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Know @t Home

Emory University is conducting a sexual health research study among men who are 18 years or older and who have sex with men. In this study, Emory University, the University of Michigan, Emory University, and the University of North Carolina would mail out HIV home-testing kits. If you are eligible for this study, which is funded by the Centers for Disease Control and Prevention (CDC), we will invite you to help us test a program for delivering at-home HIV testing.

You will be asked to install and use an application on your smartphone. The application will provide you with information on ways to monitor and maintain your sexual health, and occasionally prompt you for feedback or information. Our goal is to assess the effect of the smartphone app on individual sexual health prevention efforts and outcomes. Participants who complete the study will be given a token of appreciation for their time and effort.

Participating in this project may involve:

- Downloading a mobile app on your personal device
- Taking online surveys
- Testing yourself for HIV and/or STIs

Public reporting burden of this collection of information is estimated to average 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: OMB-PRA (0920-New)

Are you interested in participating?

- Yes
- No

Next

Know @t Home

The contact information you give us will be kept in a secure location. If you are eligible to participate, this information will be used to contact you to provide more information about the research study and then will be destroyed after the end of the study. The survey answers you give us will be grouped with survey answers from other persons. Researchers will not be able to link your responses to you or your Facebook page. If you are asked and agree to participate in the research study, you will be asked to provide additional information. You do not have to participate in the study and you can still participate in this survey even if you do not want to provide additional information for the research study.

Can I withdraw from the study?

Being in this research is voluntary and you have the right to refuse to answer all questions in the survey. You can stop at any time after giving your consent without penalty. The study team also have the right to stop your participation in this study without your consent for any reason, especially if they believe it is in your best interest or if you were to object to any future changes that may be made in the study plan.

Contact Information

Contact study staff at 404-727-4340 or ISTAMP@emory.edu:

- if you have any questions about this study or your part in it,
- if you have questions, concerns or complaints about the research

Contact the Emory Institutional Review Board at 404-712-0720 or 877-503-9797 or irb@emory.edu:

- if you have questions about your rights as a research participant.
- if you have questions, concerns or complaints about the research.
- You may also let the IRB know about your experience as a research participant through our Research Participant Survey at <http://www.surveymonkey.com/s/6ZDMW75>.

You may print a copy of this form to keep. If you would like a copy of this form but are unable to print it, you may contact Dr. Patrick Sullivan at pssulli@emory.edu or study staff at ISTAMP@emory.edu.

Consent and Authorization *

- I am at least 18 years of age, agree to the above information and would like to volunteer for this research.
- I would not like to volunteer for this research.

Consent for Contact for Optional Study/Studies:

Please click the button below if you consent to be contacted for future studies conducted by Emory University. Only your contact information would be kept for this purpose. The data you provide today will not be used as a part of future Emory University studies for which you may be contacted.

*

- I would like to be contacted for participation in future Emory University research studies.
- I would not like to be contacted for future studies.

Next

Know @ Home

Thank you for your interest in the iSTAMP study, which is focused on learning more about how to craft and deliver effective sexual health programs for men who have sex with men. We would like to let you know that funding for this study is provided by the Centers for Disease Control and Prevention. To find out if you are eligible for this study, we need to ask you a few questions. It should not take more than 5 minutes. Some of these questions are personal, including questions about sexual activity. **Questions marked with a red asterisk (*) are required questions that you must answer to move forward.** Answering these questions is completely voluntary and you can refuse to answer a question or stop at any time. If you answer the questions and we determine that you are eligible, you will then be offered the opportunity to participate in the research study, which involves downloading a mobile application and accessing information. Would you like to continue to see if you are eligible for this study?

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What is your date of birth? *

  MM/DD/YYYY

Do you consider yourself Hispanic or Latino? *

- No
 Yes

What is your race? Please select all that apply. *

- American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White
 Mixed Race
 Other - please specify

Next

Know @ Home

What state do you live in?

What county do you live in?

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

- Male
- Female

How do you describe your gender identity? *

- Male
- Female
- Male-to-female transgender (MTF)
- Female-to-male transgender (FTM)
- Other - please specify

Next

Know @t Home

In this next section, we will ask about your recent sexual history.

In the past 12 months, have you had anal sex with a man? *

- No
 - Yes
-

Are you currently using pre-exposure prophylaxis (PrEP or Truvada), the once-a-day pill to prevent HIV infection? *

- No
 - Yes
-

Have you ever been tested for HIV? *

- No
 - Yes
-

Next

Know @t Home

Are you currently participating in another HIV prevention research study or program? *

- No
 - Yes
-

Have you ever been part of an HIV vaccine trial? *

- No
 - Yes
-

Have you ever been diagnosed with a bleeding disorder? *

- No
 - Yes
-

Next

Know @t Home

Do you own and use an Android or iOS (Apple) smartphone? *

- No
- Yes

Are you willing to download a mobile application that would manage your participation in this study? *

- No
- Yes

Are you willing to provide contact information and a mailing address so that we can send you study materials, including HIV/STI testing kits and any tokens of appreciation? *

- No
- Yes

Submit

Know @t Home

We are sorry you are not interested in this health study.

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:

- HIV Testing Resources
 - [CDC HIV Testing Locator \(https://gettested.cdc.gov/\)](https://gettested.cdc.gov/)
 - [CDC HIV Testing Information Page \(https://www.cdc.gov/hiv/testing/\)](https://www.cdc.gov/hiv/testing/)
 - [HIV.gov HIV Testing Locator \(https://www.hiv.gov/locator\)](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 \(https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html\)](https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html)
 - [Centers for Disease Control PrEP Information \(https://www.cdc.gov/hiv/risk/prep/index.html\)](https://www.cdc.gov/hiv/risk/prep/index.html)
 - [The Fenway Institute: What is PrEP? \(http://thefenwayinstitute.org/prepinfo/\)](http://thefenwayinstitute.org/prepinfo/)
 - [PrEP Locator \(https://preplocator.org/\)](https://preplocator.org/)
 - [HIV.gov PrEP Information Page \(https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis\)](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 JSTAMP@emory.edu or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or psulli@emory.edu. To get more information about HIV, please visit: www.cdc.gov/hiv.

