Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

**Web-based Approaches to reach black or African American and Hispanic/Latino MSM for HIV Testing and Prevention Services**

**Attachment 3e**

**Follow-up Survey**

Public reporting burden of this collection of information is estimated to average 30 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-New)

Thank you for participating in our study! We will now ask you some questions to learn more about your experience of using the rapid home HIV self-test kits. You may choose to not answer any questions that make you feel uncomfortable.

We appreciate your willingness to be part of this study. Your participation will help us learn more about ways to get people tested. The results of this study will be used to improve HIV testing programs in the United States.

Emory University, the University of Michigan, and the University of North Carolina are conducting the study, which is funded by the Centers for Disease Control and Prevention (CDC).

# Confirmation

1. What is your birthdate? *Enter the month, day, and year.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \* (Required)

[DOB\_FU]

Source: ATN Data Harmonization 2017

1. What is the 5‐digit ZIP Code for the location where you primarily live? \_\_\_\_\_\_ \* (Required)

[ZIPCODE\_FU]

Source: ATN Data Harmonization 2017

**[using form validation, if provided ZIP Code does not have 5 digits, reject entry and prompt user correction with:** “You must provide a valid, 5-digit ZIP Code to participate in our study.”**]**

# HIV Testing

## Home Test

We are going to ask some questions about HIV testing since you joined this study about 4 months ago.

1. What is your current HIV status?
   1. Negative
   2. Positive
   3. I have never been tested
   4. I do not know

[STATUS\_FU]

Source: Created

1. Did you test yourself with any of the rapid HIV self-tests that we sent to you?
2. No
3. Yes

[STUDYTEST\_FU]

Source: eSTAMP

**Logic: If STUDYTEST\_FU = 1**

1. Did you use more than one of the study HIV self-tests?
2. No
3. Yes

[MULTTEST\_FU]

Source: Created

**Logic: If MULTTEST\_FU = 0 and STUDYTEST\_FU = 1**

1. What was the result of your study HIV self-test?
2. Negative / HIV non-reactive
3. Positive / HIV-reactive
4. Invalid / Test did not work

[STUDYTEST\_RESULT\_FU]

Source: Created

**Logic: If MULTTEST\_FU = 1**

1. Of the study tests you used, how many of them were:

OraQuick (oral swab): \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_MULTIRESULT\_ORAQUICK\_FU]

INSTI (finger prick): \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_MULTIRESULT\_INSTI\_FU]

Source: Created

**[Validation: Cannot be greater than number of mailed tests**

***If not, then display “*The total number of self tests cannot be more than the number of study HIV self-tests you used. Please carefully re-enter your response.*”, and loop back to enter the number.]***

**Logic: If STUDYTEST\_FU = 1**

1. Of the study tests you used, how many of the results were:

Negative/HIV Non-reactive: \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_MULTIRESULT\_NEG\_FU]

Positive/HIV reactive: \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_MULTIRESULT\_POS\_FU]

Invalid/Test did not work: \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_MULTIRESULT\_INV\_FU]

**[Validation: Cannot be greater than number of reported tests; maximum value of 1 or sum(STUDYTEST\_MULTIRESULT\_ORAQUICK\_FU, STUDYTEST\_MULTIRESULT\_INSTI\_FU)**

***If not, then display “*The number of self test results cannot be more than the number of study HIV self-tests you used. Please carefully re-enter your response.*”, and loop back to enter the number.]***

**Logic: If STUDYTEST\_FU = 1**

1. Did you use the study app to enter the results of the HIV self-test(s) that we sent to you?
2. No
3. Yes

[ENTER\_RESULTS\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_RESULT\_FU = 2 or [STUDYTEST\_MULTIRESULT\_POS\_FU] > 1**

1. Was the study HIV test your first positive test?
2. No
3. Yes

[STUDYTEST\_FIRSTPOS\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_FIRSTPOS\_FU = 0**

1. When did you first test positive for HIV?

\_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_ [MM/DD/YYYY]

[STUDYTEST\_FIRSTPOS\_DATE\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_FU = 1**

1. Since the last survey, did you use the study HIV self-tests for any of the following reasons? *Check all that apply.*
2. It was more convenient than getting tested by a doctor or at an HIV testing site [HOMETEST\_CONVEN\_FU]
3. It was more private than getting tested by a doctor or at an HIV testing site [HOMETEST\_PRIV\_FU]
4. I didn’t want other people to know I was testing [HOMETEST\_OTHERSDK\_FU]
5. To test together with someone, before having sex [HOMETEST\_TOGETH\_BEF\_FU]
6. To test together with someone, after having sex [HOMETEST\_TOGETH\_AFT\_FU]
7. To test myself, before having sex [HOMETEST\_PRESEX\_FU]
8. To test myself, after having sex [HOMETEST\_AFTERSEX\_FU]
9. A sex partner asked me to take a home HIV test [HOMETEST\_PARTNERASK\_FU]
10. Other reason, please specify \_\_\_\_\_\_ [HOMETEST\_OTHER\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_FU = 1**

1. After taking an HIV test and getting a test result some people decide to do things differently. Did you do any of the following because of the result of a study home HIV test? *Check all that apply*:
2. Have sex only with partners that were the same HIV status as you [HOMETEST\_SEROPART\_FU]
3. Exclusively be the top [HOMETEST\_TOPONLY\_FU]
4. Exclusively be the bottom [HOMETEST\_BOTTOMONLY\_FU]
5. Always use condoms [HOMETEST\_ALWAYSCONDOMS\_FU]
6. Sometimes use condoms [HOMETEST\_SOMECONDOMS\_FU]
7. Never use condoms [HOMETEST\_NEVERCONDOMS\_FU]
8. Not have anal sex [HOMETEST\_NOAI\_FU]
9. Only have oral sex [HOMETEST\_OIONLY\_FU]
10. Not have vaginal sex [HOMETEST\_NOVI\_FU]
11. Not have any type of sex [HOMETEST\_NOSEX\_FU]
12. I didn’t do anything different based on the result of the HIV test [HOMETEST\_NODIFF\_FU]

Source: eSTAMP (edited)

## Non-Study Testing

1. Have you tested for HIV at a clinic or testing center or service since the last survey, which was about 4 months ago?
2. No
3. Yes

[TESTED\_NONSTUDY\_FU]

Source: eSTAMP

**Logic: If TESTED\_NONSTUDY\_FU = 0**

1. What is the main reason you have not tested for HIV since the last survey? Choose only one.

1. I think I’m at low risk for HIV infection
2. I am afraid to find out I have HIV
3. I don’t have time
4. I don’t want my friends and family to know that I got tested
5. I don’t want my sex partners to know that I got tested
6. If I test positive I won’t be able to get treatment
7. I don’t believe that treatment is effective
8. If I test positive I will be rejected by my friends and family
9. I do not want my result to be reported to the government

[MAIN\_NOTEST\_FU]

Source: eSTAMP

1. Since the last survey, that is approximately 4 months ago when you first downloaded our app, how many times have you been tested for HIV? *Do not include using the study test we mailed to you.* \_\_\_\_\_\_\_\_\_\_ times

[NONSTUDY\_TESTNUM\_FU]

Source: eSTAMP

**Logic: If NONSTUDY\_TESTNUM\_FU > 0**

1. Not including the use of the study home test, since the last survey, where have you tested for HIV? *Check all that apply.*
2. Private doctor’s office [TESTLOC\_PRIV\_FU]
3. HIV counseling and testing site [TESTLOC\_VCT\_FU]
4. Public health clinic / Community health clinic [TESTLOC\_CHC\_FU]
5. Street outreach program / Mobile unit [TESTLOC\_STREET\_FU]
6. Sexually transmitted infection clinic [TESTLOC\_STD\_FU]
7. Emergency room [TESTLOC\_ER\_FU]
8. Hospital (inpatient) [TESTLOC\_HOSP\_FU]
9. Correctional facility (jail or prison) [TESTLOC\_JAIL\_FU]
10. Home or other private location [TESTLOC\_HOME\_FU]
11. Other location (Specify\_\_\_\_\_\_\_\_\_\_\_) [TESTLOC\_OTHER\_FU]

Source: eSTAMP

1. Since the last survey, when did you have your most recent HIV test?

\_\_ \_\_ /\_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

[MM / DD / YYYY]

[LASTTEST\_FU]

Source: eSTAMP (edited)

**Logic: If LASTTEST\_FU is answered**

1. What was the result of your most recent HIV test on ***[insert date from LASTTEST\_FU]***? *(Include study test if that was your most recent test)*.

