test by someone I know (I am not a KNOWatHOME participant) [Link to page to enter kit number]

**NEXT**

**EXIT AND CLEAR SURVEY**

**This survey is currently not active. You will not be able to save your responses.**

# KNOW at HOME

0%  100%


Group D1  
OraQuick Results Reporting

**OraQuick Results Reporting**

▪ **What was the result from your OraQuick test?**  
Choose one of the following answers

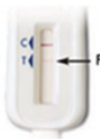
- Positive
- Negative
- Not sure

▪ **Please select the image that most looks like your test stick:**  
Choose one of the following answers




C (Control line)

T (Test line) ← Strong line of 'T'



C (Control line)

T (Test line) ← Faint line of 'T'




Some lines but my results do not look like the above examples

No lines on the test stick

[Resume later](#)[Next](#)[Exit and clear survey](#)

This survey is currently not active. You will not be able to save your responses.

# KNOW at HOME

0%  100%

**Group A2**  
OraQuick Results Reporting

**■ You mentioned that you are "Not sure" about your OraQuick test result. What happened when you tried to run the test?**  
Check any that apply

- I did not understand the instructions
- I spilled the liquid from the test tube
- The test stick got dirty before I was able to swipe my gums
- I could not swipe the test stick on my gums properly
- I did not put the test stick into the test tube
- I did not time the test correctly
- I did not follow steps in the order described in the instructions
- There were no lines on the test stick
- I could not see the lines on the test stick clearly
- I did not understand what the lines on the test stick meant
- I think a part of the test kit was missing
- Other (specify:)

[Resume later](#) [Next](#) [Exit and clear survey](#)

*This survey is currently not active. You will not be able to save your responses.*



# KNOW at HOME

0%  
100%

Group C2

Sure Check Results Reporting

Please tell us the result of your finger-stick blood HIV test (Sure Check), and then select an image that most looks like your test device.

• What was the result from your Sure Check test?  
Choose one of the following answers

- Positive
- Negative
- Not sure
- Test is not working

• Please select the image that most looks like your test device:  
Choose one of the following answers



Some lines but my results do not look like the above examples


Resume later

Next

Exit and clear survey

This survey is currently not active. You will not be able to save your responses.

# KNOW at HOME

0%  100%

**\* When did you test yourself with OraQuick?**

Month  Day  Year

**\* What was the result from your OraQuick test?**  
*Choose one of the following answers*

Positive


Negative

Test is not working (results do not look like example OR there are no lines on the stick)

**NEXT** **EXIT AND CLEAR SURVEY**

*This survey is currently not active. You will not be able to save your responses.*

# KNOW at HOME

0%  100%

**\* Have you tested for HIV since the last survey, that is, since [insert calculated month and year]?**  
*Choose one of the following answers*

No

Yes

I prefer not to answer

**\* Have you tested for HIV since the last survey, that is, since [insert calculated month and year]?**  
*Check any that apply*

No

Yes, I tested with the tests I received by mail from this study

Yes, I tested some other way

I prefer not to answer

# KNOW at HOME

0%  100%

**\* What is the main reason you have not tested for HIV since the last survey?**

*Choose one of the following answers*

- I tested using the tests received by mail from this study [show only for intervention arm]
- I think I'm at low risk for HIV infection
- I am afraid to find out I have HIV
- I don't have time
- I don't know where to go for a test
- I don't have enough money or insurance for a test
- I don't want my friends and family to know that I got tested
- I don't want my sex partners to know that I got tested
- If I test positive I won't be able to get treatment
- I don't believe that treatment is effective
- If I test positive I will be rejected by my friends and family
- I do not want my result to be reported to the government
- Other reason (specify):
- I prefer not to answer

# KNOW at HOME

0%  100%


**\* Since the last survey, where have you tested for HIV?**

*Check any that apply*

- Private doctor's office
- HIV counseling and testing site
- Public health clinic / community health clinic
- Street outreach program / mobile unit
- Sexually transmitted disease clinic
- Emergency room
- Hospital (inpatient)
- Correctional facility (jail or prison)
- Home or other private location
- Other location (specify):
- I prefer not to answer

**\* Since the last survey, when did you have your most recent HIV test?**

# KNOW at HOME

0%  100%

Thank you for reporting your home HIV test results. Questions marked with a **red asterisk (\*)** must be answered to move forward. You may choose to not answer other questions.