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

End page if participant selects “No” to 1st question regarding consent/interest

Know @t Home

Thank you for your interest in this health study. Unfortunately, you were not selected to participate any further.

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:

- HIV Testing Resources
 - [CDC HIV Testing Locator \(https://gettested.cdc.gov/\)](https://gettested.cdc.gov/)
 - [CDC HIV Testing Information Page \(https://www.cdc.gov/hiv/testing/\)](https://www.cdc.gov/hiv/testing/)
 - [HIV.gov HIV Testing Locator \(https://www.hiv.gov/locator\)](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 \(https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html\)](https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html)
 - [Centers for Disease Control PrEP Information \(https://www.cdc.gov/hiv/risk/prep/index.html\)](https://www.cdc.gov/hiv/risk/prep/index.html)
 - [The Fenway Institute: What is PrEP? \(http://thefenwayinstitute.org/prepinfo/\)](http://thefenwayinstitute.org/prepinfo/)
 - [PrEP Locator \(https://preplocator.org/\)](https://preplocator.org/)
 - [HIV.gov PrEP Information Page \(https://www.hiv.gov/hiv-basics/hiv-prevention/using-hiv-medication-to-reduce-risk/pre-exposure-prophylaxis\)](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 JSTAMP@emory.edu or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or pssulli@emory.edu. To get more information about HIV, please visit: www.cdc.gov/hiv.

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

End page if participant is not eligible for study

Congratulations! You are eligible to participate in this health study.

Please click on the following link to complete the registration process and enroll into this study: [\[link to registration survey\]](#). Thank you for your time.

End page if participant is eligible for study

Know @t Home

Thank you for your interest in our study. Please take note of the following information:

1. Your answers are private: the information you provide us will be kept secure and known only to study staff. This information will not be shared or used for any other research purposes.
2. This survey includes some personal questions about your sexual behaviors and HIV testing practices. You may choose to not answer any questions that make you feel uncomfortable.
3. 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.
4. If you have any questions or comments, you may contact the study staff at iSTAMP@emory.edu or (404) 727-4340.

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)

Public reporting burden of this collection of information is estimated to average 4 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)

Next

Emory University
Consent to be Screened for a Research Study

Title: Implementation of Rapid HIV Self-Testing among MSM Project (ISTAMP)

Principal Investigator: Patrick Sullivan, Ph.D., Emory University, Rollins School of Public Health, Dept. of Epidemiology

Sponsor: Centers for Disease Control and Prevention (CDC)

Introduction

You are being invited to take a short survey to determine your eligibility for participating in a research study at Emory University. This form is designed to tell you everything you need to think about before you decide if you want to be a part of the study. **It is entirely your choice. If you decide to take part, you can change your mind later and withdraw from the research study.**

Taking this survey does not mean you must join the study. If you are eligible and choose to join, you can still change your mind later. You can quit the study at any time.

You can print a copy of this consent form or contact the staff team to email you, to keep. Feel free to take your time thinking about whether you would like to participate. You may wish to discuss your decision with family or friends. Do not sign this consent form unless you have had a chance to ask questions and get answers that make sense to you. By signing this form, you will not give up any legal rights.

Before making your decision:

- Please watch the consent video
- Please carefully read this form or have it read to you
- Please ask questions about anything that is not clear

Consent and Authorization *

- I am at least 18 years of age, agree to the above information and would like to volunteer for this research.
- I would not like to volunteer for this research.

Consent for Contact for Optional Study/Studies:

Please click the button below if you consent to be contacted for future studies conducted by Emory University. Only your contact information would be kept for this purpose. The data you provide today will not be used as a part of future Emory University studies for which you may be contacted.

*

- I would like to be contacted for participation in future Emory University research studies.
- I would not like to be contacted for future studies.

Page 2; Consent, Pt 2

Know @t Home

Public reporting burden of this collection of information is estimated to average 20 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)

What is your birth date? *Enter month, day, and year.* *

  MM/DD/YYYY

What state do you live in? *

What county do you live in? *

What is the 5-digit ZIP Code for the location where you primarily live? *

Characters used: 0 out of 5.

Next

We will now ask you some questions your background.

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
 - Other - please specify
-

Have you been employed at any time in the past 12 months?

- Yes
 - No
-

What best describes your current employment status? Are you:

- Employed full-time
 - Employed part-time
 - A student (full- or part-time)
 - Unemployed
-

What was your household income last year from all sources before taxes? *That is, the total amount of money earned and shared by all people living in your household*

- \$0 to \$9,999 annually (\$0 to \$833 monthly)
 - \$10,000 to \$19,999 annually (\$834 to \$1667 monthly)
 - \$20,000 to \$34,999 annually (\$1668 to \$3333 monthly)
 - \$40,000 to \$74,999 annually (\$3334 to \$6250 monthly)
 - \$75,000 or more annually (\$6251 or more monthly)
-

Including yourself, how many people did this income support? *Must be at least 1*

Next

Know @t Home

The next set of questions will ask you about testing for human immunodeficiency virus (HIV)

Have you ever been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS.

- Yes
 No
-

Next

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Know @t Home

A home HIV test can be used to test yourself for HIV in the privacy of your home or other private location by collecting fluid from your mouth or a drop of blood from your finger.