1. Negative / HIV Non-Reactive
2. Positive / HIV Reactive
3. Never obtained results
4. Indeterminate (I could not tell what the results were)
5. Invalid (test did not work)

[LASTTEST\_RESULT\_FU]

Source: eSTAMP (edited)

**Logic: If LASTTEST\_RESULT\_FU = 2**

1. Was your test on ***[insert date from LASTTEST\_FU]*** your first positive test?
2. No
3. Yes

[LASTTEST\_FIRSTPOS\_FU]

Source: eSTAMP (edited)

**Logic: If LASTTEST\_FIRSTPOS\_FU = 0**

1. When did you first test positive for HIV? \_\_ \_\_/ \_\_ \_\_/ \_\_ \_\_ \_\_ \_\_

[FIRSTPOS\_DATE\_FU]

Source: eSTAMP (edited)

## Willingness to Use Tests

1. If a Health Department or local agency made rapid home HIV tests available free, on-line or by phone, would you request a home HIV test for your use?
2. No
3. Yes

[FUTURE\_HOMETEST\_FU]

Source: eSTAMP (edited)

**Logic: If FUTURE\_HOMETEST\_FU = 1**

1. How often would you like to be able to get a free home HIV test from the health department or a local agency?
2. Every 3 months
3. Every 6 months
4. Every 12 months
5. Other, please specify \_\_\_\_\_\_\_\_ [FUTURE\_HOMETEST\_PREF\_FU\_OTHER]

[FUTURE\_HOMETEST\_PREF\_FU]

Source: eSTAMP (edited)

1. Would you be willing to have the health department or local agency send you an extra test to give to a friend for them to use??
2. No
3. Yes

[FUTURE\_HOMETEST\_DIST\_FU]

Source: eSTAMP (edited)

## Distributed Test

1. Did you give away or keep and not use any of the rapid HIV self-tests that we sent to you?
2. No
3. Yes

[STUDYTEST­­\_NOTUSE\_FU]

Source: eSTAMP

**Logic: If STUDYTEST\_NOTUSE\_FU = 1**

1. Of the study home HIV tests that you did not use, how many of them did you:

Give to someone else to test themselves: [HOMETESTS\_GAVEAWAY\_FU]

Keep and not use: [HOMETEST\_KEEP\_FU]

[Range: 0 to number of tests mailed out]

Source: eSTAMP (edited)

**Logic: If HOMETEST\_GAVEAWAY\_FU > 0**

1. Of the study tests you gave away, how many of them were:

OraQuick (oral swab): \_\_\_\_\_\_\_\_\_\_ tests [OQ\_GIVE\_FU]

INSTI Self-Test (Fingerstick): \_\_\_\_\_\_\_\_\_\_ tests [INSTI\_GIVE\_FU]

Source: Created

**[VALIDATION: Sum of OQ\_GIVE\_FU and INSTI\_GIVE\_FU cannot be greater than HOMETESTS\_GAVEAWAY\_FU]**

1. How many people did you give the study home tests to? Number = \_\_\_\_\_\_\_\_

[MULTTEST\_GIVE\_FU]

[Range: 0 to number of tests mailed out]

Source: Created

1. Did anyone **refuse** to accept the study test when you offered it to them?
2. No
3. Yes

[REFUSED\_STUDYTEST\_FU]

Source: eSTAMP (edited)

**Section Logic: Repeat following questions based on value in MULTTEST\_GIVE\_FU**

We want to ask a few questions about each person who you gave the study HIV self-test to.

To help you remember, please write the initials or nickname of the person(s) you gave the study HIV self-test to in the space(s) in the space provided below.

1. What is the nickname or initial of the person you gave the study HIV self-test(s) to? \_\_\_\_\_\_

[STUDYTEST\_PARTX\_FU]

Source: eSTAMP (edited)

1. Of the study tests you gave to [STUDYTEST\_PARTX\_FU], how many of them were:

OraQuick (oral swab): \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_PARTX\_ORAQUICK\_FU]

INSTI (finger prick): \_\_\_\_\_\_\_\_\_\_ [STUDYTEST\_PARTX\_INSTI\_FU]

1. How old was the person you gave the study test kit(s) to? *Use your best guess if you are not sure* \_\_\_\_\_\_years old

[STUDYTEST\_PARTX\_AGE\_FU]

Source: Created

1. What is thegender of the person you gave the study test kit(s) to?
2. Male
3. Female
4. Male-to-female transgender (MTF)
5. Female-to-male transgender (FTM)
6. Other gender identity, specify \_\_\_\_\_\_\_ [STUDYTEST\_PART\_GENDER\_FU]

[STUDYTEST\_PART\_GENDER\_FU]

Source: eSTAMP (edited)

1. Who is ***[STUDYTEST\_PARTX\_FU]?*** *Check only one.*
2. A main sexual partner (Someone you feel committed to above all others)
3. A casual sexual partner (Someone you do not feel committed to above all others)
4. A family member (who is not a sexual partner)
5. A friend or acquaintance (who is not a sexual partner)
6. A stranger (who is not a sexual partner)
7. Other (please specify: \_\_\_\_\_\_\_\_\_) [STUDYTEST\_PART\_RELTYPE\_FU\_OTHER]

[STUDYTEST\_PARTX\_RELTYPE\_FU]

Source: eSTAMP (edited)

The following questions are about that HIV test you gave to *[STUDYTEST\_PARTX\_FU]*.

1. To the best of your knowledge, did **[STUDYTEST\_PARTX\_FU]** use the testthat you gave to them?
2. No
3. Yes
4. I don’t know

[STUDYTEST\_PARTX\_USETEST\_FU]

Source: Created

**Logic: If STUDYTEST\_PARTX\_USETEST\_FU = 1**

1. To the best of your knowledge, when did **[STUDYTEST\_PARTX\_FU]**use the test(s)that you gave to them?

\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Month/Day/Year

[STUDYTEST\_PARTX\_TESTDATE\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PARTX\_USETEST\_FU = 1**

1. What was the result of the HIV test(s) you gave to **[STUDYTEST\_PARTX\_FU]**?
2. Negative
3. Positive
4. Invalid/Test did not work

(4) They did not share the result with me (I don’t know the result of the test)

[STUDYTEST\_PARTX\_TESTRESULT\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PARTX\_TESTRESULT\_FU = 2**

1. To the best of your knowledge, did **[STUDYTEST\_PARTX\_FU]** already know they were HIV-positive?
2. No
3. Yes

[STUDYTEST\_PARTX\_PREVPOS\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PARTX\_TESTRESULT\_FU = 2**

1. To the best of your knowledge, did [**STUDYTEST\_PARTX\_FU]** go to a health care provider for more tests or to start care after the positive test result from theirHIV test(s)?
2. No
3. Yes

