Form Approved OMB No. 0920-New Expiration Date: XX/XX/XXXX

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We are asking you to complete this survey because you recently participated in the GAIN study. We want to understand your experience with getting the point-of-care nucleic acid test (POC NAT). We will ask you questions about yourself, your participation in the study, and your experience with the POC NAT used at your recent visit.

Considering that some of the questions may be about sensitive topics, we suggest taking this survey in a private location.

This survey is completely voluntary, and you may stop at any time. We expect this survey to take about 20 minutes. After you finish the survey, we will send you a \$10 Amazon gift card for your time.

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If you have any questions or concerns, please contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.

Thank you for your participation!

Please let us know your thoughts on the POC NAT that y	ou had at your study visit.
Why did you come in for HIV testing? (check all that appl	 It was a regularly scheduled testing visit and it was time for me to get tested again It was a visit before starting PrEP It was a post-exposure prophylaxis (PEP) visit to be prescribed medicine after a potential exposure to HIV I had symptoms that could be recent (primary) HIV infection I had symptoms of an STI I think I had an exposure to HIV I had a new partner I stopped having sex with someone My doctor recommended that I get tested Other
Why did you come in for HIV testing?	

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When did you get your POC NAT result? * must provide value	 During my appointment After my appointment I didn't get my results 	reset
How did you get your POC NAT result? * must provide value	 ○ In clinic ○ By phone ○ Via MyChart online ● I got them another way 	reset
How did you get your POC NAT result? * must provide value		
What was the result of your POC NAT? * must provide value	 HIV negative HIV positive Invalid I don't remember 	reset
How acceptable was the way you received your POC NAT result? * must provide value	 Very unacceptable Unacceptable Slightly unacceptable Slightly acceptable Acceptable Very acceptable 	reset

I trust the accuracy of the POC NAT result. * must provide value	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree
My understanding of my POC NAT result is that it indicated: * must provide value	 I definitely do not have HIV I am unlikely to have HIV I might have HIV I definitely have HIV I don't know
Now that you have received your POC NAT result, what will you do with that information? (check all that apply) * must provide value	 ✓ I plan to start PrEP ✓ I will retest later ✓ I will tell my partner/s my result ✓ I will tell my primary care provider my result ✓ I don't plan to change anything ✓ Other
Now that you have received your POC NAT result, what will you do with that information? * must provide value	
When do you plan to retest?	 Within the next month About 3 months from now About 6 months from now About 9 months from now About 12 months from now Other
When do you plan to retest?	
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	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongl agree
This is an acceptable test for HIV. * must provide value	0	0	0	0	0) re
I think this test is effective in identifying HIV infection. * must provide value	0	0	0	0	\bigcirc	0
I would be willing to use this test again. * must provide value	0	0	0	0	0	0
I did not like this test. * must provide value	0	0	0	0	0	0
Overall, this test is more helpful than other HIV tests. * must provide value	0	0	0	0	0	0
I would recommend this test to others. * must provide value	0	0	0	0	0	0
My experience with the POC NAT was: * must provide value			 Very ne, Negativ Slightly Slightly Positive Very po 	e negative positive		n
Previous Page				Next Page >>		

Now we are going to give you 12 sets of choices of HIV tests. Based on the characteristics listed, please tell us which HIV test is the one you would most prefer and which is the HIV test you would prefer least. Some of the options may reflect actual HIV tests that are available, but some are just imaginary for the purposes of this survey. The different factors included to consider are:

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results</u>: This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Oral fluid
Window period	2 weeks	12 weeks	4 weeks
Time to results	1 hour	20 minutes	2 days
Chance that you'll have a	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)
false positive			
	Option 1	Option 2	Option 3
Most preferred	Option 1	Option 2	Option 3
Most preferred * must provide value Least preferred * must provide value	Option 1 O	Option 2	