Have you ever heard about home HIV tests?

- Yes
 No
-

Next

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Know @t Home

The next set of questions will ask you about testing for sexually transmitted infections (STIs). A sexually transmitted infection (STI) is an infection transmitted through sexual activity such as syphilis, gonorrhea, chlamydia, herpes, or genital warts.

In the past 12 months, have you been tested for an STI that was not HIV?

- Yes
 No

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Know @t Home

The next questions are about pre-exposure prophylaxis (PrEP). PrEP is taking an antiretroviral pill, also called Truvada, every day for months or years to reduce a person's chance of getting HIV.

Before today, had you ever heard of PrEP?

- Yes
 No

Next

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Know @t Home

PrEP stands for pre-exposure prophylaxis. PrEP is medication for a healthy person to take to prevent becoming infected with 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.

The following questions are about some types of PrEP medication that may be available in the future that would lower your chances of becoming infected with HIV.

Would you be willing to take one pill only once each week?

- Yes
 - No
-

Would you be willing to take one pill every day?

- Yes
 - No
-

Only on the days you planned to have sex, would you be willing to take one pill between 2 and 24 hours before sex?

- Yes
 - No
-

Only on the days you planned to have sex, would you be willing to take one pill between 2 and 24 hours after sex?

- Yes
 - No
-

Only on the days you planned to have sex, would you be willing to take one pill between 2 and 24 hours after sex?

- Yes
- No

Of these options, which would be your preference?

Drag items from the left-hand list into the right-hand list to order them.

One pill only each each week →

One pill 2 hours before sex →

One pill 2 hours -after sex →

One pill 12 hours before sex →

One pill 12 hours -after sex →

One pill 24 hours before sex →

One pill 24 hours -after sex →

Next

Know @t Home

Please indicate how much you agree with the following statements.

Doctors and healthcare workers sometimes hide information from patients who belong to my racial/ethnic group

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Doctors have the best interests of people of my racial/ethnic group in mind

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

People of my racial/ethnic group should not confide in doctors and healthcare workers because it will be used against them

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

People of my racial/ethnic group should be suspicious of modern medicine

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

People of my racial/ethnic group should be suspicious of information from doctors and healthcare workers

Strongly Disagree

Disagree

Neutral

Agree

Strongly Agree

Next

Know @t Home

Thank you for participating in this health study. Once we confirm your enrollment, we will be sending you a free package containing one or more HIV rapid test kits. You may use these kits to test yourself at home or any other private location. You may also give these kits to your friends or sex partners so that they can test themselves privately and learn their HIV status. Later, you may have the option of ordering additional STI test kits, condoms, and lubricant free of cost.

Each kit contains written instructions on how to test yourself at home. You and your friends or sex partners can also watch videos demonstrating how to conduct these tests. As part of this study, anyone using these kits has the option of calling a toll-free phone number with questions or to talk to a trained counselor. You can use the study app to report your test results. Your friends or sex partners can use the website link listed on their test box to report their results.

During the study we may call you to talk about your HIV testing practices and home-test results.

What day of the week would you prefer that we call you?

- No preference
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of the day would you prefer that we call you?

- No preference
 - Morning (8:00am - 12:00pm)
 - Afternoon (12:00pm - 4:00pm)
 - Evening (4:00pm - 8:00pm)
-

Next

Know @t Home

We will be sending you an email in 4 months with a link to take a follow-up survey.

The follow-up survey will take about 15 minutes to complete, and you will receive \$30 for completing all of the surveys. In total, you will receive 3 online follow-up surveys over the course of the next year.

To make sure that we send the follow-up survey emails at a time that is convenient for you, we would like to know when you prefer to receive these emails.

What day of the week would you prefer to receive the follow-up survey email?

- No preference
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

What time of the day would you prefer to receive the follow-up survey email?

- No preference
- Morning (8:00am - 12:00pm)
- Afternoon (12:00pm - 4:00pm)
- Evening (4:00pm - 8:00pm)
- Night (8:00pm - 12:00am)

Next

Know @t Home

If you do not complete the follow-up survey within 5 days, we will send you a reminder email to complete the survey. If you do not complete the survey after we have sent a total of 3 reminder emails, we will be contacting you using an alternate method.

How would you like us to remind you to take the follow-up survey if you have not responded to the reminder emails? Please rank the two options below. Enter "1" for your first preference and "2" for your second preference.

	1	2
Call my phone number	<input type="radio"/>	<input type="radio"/>
Send me a text message	<input type="radio"/>	<input type="radio"/>

Next

Know @t Home

Your follow-up survey will be available in 4 months. At that time, we will also send you a package containing a dried blood spot (DBS) collection kit and a second at-home rapid HIV test. You have the option to collect a few drops of blood by pricking your finger and return the DBS specimen in a pre-paid shipping envelope. If you choose to return the DBS specimen, once we receive your specimen and you report the results of your rapid tests, we will send you \$10 through a method of your choice.

If you do not report your HIV home-test results within 3 weeks after we send you the package, we can contact you and remind you to report your results.

How would you like us to remind you about reporting your HIV home-test results and mailing your DBS specimen? Please rank the three options below. Enter "1" for your first preference, "2" for your second preference and "3" for your third preference.

	1	2	3
Email me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call my phone number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send me a text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

Know @t Home

If we do not receive your blood specimen within 3 weeks after we send you the DBS collection kit, we can contact you and remind you to send in your specimen

How would you like us to remind you to send in your DBS? Please rank the three options below. Enter "1" for your first preference, "2" for your second preference and "3" for your third preference.

	1	2	3
Email me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Call my phone number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Send me a text message	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Next

Know @t Home

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. Please send this email from the email address you provided.