[STUDYTEST\_PARTX\_SEEKCARE\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PARTX\_TESTRESULT\_FU = 2**

1. Did you help **[STUDYTEST\_PARTX\_FU]**to see a doctor after she/he found out that they were positive (e.g., encouraging them to call the study number, going with them to see a HIV health care professional)?
2. No
3. Yes

[STUDYTEST\_PART\_HELPSEEKCARE\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PART\_RELTYPE\_FU = 1 or STUDYTEST\_PART\_RELTYPE\_FU = 2**

1. You mentioned ***[STUDYTEST\_PARTX\_FU]*** is a sexual partner. Did the result of the test influence your decision to have sex after your partner tested?
2. No
3. Yes

[STUDYTEST\_PART\_AFFECTSEX\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PART\_RELTYPE\_FU = 1 or STUDYTEST\_PART\_RELTYPE\_FU = 2**

1. Did you have analorvaginal sex with ***[STUDYTEST\_PARTX\_FU]*** after theyused the study home HIV test(s)?
2. No
3. Yes

[STUDYTEST\_PARTX\_SEXPOST\_FU]

Source: eSTAMP (edited)

**Logic: If STUDYTEST\_PART\_SEXPOST\_FU = 1**

1. Think about the time or times you had analorvaginal sex with **[STUDYTEST\_PARTX\_FU]** after they used the study home HIV test(s). Did you have sex without condoms with **[STUDYTEST\_PARTX\_FU]?**
2. No
3. Yes

[STUDYTEST\_PARTX\_UNPROT\_SEXPOST\_FU]

Source: eSTAMP (edited)

**Logic: IF STUDYTEST\_PART\_GENDER\_FU != 2 and STUDYTEST\_PARTX\_UNPROT\_SEXPOST\_FU = 1**

1. When you had anal sex without condoms with **[STUDYTEST\_PART\_FU]**aftertheytook the test, were you … *Please check only one.*
2. Both top and bottom
3. Top only
4. Bottom only

[STUDYTEST\_PART\_UNPROT\_POSIT\_FU]

Source: eSTAMP (edited)

1. What are the reasons you didn’t use the study home HIV self-test to test yourself? *Check all that apply.*
2. I live with people who might see me take the test [NOSTUDYTEST\_LIVEWITHSEE\_FU]
3. I live with people who might find out I am testing for HIV [NOSTUDYTEST\_LIVEWITHHIV\_FU]
4. I’m afraid of finding out that I have HIV [NOSTUDYTEST\_KNOWHIV\_FU]
5. I don’t want to test when I am home alone [NOSTUDYTEST\_HOMEALONE\_FU]
6. I gave them all away [NOSTUDYTEST\_GAVEAWAY\_FU]
7. I’m concerned about the accuracy of the test(s) [NOSTUDYTEST\_ACCURACY\_FU]
8. I’m concerned I would not be able to perform the test correctly [NOSTUDYTEST\_PERFORM\_FU]
9. I’m concerned I would not be able to read the result properly [NOSTUDYTEST\_READRESULT\_FU]
10. I would rather talk to a counselor when I get an HIV test [NOSTUDYTEST\_COUNSEL\_FU]
11. I would rather be tested by someone who is trained to conduct the test [NOSTUDYTEST\_TRAIN\_FU]
12. Other reason (Specify\_\_\_\_\_\_\_\_\_\_\_) [NOSTUDYTEST\_OTHER\_FU]

# Sexual Behavior

We will now ask you some questions about your sexual partners in the past 4 months. We only want to know about partners that you had anal or vaginal sex with since your first study survey, approximately 4 months ago.

**We will now ask you some questions about your sex partners in the past 4 months. We only want to know about partners you had anal or vaginal sex with since [insert date from four months ago].**

1. In the past 4 months, did you have anal or vaginal sex with:

(1) Only men

(2) Only women

(3) Both men and women

(4) Nobody

[SEXPART\_GENDER\_FU]

Source: eSTAMP

## Female Sex Partners

**Section Logic: If SEXPART\_GENDER\_FU = 2 or 3**

The next questions are about women you had vaginal or anal sex with in the past FOUR months. “Vaginal sex” means you put your penis in her vagina. “Anal sex" means you put your penis in her butt.

1. In the past 4 months, with how many different women did you have vaginal or anal sex? \_\_\_\_\_

(99) I prefer not to answer

[FEMPART\_NUM\_FU]

Source: eSTAMP (edited)

**Logic: If FEMPART\_NUM\_FU > 0**

1. With how many of these [FEMPART\_NUM\_FU] women did you have vaginal or anal sex without using a condom or not using it the whole time? ­­­­\_\_\_\_\_\_\_\_\_\_

(99) I prefer not to answer

[FEMPART\_UNPROTNUM\_FU]

Source: eSTAMP (edited)

**[Validation: Cannot be greater than FEMPART\_NUM\_FU**

***If not, then display “*The number of women you had sex without using a condom or not using it the whole time cannot be more than the number of women you had vaginal or anal sex with in the past 4 months. Please carefully re-enter your response.*”, and loop back to enter the number.]***

**Logic: If FEMPART\_UNPROTNUM\_FU > 0**

1. In the past 4 months, how many of these [FEMPART\_UNPROTNUM\_FU] women you had vaginal or anal sex without using a condom were:

­­­­HIV-positive? \_\_\_\_\_\_\_\_\_\_ [FEMPART\_UNPROTNUM\_POS\_FU]

­­­­HIV-negative? \_\_\_\_\_\_\_\_\_\_ [FEMPART\_UNPROTNUM\_NEG\_FU]

Women whose HIV status you did not know? \_\_\_\_\_\_\_\_\_\_ [FEMPART\_UNPROTNUM\_UNK\_FU]

**[Validation: Sum of three numbers cannot be greater then FEMPART\_NUM\_FU:**

***If not, then display “*The number of HIV positive, HIV negative, and HIV status unknown partners must add up to [FEMPART\_UNPROTNUM\_FU]. Please carefully re-enter your responses.”*, and loop back to enter the number.]***

## Male Sex Partners

**Section Logic: If SEXPART\_GENDER\_FU = 1 or 3**

The next questions are about men you had anal sex with in the past 4 months. “Anal sex" means either you put your penis in his butt or he put his penis in your butt.

1. In the past 4 months, with how many different men did you have anal sex? \_\_\_\_\_

(99) I prefer not to answer

[MALEPART\_NUM \_FU]

Source: eSTAMP (edited)

**Logic: If MALEPART\_NUM\_FU > 0**

1. With how many of these [MALEPART\_NUM\_FU] men did you have anal sex without using a condom or not using it the whole time? ­­­­\_\_\_\_\_\_\_\_\_\_

(99) I prefer not to answer

[MALEPART\_UNPROTNUM\_FU]

Source: eSTAMP (edited)

**[Validation: Cannot be greater than MALEPART\_NUM\_FU**

***If not, then display “*The number of men you had sex without using a condom or not using it the whole time cannot be more than the number of men you had anal sex with in the past 4 months. Please carefully re-enter your response.*”, and loop back to enter the number.]***

**Logic: If MALEPART\_UNPROTNUM\_FU > 0**

1. In the past 4 months, how many of these [MALEPART\_UNPROTNUM\_FU] men you had anal sex without using a condom were:

­­­­HIV-positive? \_\_\_\_\_\_\_\_\_\_ [MALEPART\_UNPROTNUM\_POS\_FU]

­­­­HIV-negative? \_\_\_\_\_\_\_\_\_\_ [MALEPART\_UNPROTNUM\_NEG\_FU]

Men whose HIV status you did not know? \_\_\_\_\_\_\_\_\_\_ [MALEPART\_UNPROTNUM\_UNK\_FU]

**[Validation: Sum of three numbers cannot be greater then MALEPART\_NUM\_FU:**

***If not, then display “*The number of HIV positive, HIV negative, and HIV status unknown partners must add up to [MALEPART\_UNPROTNUM\_FU]. Please carefully re-enter your responses.”*, and loop back to enter the number.]***

## Exchange Sex

**Logic: If SEXPART\_GENDER\_FU = 1 or 2 or 3**

1. In the past 4 months, have you received things like money or drugs for sex in exchange for having sex with someone?

(0) No

(1) Yes

[EXCHANGE]

Source: AMIS 2016 (edited)

# STI Testing

We are now going to ask some questions about STI testing during the study over the last 4 months.