**Emory University and MANILA Consulting Group, Inc. are conducting the study, which is funded by the Centers for Disease Control and Prevention (CDC).**

Select link below to watch video on home HIV testing:

- OraQuick Video English**
- OraQuick Video Spanish**
- Sure Check Video English**
- Sure Check Video Spanish**

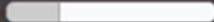
**NEXT** **EXIT AND CLEAR SURVEY**

## Follow-up Surveys

# KNOW at HOME

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0%  100%

**Group B1**  
Test Distribution

**Section B. Test Distribution**

▪ **Since the last survey, did you give away any study home HIV test?**  
Choose one of the following answers

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

[Resume later](#) [Next](#) [Exit and clear survey](#)

**This survey is currently not active. You will not be able to save your responses.**

# KNOW at HOME


0%  100%

**\* Where did you get the positive HIV test result?**

*Choose one of the following answers*

- At home, when using one of the study home HIV tests received by mail [intervention arm only]
- At home, when using a rapid home HIV test bought from a store or online (such as Oraquick® In-Home HIV test)
- At home, when using a blood collection/testing kit (such as HomeAccess® HIV-1 Test System)
- Private doctor's office
- Hospital (in patient)
- Emergency room
- Sexually Transmitted Disease (STD) Clinic
- Public health clinic/Community health clinic
- HIV counseling and testing site
- Street outreach program/mobile unit
- Correctional facility (jail or prison)
- I don't know
- Other location (Specify)
- I prefer not to answer

# KNOW at HOME

0%  100%

The next questions are about medical appointments to see a health care provider (doctor, physician's assistant or nurse) because of a positive HIV test result or to get care for your HIV infection.

**\* Since the last survey, have you been seen by a health care provider after getting a HIV positive test result or for your HIV infection?**


*Choose one of the following answers*


- No
- Yes
- I prefer not to answer

**\* What are the reasons you have NOT gone to a health care provider after getting a HIV positive test result or for your HIV infection?**

*Check any that apply*

- I don't want anyone to know I have HIV
- I felt good and didn't need to go
- I didn't believe that I am HIV positive or want to think about it
- I didn't have enough money or health insurance

**KNOW  at HOME**

0%  100%

**\* Are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?**  
*Choose one of the following answers*

- No
- Yes
- I prefer not to answer

**\* Since the last survey, which of the following best describes your general experience taking your HIV medicines (also known as antiretrovirals, ART, or HAART)?**  
*Choose one of the following answers*

- I take them exactly as prescribed, almost never missing a dose
- I sometimes skip a dose or forget to take my pills
- I often skip a dose or forget to take my pills
- I rarely take my pills as prescribed
- I do not take my medication at all
- I prefer not to answer

## Reporting of Home-test Results at completion of study



Form Approved OMB No 0920-XXXX Expiration Date XX/XX/XXXX	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)
---	--

### Self-Test Results To be completed by participant.

Instructions: After performing each self-test, please check the result option. Write down any comment you have in the comment boxes.

• Tests conducted by participant ID#:

• Rapid Self- Test 1: OraQuick In-Home HIV Test

Sample Type: Oral Fluid

Results:

Choose one of the following answers

- Positive
- Negative
- Test not working

• Rapid Self- Test 2: SURE CHECK® HIV Home Test


Sample Type: Whole blood finger stick

Results:

Choose one of the following answers



# KNOW at HOME

0%  100%

**Section A. Kit Usage Information**  
The package we sent you contained 3 items: 1 oral fluid HIV test (OraQuick), 1 dried blood spot (DBS) specimen collection kit, and 1 finger-stick blood HIV test (Sure Check).


**\* Which items in the package did you use?**  
*Check any that apply*

- Oral fluid HIV test (OraQuick)
- DBS specimen collection kit
- Finger-stick blood HIV test (Sure Check)

**NEXT** **EXIT AND CLEAR SURVEY**

This survey is currently not active. You will not be able to save your responses.

# KNOW at HOME

0%  100%

**Section B. Kit Verification and Results Reporting for OraQuick**


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

If you don't know where the Kit Number is located, please [click here](#):

**NEXT** **EXIT AND CLEAR SURVEY**

This survey is currently not active. You will not be able to save your responses.

# KNOW at HOME

0%  100%

**Thank you for reporting your rapid HIV home test results!**

**Please read the following important information about the results you reported. After that, you will be able to go to the token of appreciation information section and specify how you would like to receive your \$10 token of appreciation.**

**You have reported a preliminary positive result using at least one of the rapid tests. If this is the first time you have received a positive HIV result, it is important that you understand that this is only a preliminary result. You will need to go to a health care provider or an HIV counseling and testing center to be tested again. You might be feeling scared or intimidated, and might not know what all this really means. If you haven't done so already, we encourage you to call our study's toll-free number 1-866-728-1885 to talk to someone that will be able to help you sort things out and provide information on where to get tested.**

**You do not need to wait for the results from further HIV testing that will be conducted on your dried blood spot specimen. Please click on this link to get information on where to get counseling and additional testing at a location near you: [www.aidsvu.org](http://www.aidsvu.org)**