

Development of Messages for the Let's Stop HIV Together National Campaign

(OMB No. 0920-0920)

Attachment 4: Screenshots of Web-based Screener and Survey Instrument

Introduction and Purpose:

You have been asked to take part in an online survey about HIV-related topics, messages, and ads. If you take part, you will be one of about 1,000 people to do so. RTI International, a nonprofit research organization in North Carolina, is conducting the survey. The survey is sponsored by the Centers for Disease Control and Prevention (CDC).

Procedures:

We will first ask you some questions to find out if you are eligible to participate in this survey which should take about 2 minutes. If you are eligible, we will ask you to complete a 30-minute survey. The survey asks questions about HIV knowledge, attitudes, and beliefs and for your opinions about messages and ads about preventing HIV. Some of the questions are about sensitive topics, including HIV testing, HIV status, sexual orientation, and risk behaviors. It is your choice to participate in the study. You will not be contacted in the future about this study after your participation ends.

Risk/Discomforts and Right to Refuse or Withdraw:

You might feel embarrassed or upset by some of the questions that will be asked. You can decline to answer any questions for any reason, and you can stop participating at any time without penalty.

Benefits:

You will not get any personal benefit from taking part in this study. However, your responses are very important because they will help CDC understand how people may respond to potential messages that could be used to prevent HIV.

Token of Appreciation:

We will give you the points redeemable for merchandise specified in the invitation you received to participate in this survey.

Privacy and Confidentiality:

The privacy and confidentiality of your information is very important to us, and we are committed to maintaining a secure environment in which you can participate. All information collected in this survey will be kept confidential to the extent provided by law. Only Qualtrics knows your name and e-mail address; RTI and CDC cannot access this information. Only RTI and CDC can access the survey data; Qualtrics cannot access this information. This means that your name and email address cannot be linked to your survey answers.

Qualtrics will record participants' IP addresses to help make sure that people do not complete the study more than once. IP addresses will be destroyed by Qualtrics and RTI after all data are collected so that they cannot be linked to survey answers. CDC will not have access to IP addresses.

To help protect your privacy, take the survey in a private location, such as your own home and/or in a room with a door, and close your browser window when you are finished or if you decide to stop participating after you already started.

Persons to Contact:

If you have questions about the survey, you can call Dr. Jennifer Uhrig at 1-800-334-8571, extension 2-3311. She can be reached between 9 a.m. and 5 p.m., Eastern Standard Time, Monday–Friday. If you have questions about your rights as a participant, you can call RTI's Office of Research Protection toll-free at 1-866-214-2043.

Consent:

I understand that it is my choice to take this survey. I may choose not to take the survey, not to answer any question, or stop taking the survey at any time.

Please choose one:

I have read this consent form and agree to participate in the survey.

I have read this consent form and do not want to participate in the survey.

We are asking people to be in a research study that will help us learn more about what people think about HIV prevention and testing messages and advertisements. RTI International, 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.

If you are eligible and choose to participate in the study, you will receive points redeemable for merchandise.

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, recent sexual activity, 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 ask you the questions to see if you are a good match for this study?

Yes

No

CDC estimates the average public reporting burden for this collection of information as 2 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: PRA (0920-0920)

How old are you?

Age

Don't know

Prefer not to answer

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

Male

Female

Don't know

Prefer not to answer

Do you currently describe yourself as male, female, or transgender?

Male

Female

Transgender

None of these

Prefer not to answer

What is the highest level of education you have completed?

- Grade school
- Less than high school graduate/some high school
- High school graduate or completed GED
- Some college or technical school
- Received four-year college degree
- Some post graduate studies
- Received advanced degree
- Other, specify:
- Prefer not to answer

Which of the following best represents how you think of yourself?

- Gay (lesbian or gay)
- Straight, this is not gay (or lesbian or gay)
- Bisexual
- Something else
- I don't know the answer
- Prefer not to answer

Please indicate your race or ethnic background. Are you?