## Intervention Arms

**Section Logic: If Study Arm is HealthMindr or healthMpowerment**

1. In the past 4 months, did you order a STI test kit through this study?

(0) No

(1) Yes

[STUDY\_STITEST\_ORDER\_ FU]

Source: Created

**Logic: If STUDY\_STITEST\_ORDER\_FU\_equal to 1**

1. Did you receive the STI test kit you ordered through the study?

(0) No

(1) Yes

[STUDY\_STITEST\_RECEIVE\_ FU]

Source: Created

**Logic: If STUDY\_STITEST\_RECEIVE\_FU equal to 1**

1. Did you collect STI samples to mail back for testing?

(0) No

(1) Yes

[STUDY\_STITEST\_COLLECT\_ FU]

Source: Created

**Logic: If STUDY\_STITEST\_COLLECT\_FU equal to 1**

1. When did you collect STI specimens?

Day: [STI\_COLLECT\_DAY\_FU]

Month: [STI\_COLLECT\_MONTH\_FU]

Year: [STI\_COLLECT\_YEAR\_FU]

Source: Created

**Logic: If STUDY\_STITEST\_COLLECT\_FU equal to 1**

1. Did you mail the STI specimens or swabs that you collected in the return shipping kit provided?

(0) No

(1) Yes

[STUDY\_STITEST\_RETURN\_ FU]

Source: Created

**Logic: If STUDY\_STITEST\_RETURN\_FU equal to 1**

1. After returning your samples, did study staff tell you that you had a STI?

(0) No

(1) Yes

[STUDY\_STITEST\_DIAG\_ FU]

Source: Created

**Logic: If STUDY\_STITEST\_DIAG\_FU equal to 1**

1. Which of the following STIs were you told that you had? *Check all that apply.*

(1) Gonorrhea [STUDY\_NG\_FU]

(2) Chlamydia [STUDY\_CT\_FU]

(3) Syphilis [STUDY\_SYPH\_FU]

(4) Hepatitis A [STUDY\_HEPA\_FU]

(5) Hepatitis B [STUDY\_HEPB\_FU]

(6) Hepatitis C [STUDY\_HEPC\_FU]

(7) Genital herpes [STUDY\_HERPES\_FU]

(8) Genital warts [STUDY\_WARTS\_FU]

(9) Human papillomavirus or HPV [STUDY\_HPV\_FU]

(10) Other, please specify \_\_\_\_\_\_\_\_\_ [STUDY\_OTHERSTI\_FU]

Source: AMIS 2016 (edited)

**Logic: If STUDY\_NG\_FU or STUDY\_CT\_FU or STUDY\_SYPH\_FU or STUDY\_HEPA\_FU or STUDY\_HEPB\_FU or STUDY\_HEPC\_FU or STUDY\_HERPES\_FU or STUDY\_WARTS\_FU or STUDY\_HPV\_FU or STUDY\_OTHERSTI\_FU equal to 1**

1. Were you treated by a doctor or health care provider for [**STI**]?

(0) No

(1) Yes

[STUDY\_STITEST\_TREAT\_ FU]

Source: Created

## All Arms

1. In the past 4 months, did you test for STIs outside of this study?

(0) No

(1) Yes

[NONSTUDY\_STITEST\_FU]

Source: Created

**Logic: If NONSTUDY\_STITEST\_ FU equal to 1**

1. Which of the following STIs were you told by a health care provider that you had? (This does not include any study testing) *Check all that apply.*

(1) No STIs [NONSTUDY\_NOSTI\_FU]

(2) Gonorrhea [NONSTUDY\_NG\_FU]

(3) Chlamydia [NONSTUDY\_CT\_FU]

(4) Syphilis [NONSTUDY\_SYPH\_FU]

(5) Hepatitis A [NONSTUDY\_HEPA\_FU]

(6) Hepatitis B [NONSTUDY\_HEPB\_FU]

(7) Hepatitis C [NONSTUDY\_HEPC\_FU]

(8) Genital herpes [NONSTUDY\_HERPES\_FU]

(9) Genital warts [NONSTUDY\_WARTS\_FU]

(10) Human papillomavirus or HPV [NONSTUDY\_HPV\_FU]

(11) Other, please specify \_\_\_\_\_\_\_\_\_ [NONSTUDY\_OTHERSTI\_FU]

Source: AMIS 2016 (edited)

**Logic: If NONSTUDY\_NG\_FU or NONSTUDY\_CT\_FU or NONSTUDY\_SYPH\_FU or NONSTUDY\_HEPA\_FU or NONSTUDY\_HEPB\_FU or NONSTUDY\_HEPC\_FU or NONSTUDY\_HERPES\_FU or NONSTUDY\_WARTS\_FU or NONSTUDY\_HPV\_FU or NONSTUDY\_OTHERSTI\_FU equal to 1**

1. Were you treated for [**STI**]?

(0) No

(1) Yes

[NONSTUDY\_STITEST\_TREAT\_ FU]

Source: Created

# Condoms

The next questions are about buying and using condoms in the 4 months since your last survey.

1. In the past 4 months, have you bought condoms?

(0) No

(1) Yes

[BUYCONDOMS\_P4MO\_FU]

Source: Created

**Logic: If BUYCONDOMS\_P3MO equal to 1**

1. In the past 4 months, have you used condoms that you have bought?

(0) No

(1) Yes

[USEBUYCONDOMS\_P4MO\_FU]

Source: Created

1. In the past 4 months, have you received free condoms, not counting those given to you by a friend, relative, or sex partner?

(0) No

(1) Yes

[FREECONDOMS\_P4MO\_FU]

Source: AMIS 2016 (edited)

**Logic: If FREECONDOMS\_P4MO equal to 1**

1. In the past 4 months, have you used condoms that you received for free?

(0) No

(1) Yes

[USEFREECONDOMS\_P4MO\_FU]

Source: Created

# Use of CBOs

1. Have you used any of the following services at a community-based organization (CBO) in the past 4 months? This can include any services you used at mobile or satellite locations, including mobile testing vans. *Check all that apply*.

