

M-Cubed Screening Form

January 4, 2016

M-Cubed Screening Form

Form Approved
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1. Are you able to read and understand English?

Yes
 No

2. What is your current age?

3. What is the zip code of your current place of residence?

4. What sex were you assigned at birth, on your original birth certificate?

Male
 Female

5. How do you describe your gender identity?

Male
 Female
 Male-to-female transgender (MTF)
 Female-to-male transgender (FTM)
 Other gender identity, specify:

6. Are you Hispanic or Latino?

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

7. What is your race? You may choose more than one.

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or other Pacific Islander
 White
 I'd prefer not to answer

8. Do you own and use an Android or iOS smartphone?

- Yes
 No

9. In the past 12 months, that is since January 2016, have you had sex with a man?

- Yes
 No

10. In the past 12 months, that is since January 2016, have you had anal sex with a man?

- Yes
 No

11. What is your HIV status?

- HIV-negative
 HIV-positive
 I've never been tested
 Indeterminate
 I don't know

12. In the past 3 months, that is since October 2016, have you had anal sex with a man without using a condom?

- Yes
 No

13. At any time in the past 3 months, that is since October 2016, have you taken PrEP (Truvada), the once-a-day pill to prevent HIV infection?

- Yes
 No

14. At any time in the past 3 months, that is since October 2016, have you had anal sex without a condom when you were not taking PrEP?

- Yes
 No

15. Do you plan on moving out of the [Atlanta/Detroit/NYC] area in the next 9 months?

- Yes
 No

16. Are you currently involved in any other HIV prevention study or program?

- Yes, specify study name:

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Thank You!

Thank you for taking our survey. Your response is very important to us.

100%