You should expect to receive a discreet package containing your HIV self-tests in the next few weeks and will be alerted when additional features within your study app are available. You will receive a token of appreciation for reporting any home test results.

In four months, you will be expected to complete another survey and be sent additional home testing kits at that time, each of which you will receive a token of appreciation for completing.

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
- 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.cdc.gov/hiv/testing/>)
 - AIDSvu HIV Testing Locator (<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 or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or pssulli@emory.edu. To get more information about HIV, please visit: www.cdc.gov/hiv.

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

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Know @t Home

Based on your answers, you qualify to enroll in our study. Please provide the following information (first and last name, phone number, email address and contact preference) so we may contact you to schedule your participation in the study. 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.

Public reporting burden of this collection of information is estimated to average 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: OMB-PRA (0920-New)

What is the current, 10-digit phone number for the mobile phone you plan to use during this study? This should be a device that you are able to receive text messages on with important information such as reminders to complete more health surveys. *

xxxxxxxxx (do not include dashes)

Next

Know @t Home

What is your current email address? *

Next

Know @t Home

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.

Enter shipping address:

Address 1: *

Address 2:

City: *

State: *

ZIP code: *

What type of address is this?

- My home or residential address (house, apartment, condo)
- Someone else's home or residential address (house, apartment, condo)
- My office or work location
- Someone else's office or work location
- Post office or other shared mailbox (PO Box)
- Community based organization or health center
- Other, please specify

Next

Know @t Home

If study staff contacts you regarding participation in the study, how would you most prefer to be contacted? *Please select one.*

- Phone call
- Text message
- Email
- No preference

If study staff contacts you regarding participation in the study, they will first attempt to contact you by the contact method you prefer. If unable to make contact by the preferred method, study staff will attempt to make contact by other means.

During this study, we will not connect your name with any survey responses you provide. We prefer having a first and last name, as this name will also be displayed on the package mailed to you as part of this study. You will need to know by the name on the package that it is for you.

What is your full name? Please include a first and last name. *

First Name *


Characters used: 0 (minimum 2).

Last Name *

Characters used: 0 (minimum 2).

Please provide us with your name, or if you prefer, a nickname, alias or name of your choice that we can use throughout the study to communicate with you. .

New reCAPTCHA

 I'm not a robot 
reCAPTCHA
Privacy - Terms

Submit

Page 4

Know @t Home

Congratulations! You are registered to participate in this health study.

The next step is to complete a baseline health survey. You will be contacted by email from ISTAMP@emory.edu and given instructions with how to complete the baseline survey. Please note that this can take up to two weeks. At any time, you may contact the study coordinator at ISTAMP@emory.edu or (404) 727- 4340 with questions.

Page 5

Know @t Home

You have requested to order health items from the study you are participating in. All the items you order will be mailed to you free of charge to an address of your preference. Additionally, we will request a contact number and an email address so that we can contact you regarding your order status as well as lab results. It is important to remember that if you order an at-home STI CareKit, study staff will attempt to contact you regarding your results using the contact information you provide in the order form.

If you have any questions, please contact the CareKit Team at Carekit@emory.edu or 404-435-4513. You can also contact the study coordinator at iSTAMP@emory.edu or 404-727-4340.

Ordering items is entirely your choice. You have a right to stop the process at any time.

Public reporting burden of this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

If you agree to the above information and would like to proceed with ordering health items, please click the “I Agree” box below.

- I agree
- I do NOT agree

Next

Know @ Home

Please check the items you wish to order. Check all that apply.



STI CareKit: STI CareKits are developed to allow you to test for STIs at the convenience of your home. CareKits can be designed to test for gonorrhea, chlamydia, and/or syphilis and will come with instructions, specimen collection equipment, and a pre-paid bubble mailer to ship specimen to the lab.



Condoms: ONE Variety Pack: Includes 2 classic, 1 flavor wave, 1 glowing pleasures, 1 hyperthin, and 1 sensations, and 7 packs water-based lubricant.



Condoms: One Standard: Includes 10 standard condoms and 10 packs of water-based lubricant.



Condoms: ONE Sensation: Includes 10 sensation condoms and 10 packs of water-based lubricant.



Condoms: ONE Pleasure: Includes 3 hyperthin, 3 super sensitive, and 4 pleasure plus, and 10 packs of water-based lubricant.



Condoms: ONE Large: Includes 10 large condoms and 10 packs of water-based lubricant.



Condoms: ONE Adventure: Includes 5 flavor wave and 5 glowing pleasure, and 10 packs of water-based lubricant.



Condoms: ONE Latex free: Includes 10 latex free condoms and 10 packs of water-based lubricant.



Lubricant: Water-based: Includes 10 packs of water-based lubricant.



Lubricant: Silicone-based: Includes 10 packs of silicone-based lubricant.

Next

Know @ Home

Thank you for your order. Please fill in the fields below to ensure that your items are delivered to you. All items are required.

Name (First and Last) * Delivery Address *

Apt/Suite/Office

City * State * Zip *

Email Address *

Cell Phone Number *

Please select your cell phone carrier.

How do you prefer to be contacted?

Submit

Know @t Home

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

Page 4

Know @t Home

This survey is only for study participants who have used the rapid HIV home test (OraQuick or INSTI) that was sent from the Know@Home study to test themselves. If you gave a test kit to someone else, there is a separate survey for them to fill out.

Thank you for participating in our study! This survey includes personal questions about your OraQuick or INSTI HIV home test results. Questions marked with a red asterisk (*) are required questions that you must answer to move forward. You may choose to not answer any questions that make you feel uncomfortable.