(1) HIV testing [CBO\_HIVTEST\_FU]

(2) STI testing [CBO\_STITEST\_FU]

(3) HIV/STI counseling (risk reduction counseling) [CBO\_RISKRED\_FU]

(4) PrEP consultation [CBO\_PREP\_FU]

(5) Other, please specify \_\_\_\_\_\_ [CBO\_OTHER\_FU]

Source: Created

# Time and Costs

**Logic: If STUDY\_STITEST\_ORDER\_FU\_equal to 1**

1. In the past 4 months, how much time did it take you to place orders for STI testing kits?
   1. No time spent
   2. Less than 30 minutes
   3. More than 30 minutes – 1.5 hours
   4. More than 1.5 hours – 3 hours
   5. More than 3 hours – 4.5 hours
   6. More than 4.5 hours

[STIKITTIME\_FU]

Source: Created

**Logic: If STUDY\_STITEST\_ORDER\_FU\_equal to 1**

1. In the past 4 months, how much time did it take you to place an order for condoms and lubricant?
2. No time spent
3. Less than 30 minutes
4. More than 30 minutes – 1.5 hours
5. More than 1.5 hours – 3 hours
6. More than 3 hours – 4.5 hours
7. More than 4.5 hours

[CONDOMTIME\_FU]

Source: Created

1. In the past 4 months, how much time did it take you to schedule and prepare any necessary paperwork for any in-clinic HIV prevention or treatment appointments?
2. No time spent
3. Less than 30 minutes
4. More than 30 minutes – 1.5 hours
5. More than 1.5 hours – 3 hours
6. More than 3 hours – 4.5 hours
7. More than 4.5 hours

[PREPAREVISITTIME\_FU]

Source: Created

1. In the past 4 months, how much time did you spend attending appointments (including travel time, in-clinic wait time, and appointment time)?
2. No time spent
3. Less than 30 minutes
4. More than 30 minutes – 1.5 hours
5. More than 1.5 hours – 3 hours
6. More than 3 hours – 4.5 hours
7. More than 4.5 hours

[VISITTIME\_FU]

Source: Created

1. How much time did it take you to send in the report of your HIV test result?
   1. No time spent
   2. Less than 30 minutes
   3. More than 30 minutes – 1.5 hours
   4. More than 1.5 hours – 3 hours
   5. More than 3 hours – 4.5 hours
   6. More than 4.5 hours

[REPORTTIME\_FU]

Source: Created

1. How much time did you spend communicating with study staff?
2. No time spent
3. Less than 30 minutes
4. More than 30 minutes – 1.5 hours
5. More than 1.5 hours – 3 hours
6. More than 3 hours – 4.5 hours
7. More than 4.5 hours

[STAFFTIME\_FU]

Source: Created

1. About how much time would you have spent going to a provider to get tested for HIV (including appointment scheduling time, preparing necessary appointment paperwork, travel time, and in-clinic wait time, and appointment time)?
2. Less than 30 minutes
3. More than 30 minutes – 1.5 hours
4. More than 1.5 hours – 3 hours
5. More than 3 hours – 4.5 hours
6. More than 4.5 hours

[HYPVISITTIME\_FU]

Source: Created

1. About how much time would it have takento get the results of an HIV test from a nearby provider?
2. 1 day or less (including same-day)
3. 2-3 days
4. 4-7 days
5. More than a week

[HYPRESULTTIME\_FU]

Source: Created

# PrEP Usage

This next set of questions is about your experiences taking PrEP, known as Pre-Exposure Prophylaxis, or taking HIV medicines to prevent yourself from getting HIV.

The medication can be a pill, injected, or a gel. Some people have side effects that usually go away after the first month. In rare cases, taking the medication for long periods may damage the kidneys. The medication is prescribed by a doctor, and you would need to follow the doctor’s orders about regular check-ups. Taking these medications would provide some protection against HIV infection, but they are not 100% effective. You will be asked questions about the last 4 months, which is the time since your last survey.

78.     In the past 4 months, have you taken PrEP to prevent yourself from getting HIV?

(0) No (SKIP to Q. 82)

(1) Yes

[PREP\_START\_P4MO\_FU]

Logic: If PREP\_START\_P4MO equal to 1

79.     Are you currently taking PrEP?

(0) No

(1) Yes

[PREP\_CURRENT\_P4MO\_FU]

80.   In the past 4 months, when did you take your first PrEP pill?

Month/ Day/ Year

[PREP\_STARTPILL\_P4MO\_FU]

81.   In the past 4 months, when did you take your last PrEP pill?

Month/ Day/ Year

[PREP\_LASTPILL\_FU]

# Other Services

1. In the past 4 months, have you made an appointment or used any of these services? *Check all that apply*.

(1) Education assistance [SERVICES\_EDUC\_FU]

(2) Job training [SERVICES\_JOBTRAIN\_FU]

(3) Job placement [SERVICES\_JOBPLACE\_FU]

(4) Housing assistance/placement [SERVICES\_HOUSING\_FU]

(5) Counseling [SERVICES\_COUNSELING\_FU]

(6) Drug treatment services [SERVICES\_DRUGS\_FU]

(7) Supplemental Nutrition Assistance Program (SNAP) or Food Stamps [SERVICES\_SNAP\_FU]

(8) Mental health services [SERVICES\_MENTAL\_FU]

(9) Other, please specify \_\_\_\_\_\_ [SERVICES\_OTHER\_FU]

Source: Robin MacGowan (edited)

1. In the past 4 months, have you had any of these symptoms? *Check all that apply*.

(1) No symptoms [SYMP\_NONE]

(2) Sore throat [SYMP\_THROAT\_FU]

(3) Fever [SYMP\_FEVER\_FU]

(4) Nausea [SYMP\_NAUS\_FU]

(5) Vomiting [SYMP\_VOMIT\_FU]

(6) Diarrhea [SYMP\_DIARR\_FU]

(7) Headache [SYMP\_HEAD\_FU]

(8) Fatigue [SYMP\_FATIG\_FU]

(9) Soreness or pain in your joints [SYMP\_SOREJTS\_FU]

(10) Soreness or pain in your lymph nodes [SYMP\_SORELYMPH\_FU]

(11) Body rash [SYMP\_RASH\_FU]

Source: Robin MacGowan (edited)

# Coercion

The next few questions are about things that may have happened when people used the home HIV tests. Please remember that all answers will be kept strictly confidential.

1. During this study, did you pressure someone to use one of the study home HIV tests?

(0) No

(1) Yes

[PRESSURE\_TEST\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURE\_TEST\_FU equal to 1**

1. Who was this person(s)? *Check all that apply.*

(1) Sex partner [PRESSURE\_SEXPART\_FU]

(2) Family member [PRESSURE\_FAM\_FU]

(3) Friend [PRESSURE\_FRIEND\_FU]

(4) Stranger [PRESSURE\_STR\_FU]

(5) Other, please specify \_\_\_\_\_ [PRESSURE\_OTHER\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURE\_SEXPART\_FU = 1 or PRESSURE\_FAM\_FU = 1 or PRESSURE\_FRIEND\_FU = 1 or PRESSURE\_STR\_FU = 1 or PRESSURE\_OTHER\_FU = 1**

1. During this study, did you do any of the following? *Check all that apply.*
2. Pressure a sexual partner to use one of the study home HIV tests. [PRESSURE\_PARTNER\_FU]
3. Threaten to leave or break up with a sexual partner if they did not test using one of the study home HIV tests [PRESSURE\_THREATENLEAVE\_FU]
4. Yell or curse at a sexual partner who refused to test using one of the study home HIV tests [PRESSURE\_YELL\_FU]
5. Break up with a sexual partner who refused to test using one of the study home HIV tests [PRESSURE\_BREAKUP\_FU]
6. Threaten to hit a sexual partner if they did not test using one of the study home HIV tests [PRESSURE\_THREATENHIT\_FU]
7. Hit, punch, or kick a sexual partner who refused to test using one of the study home HIV tests [PRESSURE\_HIT\_FU]
8. Physically force a sexual partner to test using one of the study home HIV tests [PRESSURE\_FORCE\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURE\_SEXPART\_FU = 1 or PRESSURE\_FAM\_FU = 1 or PRESSURE\_FRIEND\_FU = 1 or PRESSURE\_STR\_FU = 1 or PRESSURE\_OTHER\_FU = 1**