Ethnicity

Hispanic or Latino

Not Hispanic or Latino

Race

African American or Black

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

White

The next question is about the result of your HIV test. What was the result of your most recent HIV test?

I tested positive for HIV.

I tested negative for HIV.

My results were unclear.

I never got my results/Don't know.

Prefer not to answer

The next question is about the result of your HIV test. What was the result of your most recent HIV test?

- I tested positive for HIV.
- I tested negative for HIV.
- My results were unclear.
- I never got my results/Don't know.
- Prefer not to answer

Did you have vaginal or anal sex in the past [6 months/12 months]?

Yes

No

Don't know

Prefer not to answer

How often did you and your sexual partner(s) use condoms for sex in the past [6 months/12 months]?

Never

Occasionally

Usually

Always

Don't know

Prefer not to answer



In the past [6 months/12 months], did you ever, even one time, have sex without a condom?

- Yes
- No
- Don't know
- Prefer not to answer

Have you had a main sexual partner within the past [6 months/12 months] (that is, a partner you would call your spouse, girlfriend/boyfriend, significant other, or life partner)?

- Yes
- No
- Prefer not to answer

Is your main partner male, female, or transgender?

- Male
- Female
- Transgender
- None of these
- Prefer not to answer

What is your main partner's HIV status?

- My main partner is HIV negative
- My main partner is HIV positive
- My main partner has not been tested for HIV
- Don't know/my main partner has not told me their HIV status
- Prefer not to answer

In the past [6 months/12 months], how many casual sexual partners did you have? By casual partner, we mean somebody who you did not consider to be a spouse, girlfriend/boyfriend, significant other, or life partner.

- 0
- 1
- 2-5
- 6-10
- 11-15
- 16-20
- More than 20
- Prefer not to answer



Before today, have you ever heard of people who do **not** have HIV taking HIV medicines (PrEP: also known as Truvada or Descovy) **daily**, to keep from getting HIV?

- Yes
- No
- Don't know
- Prefer not to answer

[HIV-negative only] [Have you ever taken/Are you currently taking] PrEP to prevent getting HIV?

- Yes
- No
- Don't know
- Prefer not to answer

Have you participated in any other web-based HIV-related surveys in the past 6 months?

- Yes
- No
- Don't know
- Prefer not to answer

Thank you for answering these questions. You are eligible to take part in the survey. Would you like to participate in this survey?

Yes

No

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

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Before we start, please note that you cannot go back in the survey. If you click next too quickly or make a mistake, please just continue with the survey.

If you attempt to use the back button on your browser, you will receive an error and not be able to complete the study.

CDC estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0920).

Before today, had you ever heard of the Centers for Disease Control and Prevention (CDC)?

- Yes
- No
- Don't know
- Prefer not to answer

How much do you disagree or agree with the following statement: I trust the Centers for Disease Control and Prevention (CDC) as a source of information about HIV?

- Strongly disagree
- Disagree
- Neither disagree nor agree
- Agree
- Strongly agree
- Prefer not to answer

How often do you visit the CDC website to find information about HIV?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Prefer not to answer

Thinking about the sex you've had over the past [6 months/12 months], do you consider yourself to be at high, medium or low risk for [getting/transmitting] HIV?

- High risk
- Medium risk
- Low risk
- Don't know
- Prefer not to answer

You indicated that you consider yourself to be at [Insert response from Q4]. What are some reasons for this?

-
-
- Prefer not to answer

Bearing in mind the different ways people can [get/transmit] HIV, how concerned are you about you, personally, [getting/transmitting] HIV?

- Not at all concerned
- Not very concerned
- Somewhat concerned
- Very concerned
- Don't know
- Prefer not to answer

Have you ever, even once, used a needle to inject any drug that was not prescribed for you or that you took only for the experience or feeling it caused?

Yes

No

Don't know

Prefer not to answer

In the past [6 months/12 months], have you used a needle to inject any drug that was not prescribed for you or that you took only for the experience or feeling it caused?

