Form Approved OMB No. 0920-0572 Expiration Date 03/31/2018

Submission under 0920-0572 Health Message Testing System

Attachment 13: Consumer Web-based Survey Screener

Public reporting burden of this collection of information is estimated to average 2 hours 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 (0920-0572)

High Impact Prevention Message Testing

Consumer Web-based Survey Screener

We are asking people to be in a research study that will help us learn more about what people think about HIV related topics and messages. RTI, a research company in North Carolina, is conducting the study. The Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia is funding the research.

To see if you are a good match for this study, we will need to ask you some personal questions. Some of the questions will be about your sexual orientation and your HIV status, if you know it. It is your choice to answer the questions. Your answers will be kept private to the extent allowed by law. You can refuse to answer any question or stop at any time.

May	we as	k you the questions to see if this you are a good match for this study? Yes [CONTINUE]
		No [TERMINATE]
In w	hat lan	guage would you like to answer the questions? English
		Spanish
1.	How	old are you?
	Age_	[INELIGIBLE IF <u>UNDER 18</u> OR <u>OVER 64</u>]
	8	Don't know [INELIGIBLE]
	9	Prefer not to answer [INELIGIBLE]
2.	Wha	t was your sex at birth?
	1	Male
	2	Female
	2	Intersex
	8	Don't know [INELIGIBLE]
	9	Prefer not to answer [INELIGIBLE]
3.	Do y	ou consider yourself to be male, female, or transgender? (check only one)
	1	Male
	2	Female
	3	Transgender Man (or Transmale or Transman)
	4	Transgender Woman (or Transfemale or Transwoman)
	8	Don't know [INELIGIBLE]
	9	Prefer not to answer [INELIGIBLE]

4.	Are	you of Hispanic or Latino origin?	
	1	Yes	
	2	No	
	9	Prefer not to answer [INELIGIBLE]	
5.	Plea	se indicate your race. Are you? You may select one or more races.	
	1	White	
	2	Black or African American	
	3	Asian	
	4	Native Hawaiian or Other Pacific Islander	
	5	American Indian or Alaska Native	
	6	Other race [Specify:]
	8	Don't know [INELIGIBLE]	
	9	Prefer not to answer [INELIGIBLE]	
6.	In w	what country or territory were you born?	
	1	United States	
	2	Puerto Rico	
	3	Mexico	
	4	Cuba	
	5	Other [Specify:]
	9	Prefer not to answer	
7.	How	w many years have you been living in the United States?	
	[If le	ess than one year, put 0 in the space. Round to whole years]	
		years	
8.	Wha	at language are you most comfortable using with your family and friends?	
	1	English	
	2	Spanish	
	3	English and Spanish equally	
	4	Other [Specify:]
	9	Prefer not to answer	

9.	Wha	it is the highest grade or year of school you finished?		
	1	Never attended school or only attended kindergarten		
	2	Grades 1 through 8 (elementary)		
	3	Grades 9 through 11 (some high school)		
	4	Grade 12 or GED (high school graduate)		
	5	College 1 year to 3 years (some college or technical school)		
	6	College 4 years or more (college graduate)		
	9	Prefer not to answer		
10.	Which best describes your total personal income during the past year?			
		Less than \$20,000		
	2	\$20,001 to \$30,000		
	3	\$30,001 to \$40,000		
	4	\$40,001 to \$50,000		
	5	\$50,001 or more		
	9	Prefer not to answer		
11.	Whi	ch do you consider yourself to be?		
	1	Gay or homosexual		
	2	Bisexual		
	3	Straight or heterosexual [INELIGIBLE]		
	4	Other [Specify:] [INELIGIBLE]	
	9	Prefer not to answer [INELIGIBLE]		
12.	Wha	it is your current relationship status?		
	1	Single		
	2	Married to a man		
	3	Married to a woman		
	4	In a relationship with a man		
	5	In a relationship with a woman		
	9	Prefer not to answer		
13.	Do y	ou currently have health insurance or health care coverage?		
	1	Yes		
	2	No		
	3	Don't know		
	9	Prefer not to answer		
14.	In w	hat ZIP Code do you currently live?		
17.	III W	nat Zir Coat ao you tarrenay nve:		

15.	What is your job title or role? [Public Health Professional: e.g. epidemiologist, health communicator, health educator, etc] Single		
	[Healthcare Provider: e.g. doctor (MD, DO), nurse, nurse practitioner, physician's assistant] Married to a man		
	[General Consumer: neither a Public Health Professional nor a Healthcare Provider]		
16.	Have you ever been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS.		
	1 Yes		
	9 Prefer not to answer [INELIGIBLE]		
17.	The next question is about the result of your HIV test. What was the result of your most recent HIV test?		
	\square_1 I tested positive for HIV. [Go to X]		
	☐₃ My results were unclear. [Go to X]		
	I never got my results/Don't know [Go to X]		
	Prefer not to answer [INELIGIBLE]		
	17a. [IF POSITIVE] When did you first test positive?		
	DATE (MM/YYYY): [ERROR CHECK: CANNOT BE <u>BEFORE 1985</u> OR BEYOND CURRENT DATE]		
	Prefer not to answer		
If po	ositive, skip questions 18 through 20, and proceed to question 21.		
18.	When did you have your first HIV test?		
	DATE (MM/YYYY): [ERROR CHECK: CANNOT BE <u>BEFORE 1985</u> OR BEYOND CURRENT DATE]		
19.	In the past 2 years, that is, since [insert calculated month and year], how many times have you been tested for HIV?		
20.	When did you have your most recent HIV test? DATE (MM/YYYY):		

20.	The next question is about the result of your HIV test. What was the result of your most recent HIV test?
	\square_1 I tested positive for HIV. [Go to X]
	\square_3 My results were unclear. [Go to X]
	☐ ₈ I never got my results/Don't know [Go to X]
	9 Prefer not to answer [INELIGIBLE]
	20a. [IF POSITIVE] When did you first test positive?
	DATE (MM/YYYY): [ERROR CHECK: CANNOT BE <u>BEFORE 1985</u> OR BEYOND CURRENT DATE]
	9 Prefer not to answer
21.	Have you had oral sex (mouth on the penis or vagina), vaginal sex (penis in the vagina), or anal sex (penis in the butt) with a woman in the past [INSERT TIME FRAME]?
	□₁ Yes
	\square_2 No
	9 Prefer not to answer [INELIGIBLE]
22.	Have you had oral sex (mouth on the penis) or anal sex (penis in the butt) with a man in the past [INSERT TIME FRAME]?
	\square_1 Yes
	2 No [INELIGIBLE]
	9 Prefer not to answer [INELIGIBLE]

If eligible:

Thank you for answering these questions. You are eligible to take part in the survey. Please click the button below to go to the survey consent form.

If ineligible:

Thank you for answering all of the questions. You are not eligible to be in this study because you did not meet our eligibility criteria. There are many possible reasons why people are not eligible for the study. These reasons were decided earlier by the researchers. We value your interest in this research study. Thank you for being willing to help us.