If you have any questions, problems with using the tests, or if you test positive, you can call this toll-free study support number 24 hours a day, 7 days a week: 1-800-628-9240.

Some of the questions we will ask are a little personal and may make you feel uncomfortable. You have the option to refuse to answer any question you do not want to answer, and your participation is completely voluntary. All data you give us will be stored on a HIPAA-compliant server and will only be used for the purposes of this research study.

If first time filling out survey:

If you complete this survey within 4 weeks of your first test delivery, report your test result, and upload a picture of your used test paddle or device, you can receive \$10 through an option of your choice, such as a gift card.

If not the first time filling out survey:

This survey will ask questions about the most recent study HIV self-tests that you have completed. Each test needs to be reported separately. If you have already reported some of the test results on a previous survey, please answer questions only relating to test you have not already reported.

If you did not test yourself with the tests from the Know@Home study, stop here and exit.

If you used the test kits on yourself, and are you ready to take the survey and upload a photo, click "Next" to continue on to the survey.

Otherwise, come back to this link when you are ready!

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

Next

Know @t Home

Are you a participant in the Know@Home Study? *

- No
- Yes

Next

Page 2

Know @t Home

Did receiving these HIV test kits affect how soon you got tested for HIV?

- I tested sooner than I would have otherwise
- I tested at about the same time that I would have otherwise
- I do not know

After you downloaded the app and completed the survey how long did it take you to receive the HIV test kits?

Characters used: 0 out of 3.
Days

Next

Page 3

Know @t Home

This survey will ask questions about the most recent study HIV self-tests that you have completed. If you have already reported some of the test results on a previous survey, please answer questions only relating to tests you have not already reported.

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

OraQuick (oral swab) tests

INSTI Self-Test tests

Next

Know @ Home

We will now ask you some questions about the OraQuick (oral swab) tests that you reported that you completed as part of this study. If you completed more than one OraQuick test, you will be asked about each test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:
Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 5 part 2

Know @t Home

When did you first test yourself for HIV using this First study test?

Month:

Year:

Characters used: 0 (minimum 4).
Characters used: 0 out of 4.

How much time did it take you to conduct the First OraQuick self-test?

Characters used: 0 out of 3.
minutes

Next

What was the result from the First OraQuick home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your FIRST test device.



- Image 1
- Image 2
- Image 3
- No lines on the test device
- Some lines, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your FIRST used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!

When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Page 8 part 2

Know @t Home

We will now ask you about the SECOND OraQuick test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Page 9 part 1

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 9 part 2

Repeat pages 6, 7, and 8 with language for SECOND OraQuick test

Know @ Home

We will now ask you some questions about the INSTI (Fingerstick) tests that you reported that you completed as part of this study. If you completed more than one INSTI test, you will be asked about each test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 13 part 2

Know @t Home

When did you test yourself for HIV using this First study test?

Month:

Year:

Characters used: 0 (minimum 4).
Characters used: 0 out of 4.

How much time did it take you to conduct the First INSTI self-test?

Characters used: 0 out of 3.
minutes

Next

What was the result from the First INSTI home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your FIRST test device.

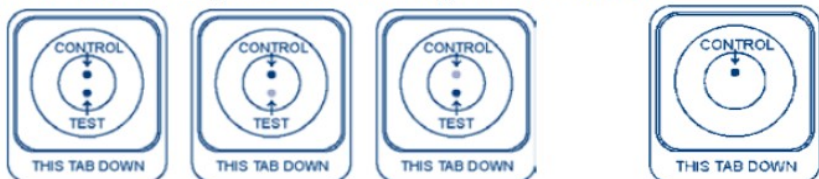


Image 1

Image 2

- A. There is no blue color on the control spot or the test spot
- B. There is blue color on the test spot but not on the control spot
- C. Uniform tint across the membrane
- D. Only blue specks appear on the membrane

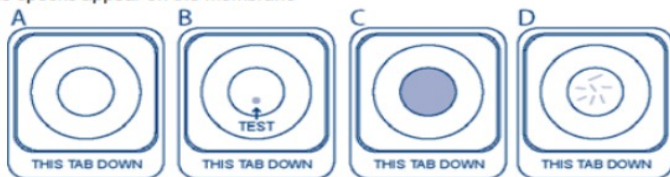


Image 3

- Image 1
- Image 2
- Image 3
- Some dots, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your FIRST used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!

When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Page 16 part 2

Know @t Home

Now we will ask you about the SECOND INSTI test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Page 17 part 1

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 17 part 2

Repeat of pages 14, 15, and 16 with language for SECOND INSTI test.

Know @t Home

Did you use the instructions sheet?

- No
 Yes
-

Were the pictures helpful?

- No
 Yes
-

Which of the pictures worked well or were not good?

Was the device easy to use?

- No
 Yes
-

Were you confident with performing this test on your own?

- No
 Yes
-

Next

What should you do if you have a negative result?

- Wear condoms
- Re-test
- Seek care with a doctor
- Other:

What should you do if you have a positive result? *Check all that apply.*

- Wear condoms
- Re-test
- Seek care with a doctor
- Other: *

What should you do if you have an invalid result? *Check all that apply.*

- Re-test
- Seek care with a doctor
- Other: *

What should you do if you are not sure of your result?

- Re-test
- Seek care with a doctor
- Other:

Next

Know @t Home

Would you use this test again?

- No
- Yes

Would you prefer to use this test at home or get tested at a clinic?

- Prefer to use at home
- Prefer to get tested at a clinic
- Both

Would you recommend this test to a sexual partner/friend?

- No
- Yes

Do you have suggestions on how to make this product easier to use?

Next

Know @t Home

How would you like to receive your token of appreciation?