Yes

No

Don't know

Prefer not to answer

Before today, have you ever heard of people who do **not** have HIV taking HIV medicines (PrEP: also known as Truvada or Descovy) **daily**, to keep from getting HIV?

- Yes
- No
- Don't know
- Prefer not to answer

On a scale from 1 to 5, where 1 is extremely harmful and 5 is extremely beneficial, how would you rate taking PrEP daily as prescribed by a doctor to prevent getting HIV?

- Extremely harmful
- Harmful
- Neither harmful or beneficial
- Beneficial
- Extremely beneficial
- Don't know
- Prefer not to answer

[HIV-negative only] [Have you ever taken/Are you currently taking/ Have you taken within the last 6 months/Have you taken within the last 12 months] PrEP to prevent getting HIV?

- Yes
- No
- Don't know
- Prefer not to answer

[HIV-negative only] [If Q15 = No] You indicated that you are not currently using PrEP to prevent getting HIV. For what reasons are you not using PrEP?

[HIV-negative only] [If Q15 = Yes] When did you first start taking PrEP to prevent getting HIV?

0 to 3 months ago

4 to 6 months ago

7 to 12 months ago

More than 12 months ago

Don't know

Prefer not to answer

[HIV-negative only] I feel confident in my ability to take PrEP as prescribed by my doctor to prevent getting HIV.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Prefer not to answer

Please tell us how much you disagree or agree with each of the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Prefer not to answer
I am confident that I can talk to my sex partner about [PrEP].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can talk to my healthcare provider about [PrEP].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I know where and how to get PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can [insert behavior here].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OMB No. 0920-0920
Expiration November 20, 2021

[HIV-positive only] When did you first test positive for HIV?

MM/YYYY

[HIV-positive only] About how often do you tell new sex partners that you have HIV?

- Never
- Some of the time
- Most of the time
- Always
- Don't know
- Prefer not to answer

[HIV-positive only] Please indicate how much you disagree or agree with the following statements. Taking HIV medicine (antiretroviral therapy or ART) as prescribed by a doctor to treat HIV...

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to answer
is expensive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is inconvenient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
allows me to have sex without a condom with partners who are HIV positive.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is for someone like me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale from 1 to 5, where 1 is extremely harmful and 5 is extremely beneficial, how would you rate taking HIV medicine (antiretroviral therapy or ART) daily as prescribed by a doctor to treat getting HIV?

- Extremely harmful
- Harmful
- Neither harmful or beneficial
- Beneficial
- Extremely beneficial
- Don't know
- Prefer not to answer

[HIV-positive only] Are you currently taking HIV medicine (antiretroviral therapy or ART) as prescribed by a doctor to treat HIV?

- Yes
- No
- Don't know
- Prefer not to answer

[HIV-positive only] [If Q26 = No] You indicated that you are not currently taking HIV medicine (or ART). For what reasons are you not using ART?

-
- Prefer not to answer

[HIV-positive only] [If Q26 = Yes] When did you first start taking HIV medicine (antiretroviral therapy or ART) as prescribed by a doctor to treat HIV?

- 0 to 3 months ago
- 4 to 6 months ago
- 7 to 12 months ago
- More than 12 months ago
- Don't know
- Prefer not to answer

[HIV-positive only] [If Q26 = Yes] In the past [30 days/6 months/12 months], about how often did you take your HIV medicine (antiretroviral therapy or ART) as prescribed by your doctor?

- Never
- Some of the time
- Most of the time
- All of the time
- Don't know
- Prefer not to answer

[HIV-positive only] [If Q26 = Yes] I feel confident in my ability to take my HIV medicine (antiretroviral therapy or ART) as prescribed by my doctor to treat HIV.

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Don't know

Prefer not to answer

[HIV-positive only] To your knowledge, has your doctor (or another provider) ever ordered a viral load test for you? This would have involved drawing your blood.

Yes

No

Don't know

Prefer not to answer

[HIV-positive only] [If Q31 = Yes] To your knowledge, what was the result of your last viral load test? if you were undetectable, please put "0." If you're not sure, please estimate.