1. During this study, did you do any of the following after a sexual partner tested using one of the study home HIV tests? *Check all that apply.*
2. Threaten to leave or break up with a sexual partner because of their test result. [PRESSURE\_THREATENLEAVE\_POSTTEST\_FU]
3. Yell or curse at a sexual partner because of their test result [PRESSURE\_YELL\_ POSTTEST\_FU]
4. Break up with a sexual partner because of their test result [PRESSURE\_BREAKUP\_ POSTTEST\_FU]
5. Threaten to hit a sexual partner because of their test result [PRESSURE\_THREATENHIT\_ POSTTEST\_FU]
6. Hit, punch, or kick a sexual partner because of their test result [PRESSURE\_HIT\_ POSTTEST\_FU]

Source: eSTAMP 2016 (edited)

1. During this study did someone pressure you to use one of the study home HIV tests?

(0) No

1. Yes

[PRESSURED\_TEST\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURED\_TEST\_FU equal to 1**

1. Who was this person(s)? *Check all that apply.*

(1) Sex partner [PRESSURED\_SEXPART\_FU]

(2) Family member [PRESSURED\_FAM\_FU]

(3) Friend [PRESSURED\_FRIEND\_FU]

(4) Stranger [PRESSURED\_STR\_FU]

(5) Other, please specify \_\_\_\_\_ [PRESSURED\_OTHER\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURED\_SEXPART\_FU = 1 or PRESSURED\_FAM\_FU = 1 or PRESSURED\_FRIEND\_FU = 1 or PRESSURED\_STR\_FU = 1 or PRESSURED\_OTHER\_FU = 1**

1. Did any of the following occur between you and a sexual partner before you used one of the study home HIV tests? *Check all that apply*.
2. He/she pressured you to test yourself. [PRESSURED\_PARTNER\_FU]
3. He/she threatened to leave or break up with you if you did not test yourself [PRESSURED\_THREATENLEAVE\_FU]
4. He/she yelled or cursed at you when you refused to test yourself [PRESSURED\_YELL\_FU]
5. He/she broke up with you when you refused to test yourself [PRESSURED\_BREAKUP\_FU]
6. He/she threatened to hit you if you did not test yourself [PRESSURED\_THREATENHIT\_FU]
7. He/she hit, punched, or kicked you when you refused to test yourself [PRESSURED\_HIT\_FU]
8. He/she physically forced you to test yourself [PRESSURED\_FORCE\_FU]

Source: eSTAMP 2016 (edited)

**Logic: If PRESSURED\_SEXPART\_FU = 1 or PRESSURED\_FAM\_FU = 1 or PRESSURED\_FRIEND\_FU = 1 or PRESSURED\_STR\_FU = 1 or PRESSURED\_OTHER\_FU = 1**

1. Did any of the following occur between you and a sex partner after you tested yourself using one of the study home HIV tests? *Check all that apply.*
2. He/she threatened to leave or break up with you. [PRESSURED\_THREATENLEAVE\_POSTTEST\_FU]
3. He/she yelled or curse at you [PRESSURED\_YELL\_ POSTTEST\_FU]
4. He/she broke up with you [PRESSURED\_BREAKUP\_ POSTTEST\_FU]
5. He/she threatened to hit you [PRESSURED\_THREATENHIT\_ POSTTEST\_FU]
6. He/she hit, punched or kicked you [PRESSURED\_HIT\_ POSTTEST\_FU]

Source: eSTAMP 2016 (edited)

# Linkage to HIV Care

**Section Logic: If STATUS\_FU = 2 or LASTTEST\_RESULT\_FU = 2**

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

1. Since the last survey, have you been seen by a health care provider after getting a HIV positive test result or for HIV?

(0) No

(1) Yes

[SEENPROV\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 0**

1. What is the main reason you have NOT gone to a health care provider after getting a HIV positive test result or for your HIV infection?

1. I have made an appointment and I have yet to go to it (it is in the future)
2. I don’t want anyone to know I have HIV
3. I felt good and didn’t need to go
4. I didn’t believe that I am HIV positive or didn’t want to think about it
5. I didn’t have enough money or health insurance
6. I had other responsibilities such as child care or work
7. I was homeless
8. I was too sick to go
9. I forgot to go or missed my appointment(s)
10. I was unable to get transportation
11. Going to the appointment is inconvenient (location/hours/wait-time, etc.)
12. I don’t know where to go or couldn’t find the right HIV health care provider
13. I have not gone to confirm my HIV test yet
14. Other, please specify \_\_\_\_\_ [NOPROV\_REASON\_FU\_OTHER]

[NOPROV\_REASON\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 1**

1. How long did it take from the time you found out about your HIV infection to the time you first saw a health care provider?

Give answer in days, weeks or months. (Drop down menu)

\_\_\_\_ days OR \_\_\_\_ weeks OR \_\_\_\_ months

[TIMETOPROV\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 1**

1. How did you get the health care provider’s contact information?
2. I called the study phone number
3. I called a HIV/AIDS hotline
4. I called the number in the study rapid self-test package
5. Counselor who tested me gave it to me
6. Partner, friend or family member gave it to me
7. My regular health care provider gave it to me
8. An agency or social service organization gave it to me
9. From Internet/website
10. Other, please specify \_\_\_\_\_\_\_\_ [HOWFINDPROV\_FU\_OTHER]

[HOWFINDPROV\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 1**

1. Did you make the appointment?
2. No, someone else made the appointment
3. Yes, I made the appointment

[APPOINT\_FU]

Source: eSTAMP (edited)

**Logic: If APPOINT\_FU = 0**

1. Who made your appointment with that health care provider? Check only one answer.

1. Counselor from study
2. Counselor from HIV/AIDS hotline
3. Counselor who tested me
4. Partner, friend, or family member
5. My regular health care provider
6. An agency or social service organization
7. Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [WHOAPPOINT\_FU\_OTHER]

[WHOAPPOINT\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 1**

1. Did anyone go with you to that appointment?
2. No
3. Yes

[ACCOMPANY\_FU]

Source: eSTAMP (edited)

The next questions are about tests your health care provider may have done.

**Logic: If SEENPROV\_FU = 1**

1. Did your healthcare provider order a T-cell or CD-4 test?
2. No
3. Yes

[CD4\_FU]

Source: eSTAMP (edited)

**Logic: If CD4\_FU = 1**

1. When was your most recent T-cell or CD4 test?

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ [DD/MM/YYYY]

[CD4\_DATE\_FU]

Source: eSTAMP (edited)

**Logic: If CD4\_FU = 1**

1. What was the result of your most recent T-cell or CD-4 test?
2. 500 or more
3. 350-499
4. 201-349
5. 200 or less
6. Results not back yet

[CD4\_RESULT\_FU]

Source: eSTAMP (edited)

**Logic: If SEENPROV\_FU = 1**

1. Did your healthcare provider order a viral load test?
2. No
3. Yes

[VL\_FU]

Source: eSTAMP (edited)

**Logic: If VL\_FU = 1**

1. When was your most recent viral load test?

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ [DD/MM/YYYY]

[VL\_DATE\_FU]

Source: eSTAMP (edited)

**Logic: If VL\_FU = 1**

1. What was the result of your most recent viral load test?
2. Undetectable
3. Detectable
4. Results not back yet

[VL\_RESULT\_FU]

Source: eSTAMP (edited)

**Section Logic: LASTTEST\_RESULT\_FU =2**

The next questions are about taking medicines for your HIV infection.