- PayPal
- Target Gift Card
- Walmart Gift Card
- CVS Gift Card
- ClinCard (prepaid debit card)
- Starbucks
- Regal Entertainment Group
- Amazon

Next

Page 21

Please provide the email you have linked with your PayPal account:

Next

Page 21 Part 2

Please provide the email you would like your gift card sent to:

Next

Page 21 Part 3

Please provide the address you would like your ClinCard mailed to:

Contact Name *

Address 1 *

Address 2

City *

State *

Zip *

What type of address is this?

- My home or residential address (house, apartment, condo)
- Someone else's home or residential address (house, apartment, condo)
- My office or work location
- Someone else's office or work location
- Post office or other shared mailbox (PO Box)
- Community based organization or health center
- Other, please specify

Next

Know @t Home

Thank you for reporting your rapid HIV home test results! A staff member may be in contact with you soon regarding the results that you reported.

If you have any questions, problems with using the tests, or if you test positive, you can call this toll-free support number 24 hours a day, 7 days a week: 1-800-628-9240.

Study staff may be in contact with you soon regarding the results that you reported. If you think you are at risk or that you may have been exposed to HIV, it will be important for you to test again in three months. If you want to learn more about HIV, where to get more information, or where to get tested or receive care in your area, please click on the following links.

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
- HIV Testing Resources
 - CDC HIV Testing Locator (<https://gettested.cdc.gov/>)
 - CDC HIV Testing Information Page (<https://www.cdc.gov/hiv/testing/>)
 - AIDS.gov HIV Testing Locator (<https://www.aids.gov/hiv-aids-basics/prevention/hiv-testing/hiv-testlocations/>)
 - AIDSVu HIV Testing Locator (<https://aidsvu.org/locators/testing-sites/>)
- PrEP Resources
 - Centers for Disease Control PrEP Resources (<https://www.cdc.gov/actagainstaids/campaigns/starttalking/materials/prepresources.html>)
 - The Fenway Institute: What is PrEP? (<http://thefenwayinstitute.org/prepinfo/>)
 - PrEP Locator (<https://prelocator.org/>)
 - AIDS.gov PrEP Information Page (<https://www.aids.gov/hiv-aids-basics/prevention/reduce-yourrisk/pre-exposure-prophylaxis/>)

If you have any questions or comments, you may contact study staff at 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. To get more information about HIV, please visit: www.cdc.gov/hiv.

You can use your study mobile app to set up an appointment to talk to an experienced HIV counselor. If you wish to do that, please go back to the study app now. Study staff will also be in contact with you in 3-5 business days regarding your token of appreciation.

You may now safely close your browser tab or window.

End

Know @t Home

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).

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)

Next

Know @t Home

What is your birthdate? *Enter the month, day, and year.* *

MM/DD/YYYY

What is the 5-digit ZIP code for the location where you primarily live? *

Characters used: 0 out of 5.

Next

Page 2

Know @t Home

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

What is your current HIV status?

- Negative
 - Positive
 - I have never been tested
 - I do not know
-

Did you test yourself with any of the rapid HIV self-tests that we sent to you?

- No
 - Yes
-

Next

Did you test yourself with any of the rapid HIV self-tests that we sent to you?

No

Yes

Did you use more than one of the study HIV self-tests?

No

Yes

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

OraQuick (oral swab):

Characters used: 0 out of 2.

INSTI (finger prick):

Characters used: 0 out of 2.

Next

Know @t Home

Have you tested for HIV at a clinic or testing center or service since the last survey, which was about 4 months ago?

- No
 Yes

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.*

Characters used: 0 out of 2.
times

Next

Know @t Home

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?

- No
 - Yes
-

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?

- No
 - Yes
-

Next

Did you give away or keep and not use any of the rapid HIV self-test that we sent to you?

- No
 Yes
-

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

Give to someone else to test themselves:

Characters used: 0 out of 2.

Keep and not use:

Characters used: 0 out of 2.

Did anyone **refuse** to accept the study test when you offered it to them?

- No
 Yes
-

Next

Of the study tests you gave to Person 1, how many of them were:

OraQuick (oral swab): tests

INSTI (finger prick): tests

How old is Person 1? *Use your best guess if you are not sure.*

Characters used: 0 out of 2.
years old

What is the gender of the person you gave the study test kit(s) to?

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

Who is **Person 1**? *Check only one.*

- A main sexual partner (Someone you feel committed to above all others)
 - A casual sexual partner (Someone you do not feel committed to above all others)
 - A family member (who is not a sexual partner)
 - A friend or acquaintance (who is not a sexual partner)
 - A stranger (who is not a sexual partner)
 - Other (please specify)
-

Next

Know @t Home

The following questions are about that HIV test you gave to *Person 1*.

To the best of your knowledge, when did **Person 1** use the test(s) that you gave him/her?

  MM/DD/YYYY

To the best of your knowledge, did **Person 1** use the test(s) that you gave him/her?

- No
- Yes
- I don't know

What was the result of the HIV test(s) you gave to **Person 1** ?

- Negative
- Positive
- Invalid/Test did not work
- They did not share the result with me (I don't know the result of the test)

Next

Page 14 - This page is repeated for each person the participant reports on page 12

Know @t Home

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].

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

- Only men
 - Only women
 - Both men and women
 - Nobody
-

Next

Page 18

Know @t Home

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

- No
 - Yes
-

Next

Page 23

Know @t Home

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

In the past 4 months, have you bought condoms?

- No
 - Yes
-

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

- No
 - Yes
-

Next

Know @t Home

The next questions are about pre-exposure prophylaxis (PrEP). PrEP is medication for a healthy person to take to prevent becoming infected with 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.