Prefer not to answer

[HIV-positive only] [If Q31 = Yes] Are you currently virally suppressed (viral load is less than 200 copies of HIV per milliliter of blood)?

- Yes
- No
- Don't know
- Prefer not to answer

[HIV-positive only] [If Q31 = Yes] How would you describe your current viral load based on your most recent viral load test? Select all that apply.

- I have an undetectable viral load
- I am virally suppressed
- My viral load is detectable, and I am not virally suppressed.
- Don't know
- Prefer not to answer

Next we would like to ask you some questions about communication and communicating with your partner(s).

How often do you think that your friends and other people close to you discuss ways to prevent HIV with their sexual partner(s)?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Prefer not to answer

[If S13 (has heard of PrEP) = Yes] In the past 12 months, how often have you had one-on-one conversations with your current *main sexual partner* about ways to prevent HIV?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Prefer not to answer

[If S13 (has heard of PrEP) = Yes] How sure are you that you could have one-on-one conversations with a *main sexual partner* about ways to prevent HIV?

- Very sure
- Somewhat sure
- Neither sure nor unsure
- Very unsure
- Prefer not to answer

[If S13 (has heard of PrEP) = Yes] Talking to a *main sexual partner* about ways to prevent HIV would be...

- Very good
- Somewhat good
- Neither good nor bad
- Somewhat bad
- Very bad
- Prefer not to answer

[If S16 is NOT = 0] In the past 12 months, how often have you had one-on-one conversations with a *casual sexual partner* about ways to prevent HIV?

- Never
- Rarely
- Sometimes
- Often
- Very often
- Prefer not to answer

Please tell us how likely it is that you will do the following in the next 12 months.

	Very unlikely	Somewhat unlikely	Neither unlikely nor likely	Somewhat likely	Very likely	Prefer not to answer
Talk to your friends or family members about [HIV/PrEP/condoms].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to your sex partner about [HIV/PrEP/condoms].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk to your healthcare provider about [HIV/PrEP/condoms].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OMB No. 0920-0920
Expiration November 20, 2021

We'd now like to ask you some questions about some campaign advertising that you may or may not have seen over the past 12 months.

Please complete the following sentence if you have heard or seen this campaign:

Let's ___[1]___ HIV ___[2]___.

1

2

Please complete the following sentence if you have heard or seen this campaign:

Ready, Set, ___[1]___

1

Please complete the following sentence if you have heard or seen this campaign:

Greater Than ___[1]___

1

Please complete the following sentence if you have heard or seen this campaign:

Undetectable = ___[1]___

1

In the past [6 months/12 months], did you see or hear the following campaign slogans or messages? Check all that apply.

	Yes	No	Don't know/ Can't recall	Prefer not to answer
Let's Stop HIV Together	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater Than AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ready, Set, PrEP.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Act Against AIDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Undetectable = Untransmittable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You said you saw or heard a **[INSERT CAMPAIGN NAME]** slogan or message. On a scale of 1 to 5, where 1 means 'not effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is at **[INSERT BEHAVIOR]**?

1 (Not Effective)	2	3	4	5 (Very Effective)	Prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the **past [6 months/12 months]**, how often did you see or hear campaign slogans or messages for **[INSERT CAMPAIGN NAME]**?

<input type="radio"/> Never
<input type="radio"/> Rarely
<input type="radio"/> Sometimes
<input type="radio"/> Often
<input type="radio"/> Very often
<input type="radio"/> Prefer not to answer

[If Q51b, d, j, k, n = "AGREE" or "STRONGLY AGREE"] How would you change this ad to make it better (words/language, image/people, etc.)?

Prefer not to answer

[If Q51m = "AGREE" or "STRONGLY AGREE"] You indicated that you liked the ad. What did you like about the ad?

Prefer not to answer

[If Q51m = "AGREE" or "STRONGLY AGREE"] Overall, what do you think that this ad is trying to say?

This section asks questions about how the people in your life think and feel about HIV.