1. Are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?
2. No
3. Yes

[ART\_FU]

Source: eSTAMP (edited)

**Logic: If ART\_FU = 1**

1. How are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?
2. I take them exactly as prescribed, almost never missing a dose
3. I sometimes skip a dose or forget to take my pills
4. I often skip a dose or forget to take my pills
5. I rarely take my pills as prescribed
6. I do not take my medication at all

[ART\_ADHERE\_FU]

Source: eSTAMP (edited)

**Logic: If ART\_FU = 0**

1. What is the mainreason you are not currently taking any HIV medicines (also known as antiretrovirals, ART, or HAART)?

1. I’m not currently going to an HIV health care provider
2. My health care provider advised me to delay treatment
3. My CD4 count and viral load are good
4. I don’t have the money or insurance for HIV medicines
5. I don’t want to take HIV medicines
6. I feel fine/healthy and don’t need HIV medicines
7. I am concerned about side effects of HIV medicines
8. I feel depressed or overwhelmed
9. I don’t want to think about being HIV positive
10. I am concerned that I cannot stick to a medication schedule
11. I was/am homeless
12. I am taking alternative or complementary medicines
13. Other reason, please specify: \_\_\_\_\_\_ [ART\_NOT\_FU\_OTHER]

[ART\_NOT\_FU]

Source: eSTAMP (edited)

# Technology Usage

We are now going to ask you some questions about your use of three different features and technologies during this study. Zoom was a service that you may have used to speak with a counselor about HIV or STI testing. HealthMpowerment was a website on which you may have created a profile and interacted with other users and browsed different forums related to health and HIV. HealthMindr was a mobile app that you may have used to schedule a testing plan or look up further information on HIV testing or prevention.

**ACTION: Pull in URL variables reflecting study arm (HM, HMP) and Zoom (TELE) usage**

1. Since your first survey, approximately 4 months ago, did you do any of the following using your study mobile app?

*Check all that apply.*

1. I used Zoom to speak to a counselor. [TELE\_FU]
2. I used healthMpowerment [HMP\_FU]
3. I used HealthMindr [HM\_FU]
4. I did not use any of these [NOTECH\_FU]

Source: Created

## Zoom

**Section Logic: If VTELE\_FU = 1 or TELE = 1**

As part of our study, you participated in an online HIV/STI counseling session. As you know, this is a form of HIV testing where you test and receive your HIV test at home and discuss the risks. In this online, at-home format, the session is conducted by a remote counselor through video chat. Note your agreement with the following statements.

1. I think that I would like to use Zoom frequently to talk to a counselor about HIV or STIs.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_1]

Source: System Usability Scale

1. I found Zoom unnecessarily complex.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_2]

Source: System Usability Scale

1. I thought Zoom was easy to use.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_3]

Source: System Usability Scale

1. I think that I would need assistance to be able to use Zoom.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_4]

Source: System Usability Scale

1. I found the various functions in Zoom were well integrated.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_5]

Source: System Usability Scale

1. I thought there was too much inconsistency in Zoom.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_6]

Source: System Usability Scale

1. I would imagine that most people would learn to use Zoom very quickly.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_7]

Source: System Usability Scale

1. I found Zoom very cumbersome/awkward to use.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_8]

Source: System Usability Scale

1. I felt very confident using Zoom.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_9]

Source: System Usability Scale

1. I needed to learn a lot of things before I could get going with Zoom.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_TELE\_10]

Source: System Usability Scale

1. Considering your complete experience with this video counseling service (Zoom), how likely would you be to recommend Zoom to a friend or colleague?

[0-10 scale]

[Sliding scale – 0- Not likely to recommend, 10 Extremely likely to recommend]

[NPS\_TELE]

1. Now that you have experienced online HIV/STI counseling, would you be willing to pay for this type of session in the future?
2. No
3. Yes

[TELE\_WILLING]

Source: Kieran Todd

The following questions will ask about your experience with using online HIV/STI counseling and the counselor who facilitated your counseling session. Please rate how strongly you agree or disagree with the following statements.

1. The counselor was very friendly.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_FRIENDLY]

Source: Kieran Todd

1. The counselor seemed very knowledgeable about HIV/STI counseling and testing.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_KNOWLEDGE]

Source: Kieran Todd

1. The counselor seemed very experienced during the session.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_EXPERIENCED]

Source: Kieran Todd

1. The counselor seemed very professional during the session.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_PROFESSIONAL]

Source: Kieran Todd

1. How appropriate did you find the length of the session?
2. Too short
3. Somewhat too short
4. About the right length
5. Somewhat too long
6. Too long

[TELE\_LENGTH]

Source: Kieran Todd

1. Using the Zoom program was easy.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_EASY]

Source: Kieran Todd

1. Have you ever tested for HIV one-on-one with a health care provider before this study?
2. No
3. Yes

[TELE\_ONEONONE]

Source: Kieran Todd

**Logic: If TELE\_ONEONONE = 1**

1. How do your previous one-on-one HIV testing experiences compare to the Zoom counseling session?
2. Worse than Zoom
3. Somewhat worse than Zoom
4. About the same as Zoom
5. Somewhat better than Zoom
6. Better than Zoom

[TELE\_COMPARE]

Source: Kieran Todd (edited)

1. Overall, I was very satisfied with my Zoom counseling experience.
   1. Strongly disagree
   2. Disagree
   3. Neither agree nor disagree
   4. Agree
   5. Strongly agree

[TELE\_RATING]

Source: Kieran Todd (edited)

## HealthMpowerment

**Section Logic: If HMP\_FU = 1 or HMP = 1**

1. I think that I would like to use healthMpowerment frequently.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_1]

Source: System Usability Scale

1. I found healthMpowerment unnecessarily complex.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_2]

Source: System Usability Scale

1. I thought healthMpowerment was easy to use.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_3]

Source: System Usability Scale

1. I think that I would need assistance to be able to use healthMpowerment.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_4]

Source: System Usability Scale

1. I found the various functions in healthMpowerment were well integrated.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_5]

Source: System Usability Scale

1. I thought there was too much inconsistency in healthMpowerment.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_6]

Source: System Usability Scale

1. I would imagine that most people would learn to use healthMpowerment very quickly.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_7]

Source: System Usability Scale

1. I found healthMpowerment very cumbersome/awkward to use.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_8]

Source: System Usability Scale

1. I felt very confident using healthMpowerment.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_9]

Source: System Usability Scale

1. I needed to learn a lot of things before I could get going with healthMpowerment.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HMP\_10]

Source: System Usability Scale

1. Considering your complete experience with healthMpowerment, how likely would you be to recommend healthMpowerment to a friend or colleague?

[0-10 scale]

[Sliding scale – 0- Not likely to recommend, 10 Extremely likely to recommend]

[NPS\_HMP]

The following questions will ask about the content in healthMpowerment. Please rate how strongly you agree or disagree with the following statements.

1. I trust the information in healthMpowerment.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[TRUST\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. The information in healthMpowerment is easy to understand.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[UNDERSTAND\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. The information in healthMpowerment is accurate.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[ACCURATE\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

The following questions will ask about your experience with using healthMpowerment. Please rate how strongly you agree or disagree with the following statements.

1. healthMpowerment helps me to quickly find information and support for healthy living.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[QUICKINFO\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. healthMpowerment helps me make healthy choices for my life.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[CHOICES\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. healthMpowerment helps me deal with health challenges that might come up.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[CHALLENGES\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. healthMpowerment is useful to me.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[USEFUL\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Overall, I am very satisfied with healthMpowerment.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[SATISF\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Using healthMpowerment is very frustrating.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[FRUSTRATE\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. I would recommend healthMpowerment to my friends.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[RECOMMEND\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. How likely would you be to continue using healthMpowerment if it were available?
2. Very unlikely
3. Moderately unlikely
4. Slightly unlikely
5. Neither unlikely or likely
6. Slightly likely
7. Moderately likely
8. Very likely

[CONTINUE\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Which two things did you like best about healthMpowerment?