In the past 4 months, have you had a discussion with a health care provider about taking PrEP?

- No
- Yes

Are you currently taking PrEP?

- No
- Yes

Next

Know @t Home

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

- Education assistance
- Job training
- Job placement
- Housing assistance / placement
- Counseling
- Drug treatment services
- Supplemental Nutrition Assistance Program (SNAP) or Food Stamps
- Electronic Benefits Transfer (EBT)
- Mental health services
- Other, please specify *

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

- No symptoms
- Sore throat
- Fever
- Nausea
- Vomiting
- Diarrhea
- Headache
- Fatigue
- Soreness or pain in your joints
- Soreness or pain in your lymph nodes
- Body rash

Next

Know @t Home

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.

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

- No
- Yes

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

- No
- Yes

Next

Know @t Home

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

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

- No
- Yes

Next

Page 33

Know @t Home

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

Are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?

- No
- Yes

Next

Page 34

Know @t Home

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

Are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?

- No
 Yes
-

Next

Page 35

Know @t Home

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.

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

- I used Zoom to speak to a counselor
 I used healthMpowerment
 I used HealthMindr
 I did not use any of these
-

Next

Page 36

Know @t Home

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.

I think that I would like to use Zoom frequently to talk to a counselor about HIV or STIs.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I found Zoom unnecessarily complex.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I thought Zoom was easy to use.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

Next

I think that I would like to use healthMpowerment frequently.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I found healthMpowerment unnecessarily complex.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I thought healthMpowerment was easy to use.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

Next

Know @t Home

I think that I would like to use HealthMindr frequently.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I found HealthMindr unnecessarily complex.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

I thought HealthMindr was easy to use.

- Strongly disagree
 - Disagree
 - Neither Agree nor Disagree
 - Agree
 - Strongly agree
-

Next

Know @t Home

How would you like to receive your token of appreciation?

- PayPal
- Target Gift Card
- Walmart Gift Card
- CVS Gift Card
- ClinCard (prepaid debit card)
- Starbucks
- Regal Entertainment Group
- Amazon

Next

Please provide the following information (first and last name, mailing address) so we may ship a second rapid HIV self-test kit and dried blood spot (DBS) collection kit for you to use. You 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.

Please enter your shipping address:

Contact Name: *

Address 1 *

Address 2

City *

State *

Zip *

What type of address is this?

- My home or residential address
- Someone else's home or residential address (House, apartment, condo)
- My office or work location
- Someone else's office or work location
- Post office or other shared mailbox (PO Box)
- Community based organization or health center
- Other, please specify

Submit

Know @t Home

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. 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
- 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>)
- 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://prelocator.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 or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or pssulli@emory.edu. To get more information about HIV, please visit: www.cdc.gov/hiv.

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

END

Know @t Home

This home HIV test kit has been distributed as part of a research study funded by the Centers for Disease Control and Prevention (CDC). On the following web pages, we will provide you with some help on how to use the HIV test kit, and ask you to provide some anonymous information as part of the study.

The Emory University Rollins School of Public Health is doing a research study of home HIV testing. This study is to find out if men who were recruited from the Internet will test for HIV at home and if they will give test kits to people they know. What we learn will help create better HIV prevention programs for our community.

Thank you for taking the time to complete this survey! By continuing and using this website to answer questions about yourself and your previous testing experience, you are agreeing to be part of a research study.

If you have any questions, problems with using the tests, or if you test positive, you can call this toll-free study support number 24 hours a day, 7 days a week: 1-800-628-9240. If you

Public reporting burden of this collection of information is estimated to average 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: OMB-PRA (0920-New)

Next

Know @t Home

Are you a participant in the Know@Home Study? If you have received this kit from someone else, you would not be considered a participant. *

- No
 Yes

Next

Page 2

Know @t Home

We would like to ask you a few questions to help you best use the kit. Your answers are private and anonymous.

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-New)

How old are you?

Characters used: 0 out of 3.

Do you consider yourself Hispanic or Latino?

- No
 Yes

Which racial group or groups do you consider yourself to be in? *Check all that apply.*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Do you consider yourself to be male, female, or transgender?

- Male
- Female
- Transgender

Next

Know @t Home

Where did you get the rapid HIV home test kit(s)?

- Friend
- Sex partner
- Family member/relative

Other, please specify

Before using the study home HIV test kit(s), when was your last HIV test?

MM/YYYY

Characters used: 0 out of 7.

- I have never been tested for HIV
- I don't know

Next

Know @t Home

This survey will ask questions about the most recent study HIV self-tests that you have completed. If you have already reported some of the test results on a previous survey, please answer questions only relating to tests you have not already reported.

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

OraQuick (oral swab) tests

INSTI Self-Test tests

Next

Know @ Home

We will now ask you some questions about the OraQuick (oral swab) tests that you reported that you completed as part of this study. If you completed more than one OraQuick test, you will be asked about each test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

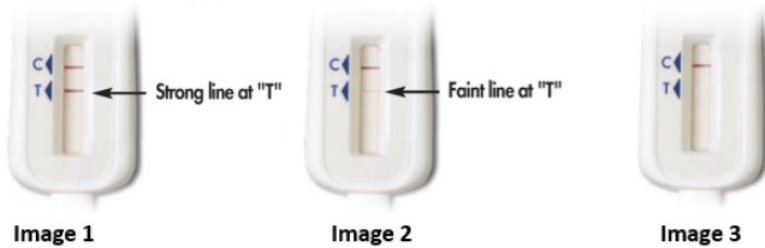
Next

Know @t Home

What was the result from the First OraQuick home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your FIRST test device.



- Image 1
- Image 2
- Image 3
- No lines on the test device
- Some lines, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your FIRST used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!