Please tell us how much you agree or disagree with each of the following statements. By “people who are important to me,” we mean sexual partners, friends, family, and anyone else who is an important part of your life or who you respect.

	Strongly disagree	Disagree	Agree	Strongly agree	Prefer not to answer
Most people who are important to me are accepting of people with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who are important to me think it is wrong to discriminate against people with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who are important to me stereotype people with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who are important to me would think negatively of me if I [INSERT BEHAVIOR] to prevent HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[HIV-positive only] Most people who are important to me think I should take HIV medicines (antiretroviral therapy or ART) as prescribed by my doctor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who are important to me [INSERT HERE]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[Insert perceived norms item here].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you disagree or agree with the following statements.

	Strongly disagree	Disagree	Neither disagree nor Agree	Agree	Strongly agree	Prefer not to answer
[INSERT] protects against other STDs like syphilis and gonorrhea.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT] is the best way to prevent HIV when having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT] is an effective HIV prevention option [when taken every day as prescribed].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of [INSERT], I am more willing to have sex with someone who has HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Because of [INSERT], I think more people are taking sexual risks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment and support programs are available to people in my community who might test positive for HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a person with HIV has an undetectable viral load, there is effectively no risk of that person transmitting HIV to a sex partner.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIV is an important health problem facing this nation today.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT HERE]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please indicate how much you disagree or agree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree	Prefer not to answer
I am confident that I know what choices I have to prevent getting or transmitting HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am confident that I can [INSERT BEHAVIOR HERE].	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Before today, have you ever heard of people who do **not** have HIV taking HIV medicines (nPEP or non-occupational post-exposure prophylaxis) **after they may have been exposed to HIV through sex or needle-sharing**, to keep from getting HIV?

- Yes
- No
- Don't know
- Prefer not to answer

In the past [6 months/12 months], how often did you use your HIV status and your partner's HIV status to determine which sexual roles (i.e., insertive/top or receptive/bottom) or activities (i.e., oral and anal sex) you would engage in?

- Never
- Occasionally
- Usually
- Always
- Don't know
- Prefer not to answer

Before today, have you ever heard of [INSERT]?

- Yes
- No
- Don't know
- Prefer not to answer

In the past [6 months/12 months], how often did you [INSERT]?

- Never
- Occasionally
- Usually
- Always
- Don't know
- Prefer not to answer

This section asks questions about HIV self-testing and your experiences with HIV self-testing. HIV self-testing (also called "home HIV testing" or "in-home HIV testing") allows people to take an HIV test in their own home or other private location. There are two types of HIV self-testing:

- A Rapid Self-Test is done entirely at home or in a private location and can produce results within 20 minutes. You can buy a rapid self-test kit at a pharmacy or online. The only rapid self-test currently available in the US is the OraQuick In-Home oral fluid test.
- A Mail-In Self-Test includes a specimen collection kit that contains supplies to collect dried blood from a fingerstick at home. The sample is then sent to a lab for testing and the results are provided by a health care provider. Mail-in self-tests can be ordered through various online merchant sites. Your health care provider can also order a mail-in self-test for you.

If any test were to come back positive, you would be able to call a toll-free, 24-hour hotline and get immediate counseling.

Before today, have you ever heard about HIV self-testing?

- Yes
- No
- Prefer not to answer

Have you ever used an HIV self-test to test yourself or someone else? Select all that apply.

- Yes, I have used one to test *myself*
- Yes, I have used one to test *someone else*
- No, I have never used one
- I prefer not to answer

[If Q69 = Yes] Which of these HIV self-tests have you used?
Select all that apply.

Mail-in test (where you prick your finger, collect a blood sample on a card and mail that card to a lab for testing)

OraQuick® In-Home HIV Test (where you collect your own oral fluid sample by swabbing your mouth, use the testing device yourself and read test results within 20 minutes)

[INSERT]

Other HIV self-test. (Specify):

I don't remember

I prefer not to answer

[If Q69 = Yes] Where did you get your HIV self-test kit?