[Text Field]

[LIKEBEST\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. What was most memorable about your experience with healthMpowerment?

[Text Field]

[MEMORABLE\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Which two things did you like the least about healthMpowerment?

[Text Field]

[LIKELEAST\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Are there any features that would make healthMpowerment better?

[Text Field]

[FEATURES\_HMP]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

## HealthMindr

**Section Logic: If HM\_FU = 1 or HM = 1**

1. I think that I would like to use HealthMindr frequently
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_1]

Source: System Usability Scale

1. I found HealthMindr unnecessarily complex
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_2]

Source: System Usability Scale

1. I thought HealthMindr was easy to use
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_3]

Source: System Usability Scale

1. I think that I would need assistance to be able to use HealthMindr
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_4]

Source: System Usability Scale

1. I found the various functions in HealthMindr were well integrated
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_5]

Source: System Usability Scale

1. I thought there was too much inconsistency in HealthMindr
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_6]

Source: System Usability Scale

1. I would imagine that most people would learn to use HealthMindr very quickly.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_7]

Source: System Usability Scale

1. I found HealthMindr very cumbersome/awkward to use.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_8]

Source: System Usability Scale

1. I felt very confident using HealthMindr.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_9]

Source: System Usability Scale

1. I needed to learn a lot of things before I could get going with HealthMindr.
2. Strongly Disagree
3. Disagree
4. Neither Agree nor Disagree
5. Agree
6. Strongly Agree

[SUS\_HM\_10]

Source: System Usability Scale

1. Considering your complete experience with HealthMindr, how likely would you be to recommend HealthMindr to a friend or colleague?

[0-10 scale]

[Sliding scale – 0- Not likely to recommend, 10 Extremely likely to recommend]

[NPS\_HM]

The following questions will ask about the content in HealthMindr. Please rate how strongly you agree or disagree with the following statements.

1. I trust the information in HealthMindr.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[TRUST\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. The information in HealthMindr is easy to understand.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[UNDERSTAND\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. The information in HealthMindr is accurate.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[ACCURATE\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

The following questions will ask about your experience with using HealthMindr. Please rate how strongly you agree or disagree with the following statements.

1. HealthMindr helps me to quickly find information and support for healthy living.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[QUICKINFO\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. HealthMindr helps me make healthy choices for my life.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[CHOICES\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. HealthMindr helps me deal with health challenges that might come up.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[CHALLENGES\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. HealthMindr is useful to me.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[USEFUL\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Overall, I am very satisfied with HealthMindr.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[SATISF\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Using HealthMindr is very frustrating.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[FRUSTRATE\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. I would recommend HealthMindr to my friends.
2. Strongly disagree
3. Disagree
4. Somewhat disagree
5. Neither agree nor disagree
6. Somewhat agree
7. Agree
8. Strongly agree

[RECOMMEND\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. How likely would you be to continue using HealthMindr if it were available?
2. Very unlikely
3. Moderately unlikely
4. Slightly unlikely
5. Neither unlikely or likely
6. Slightly likely
7. Moderate likely
8. Very likely

[CONTINUE\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Which two things did you like best about HealthMindr?

[Text Field]

[LIKEBEST\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. What was most memorable about your experience with HealthMindr?

[Text Field]

[MEMORABLE\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Which two things did you like the least about HealthMindr?

[Text Field]

[LIKELEAST\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

1. Are there any features that would make HealthMindr better?

[Text Field]

[FEATURES\_HM]

Source: Horvath et al. AIDS and Behavior 2013 (edited)

# Incentive

1. How would you like to receive your token of appreciation?

(1) PayPal

(2) Target Gift Card

(3) Walmart Gift Card

(4) CVS Gift Card

(5) ClinCard (prepaid debit card)

(6) Starbucks

(7) Regal Entertainment Group

(8) Amazon

[TOKEN\_FU]

Source: Created

**Logic: If TOKEN\_FU equal to 1**

1. Please provide the email you have linked with your PayPal account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[PAYPALEMAIL\_FU]

Source: Created

**Logic: If TOKEN\_FU equal to 2, 3, 4, 6, 7, or 8**

1. Please provide the email you would like your gift card code sent to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[GIFTCARDEMAIL\_FU]

Source: Created

**Logic: If TOKEN\_FU equal to 5**

1. Please enter the address you would like your ClinCard mailed to:

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_NAME\_FU]

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_ADDRESS1\_FU]

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_ADDRESS2\_FU]

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_CITY\_FU]

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_STATE\_FU]

ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CLIN\_ZIP\_FU]

# DBS Mailing Information

Please provide the following information (first and last name, mailing address) so we may ship another rapid HIV self-test kit and dried blood spot (DBS) collection kit for you to use. You have already provided us a mailing address for the first self-test kit. You can use the same mailing address or a different mailing address. The information you provide here will be kept separate from other information you provide to us in the course of this study, and access to any contact information you provide will be limited to key study staff.

Please take a moment to review your answers before submitting them. Please make sure that your contact information is accurate, as inaccurate contact information may prevent us from being able to contact you.

Please provide us with a shipping address so we can send you rapid HIV home test kits 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, we cannot ship to a P.O. Box. If you cannot provide a shipping address, you cannot participate in our study.

1. Please enter your shipping address:

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [NAME]

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ADDRESS1]

Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ADDRESS2]

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [CITY]

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [STATE]

ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ZIP]

1. What type of address is this?

(1) My home or residential address (house, apartment, condo)

(2) Someone else’s home or residential address (House, apartment, condo)

(3) My office or work location

(4) Someone else’s office or work location

(5) Post office or other shared mailbox (PO Box)

(6) Community based organization or health center

(7) Other, please specify\_\_\_\_\_\_ [DBS\_FU\_ADDRESS\_TYPE\_OTHER]

[DBS\_FU\_ADDRESS\_TYPE]

Source: Created

# End

**ACTION: Webhook pushes survey completion/results to SMART**

Thank you for completing this survey!

Your token of appreciation will be provided to you in the method that you indicated earlier. If you have not received your token of appreciation within one month, please email us at [iSTAMP@emory.edu](mailto:iSTAMP@emory.edu).  Please send this email from the email address you provided.

You should expect to receive a discreet package containing your HIV self-test and dried blood spot (DBS) supplies in the next few weeks. You will receive a token of appreciation for returning the DBS card.

If you are currently HIV-negative, pre-exposure prophylaxis (PrEP) may be a potential option for you. PrEP is a way for people who do not have HIV to lower their risk of getting HIV by taking a pill every day. To learn more, please visit some of the links below.

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 links:

* + Information about HIV
    - [www.cdc.gov/hiv](http://www.cdc.gov/hiv)
  + HIV Testing Resources
    - CDC HIV Testing Locator (<https://gettested.cdc.gov/>)
    - CDC HIV Testing Information Page (<https://www.cdc.gov/hiv/testing/>)
    - HIV.gov HIV Testing Locator (<https://www.hiv.gov/locator>)
    - AIDSvu HIV Testing Locator ([https://aidsvu.org/services](https://aidsvu.org/services/))
  + PrEP Resources
    - Centers for Disease Control PrEP Resources (<https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html>)
    - Centers for Disease Control PrEP Information (<https://www.cdc.gov/hiv/risk/prep/index.html>)
    - The Fenway Institute: What is PrEP? (<http://thefenwayinstitute.org/prepinfo/>)
    - PrEP Locator (<https://preplocator.org/>)
    - HIV.gov PrEP Information Page (<https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis>)

If you have any questions or comments, you may contact study staff at [iSTAMP@emory.edu](mailto:iSTAMP@emory.edu) or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or [pssulli@emory.edu](mailto:pssulli@emory.edu). 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.