When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Page 8 part 2

Know @ Home

Now we will ask you about your SECOND OraQuick test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 9 part 2

Know @t Home

What was the result from the Second OraQuick home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your SECOND test device.



Image 1

Image 2

Image 3

- Image 1
- Image 2
- Image 3
- No lines on the test device
- Some lines, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your SECOND used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!

When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Page 11 part 2

Know @ Home

We will now ask you some questions about the INSTI (Fingerstick) tests that you reported that you completed as part of this study. If you completed more than one INSTI test, you will be asked about each test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 12 part 2

What was the result from the First INSTI home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your FIRST test device.

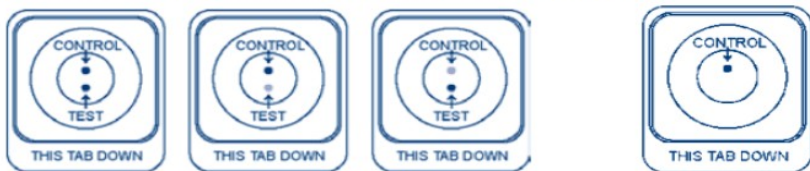


Image 1

Image 2

- A. There is no blue color on the control spot or the test spot
- B. There is blue color on the test spot but not on the control spot
- C. Uniform tint across the membrane
- D. Only blue specks appear on the membrane

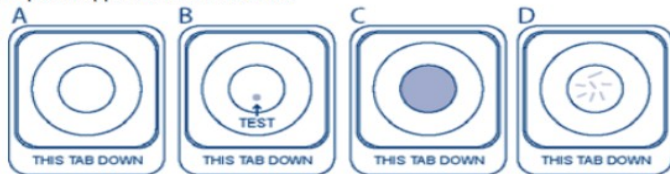


Image 3

- Image 1
- Image 2
- Image 3
- Some dots, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your FIRST used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!
When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Page 14 part 2

Know @t Home

We will now ask you questions about your SECOND INSTI test.

We need you to verify your test kit box number. Your box number is a total of 7 numbers and/or letters that can be found on the sticker on the top or side of your box. A sample picture is below.



What is your box number?

Box number:

Characters used: 0 out of 7.

Please re-enter your box number.

Box Number

Characters used: 0 out of 7.

Next

Page 15 part 2

What was the result from the Second INSTI home HIV test that you used as part of this study?

- Positive / HIV Reactive
- Negative / HIV Non-Reactive
- Test is not working (results do not look like example or there are no lines on the device)

Please select the image that most looks like your SECOND test device.

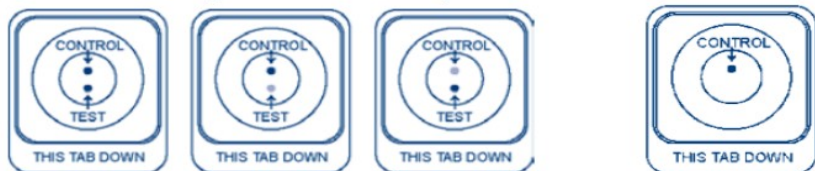


Image 1

Image 2

- A. There is no blue color on the control spot or the test spot
- B. There is blue color on the test spot but not on the control spot
- C. Uniform tint across the membrane
- D. Only blue specks appear on the membrane

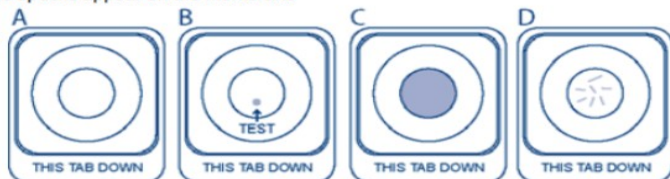


Image 3

- Image 1
- Image 2
- Image 3
- Some dots, but my results do not look like the above examples

Next

Know @t Home

Please upload a picture of your SECOND used home test kit using the "Browse" button below. If you are using a smartphone, you have the option of taking a picture now or uploading a photo already on your phone. When you have chosen your photo, click "Upload."

An example of a successful picture is shown below. **Please make sure that the results window is clearly visible.**

Note: To receive your token of appreciation, you must take the test, complete the survey within 4 weeks of receiving the test, report the test results, and upload a picture of your test paddle after the test was completed.



Make sure your photo has finished uploading before clicking "Next" or you will not get your Amazon gift card!

When your photo has finished uploading, it will look like this:

File: example upload.jpg



Please upload a picture of your used test kit here:

Browse...

Remember... don't click "Next" until you see the grey box with your file name and a red X!

Next

Know @t Home

Was this the first time that you tested positive for HIV?

- No
 - Yes
-

Are you interested in having study staff contact you about the result of your test?

- No
 - Yes
-

Next

Know @t Home

Thank you for reporting your rapid HIV home test results!

If you need assistance, you may contact us at ISTAMP@emory.edu or 404-727-4340. **PLEASE DO NOT SEND YOUR TEST RESULT OR PHOTO BY EMAIL.**

If you have any questions, problems with using the tests, or if you test positive, you can call this toll-free support number 24 hours a day, 7 days a week: 1-800-628-9240.

Study staff may be in contact with you soon regarding the results that you reported. If you think you are at risk or that you may have been exposed to HIV, it will be important for you to test again in three months. If you want to learn more about HIV, where to get more information, or where to get tested or receive care in your area, please click on the following links.

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
- 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>)
- 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 or (404) 727-4340, or the Principal Investigator, Dr. Patrick Sullivan of Emory University, at (404) 727-2038 or psulli@emory.edu. To get more information about HIV, please visit: www.cdc.gov/hiv.

You may now safely close your browser tab or window.

Submit