I bought it online

I bought it in a pharmacy or other store

I got it from a clinic or doctor's office

A provider ordered a test for me

I got it from a community organization

I got it from an HIV testing event

I got it from a sex partner

I got it from a friend

[INSERT]

Other (Specify):

I don't remember

I prefer not to answer

[If Q69 = Yes] What are some of your reasons for using an HIV self-test in the past? Select all that apply.

Self-testing was convenient

Self-testing was private

To test with someone before having sex

To test myself before having sex

To test myself after having sex

My sex partner asked me to self-test

[INSERT]

Other (Specify):

I don't remember

I prefer not to answer

Among the reasons you indicated, what is the **main reason** you used an HIV self-test? Choose only one.

[Display response options based on selections in Q72]

Self-testing was convenient

Self-testing was private

To test with someone before having sex

To test myself before having sex

To test myself after having sex

My sex partner asked me to self-test

[INSERT]

Other (Specify):

I don't remember

I prefer not to answer

[SKIP if HIV-positive] [If Q69 = No] Among the reasons you indicated, what is the **main reason** you have not used an HIV self-test?

[Display response options based on selections in Q74]

- I did not know HIV self-tests were available
- I did not know where to get an HIV self-test
- I was concerned about the cost of HIV self-tests
- I was concerned about the accuracy of HIV self-tests
- I was concerned I would not be able to perform the HIV self-test correctly
- I got tested for HIV another way, such as at a clinic or at my doctor's office
- I would rather talk to a counselor when I get an HIV test
- I did not want to stick my finger to get a drop of blood
- I did not want to swab my mouth to collect an oral fluid sample
- I would rather be tested by someone who is trained to conduct the test
- I did not want to mail my blood sample to a lab
- I didn't think I needed an HIV test
- I was afraid of finding out the results
- [INSERT reason]
- Other reason (Specify):
- I prefer not to answer

How likely would you be to take an HIV self-test if it were provided for free?

- Very unlikely
- Somewhat unlikely
- Neither unlikely nor likely
- Somewhat likely
- Very likely
- I prefer not to answer

Would being able to take an HIV self-test [increase the likelihood that you would get tested/how often you get tested for HIV]?

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

What is the maximum amount you would be willing to pay for an HIV self-test?

- I would only use it if it were free
- Less than \$10
- \$11-20
- \$21-30
- \$31-40
- \$41-50
- More than \$50
- I prefer not to answer

How sure are you that you could...

	Very Sure	Somewhat Sure	Neither Sure nor Unsure	Somewhat Unsure	Very Unsure	Prefer not to answer
use a mail-in test (where you prick your finger, collect a blood sample on a card and mail that card to a lab for testing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use the OraQuick® In-Home HIV Test (where you collect your own oral fluid sample by swabbing your mouth, use the testing device yourself and read test results within 20 minutes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
use [another type of HIV self-test]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
understand the results of the HIV self-test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
talk with a partner about HIV self-testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
[INSERT]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you plan to take an HIV self-test [in the future/next 12 months]?

Yes

No

Don't know

Finally, we'd now like to ask a few more questions about you.

Do you personally know anyone who has HIV or has died from AIDS?

- Yes
- No
- Don't know
- Prefer not to answer

Is that person a family member, a close friend, an acquaintance or coworker, or someone else?

- Yes, a close friend or family member
- Yes, acquaintance or coworker
- Someone else
- Don't know
- Prefer not to answer

What is your current marital status?

- Never married
- Married
- Separated
- Divorced
- Widowed
- Prefer not to answer

In what ZIP Code do you currently live? If you prefer not to answer, you may leave the question blank.

5 Digit ZIP Code

Which best describes your total personal income during the past year?

- Less than \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- \$40,001 to \$50,000
- \$50,001 or more
- Prefer not to answer

Do you currently have health insurance or health care coverage?

- Yes
- No
- Don't know
- Prefer not to answer

Please tell us if you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Prefer not to answer
I trust the Centers for Disease Control and Prevention (CDC) as a source of information about HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We thank you for your time spent taking this survey.
Your response has been recorded.