HIV Testing Preference - Question 1 of 12

HIV Testing Preference - Question 2 of 12

Specimen type Oral fluid Fingerstick Blood dr Window period 4 weeks 2 weeks 12 weel Time to results 1 hour 2 days 20 minu Chance that you'll have a false positive 1 in 100 (1%) 1 in 20 (5%) 1 in 1000 (0 Most preferred Option 1 Option 2 Option 4 Least preferred O O O HIV Testing Preference - Question 3 of 12 HIV Testing Preference - Question 3 of 12 HIV
Time to results 1 hour 2 days 20 minu Chance that you'll have a false positive 1 in 100 (1%) 1 in 20 (5%) 1 in 1000 (0 Option 1 Option 2 Option 2 Option 1 Option 2 Option 2 Control of the second se
Chance that you'll have a false positive 1 in 100 (1%) 1 in 20 (5%) 1 in 1000 (false positive) Option 1 Option 2 Option 2 Option 1 Most preferred Imust provide value O O O
false positive T in 100 (1%) T in 20 (3%) T in 100 (0 Option 1 Option 2 Option 4 Most preferred O O * must provide value O O
Most preferred O O O * must provide value O O O Least preferred O O O * must provide value O O O
* must provide value Least preferred * must provide value () () () () () () () () () () () () ()
* must provide value
HIV Testing Preference - Question 3 of 12
OPTION 1 OPTION 2 OPTION Specimen type Oral fluid Fingerstick Blood dr
Specimen type Oral fluid Fingerstick Blood dr Window period 12 weeks 2 weeks 4 week
Time to results 2 hours 20 minutes 2 days
Chance that you'll have a false positive1 in 20 (5%)1 in 100 (1%)1 in 1000 (0
Option 1 Option 2 Opt
Option 1 Option 2 Option Most preferred O O O

Specimen type: This is the type of sample used to run the test.

Window period: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

Time to results: This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw	Oral fluid
Window period	12 weeks	2 weeks	12 weeks
Time to results	2 hours	2 days	1 hour
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 20 (5%)	1 in 100 (1%)
	Option 1	Option 2	Option 3
Most preferred * must provide value	Option 1	Option 2	Option 3

HIV Testing Preference - Question 4 of 12

HIV Testing Preference - Question 5 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type **Blood draw Oral fluid** Fingerstick Window period 4 weeks 2 weeks 12 weeks **Time to results** 1 hour 2 hours 20 minutes Chance that you'll have a 1 in 20 (5%) 1 in 100 (1%) 1 in 1000 (0.1%) false positive Option 1 Option 2 Option 3 Most preferred Ο Ο 0 * must provide value reset Least preferred 0 Ο \bigcirc * must provide value reset HIV Testing Preference - Question 6 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type Oral fluid **Blood draw** Fingerstick 12 weeks Window period 2 weeks 4 weeks 2 hours 1 hour **Time to results** 2 days Chance that you'll have a 1 in 1000 (0.1%) 1 in 100 (1%) 1 in 20 (5%) false positive Option 1 Option 2 Option 3 Most preferred \bigcirc 0 0 * must provide value reset Least preferred \bigcirc \bigcirc \bigcirc * must provide value reset << Previous Page Next Page >> Save & Return Later

Specimen type: This is the type of sample used to run the test.

Window period: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results</u>: This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 7 of 12 $\,$

OPTION 1	OPTION 2	OPTION 3
Blood draw	Fingerstick	Oral fluid
4 weeks	12 weeks	2 weeks
1 hour	2 days	20 minutes
1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5%)
Option 1	Option 2	Option 3
0	0	⊖ re
0	0	0
	4 weeks 1 hour 1 in 100 (1%)	4 weeks 12 weeks 1 hour 2 days 1 in 100 (1%) 1 in 1000 (0.1%)

HIV Testing Preference - Question 8 of
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	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Oral fluid	Blood drav
Window period	12 weeks	4 weeks	2 weeks
Time to results	1 hour	20 minutes	2 hours
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 20 (5%)	1 in 100 (19
	Option 1	Option 2	Option
Most preferred * must provide value	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference		OPTION 3
Specimen type	OPTION 1	OPTION 2	
Specimen type Window period	_		Oral fluid
	OPTION 1 Blood draw	OPTION 2 Fingerstick	OPTION 3 Oral fluid 12 weeks 2 hours
Window period	OPTION 1 Blood draw 4 weeks	OPTION 2 Fingerstick 2 weeks	Oral fluid 12 weeks
Window period Time to results Chance that you'll have a false positive	OPTION 1 Blood draw 4 weeks 20 minutes	OPTION 2 Fingerstick 2 weeks 2 days	Oral fluid 12 weeks 2 hours 1 in 20 (5%
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 4 weeks 20 minutes 1 in 1000 (0.1%)	OPTION 2 Fingerstick 2 weeks 2 days 1 in 100 (1%)	Oral fluid 12 weeks 2 hours
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Blood draw 4 weeks 20 minutes 1 in 1000 (0.1%) Option 1	OPTION 2 Fingerstick 2 weeks 2 days 1 in 100 (1%) Option 2	Oral fluid 12 weeks 2 hours 1 in 20 (5% Option
Window period Time to results Chance that you'll have a false positive Most preferred * must provide value Least preferred	OPTION 1 Blood draw 4 weeks 20 minutes 1 in 1000 (0.1%) Option 1 O	OPTION 2 Fingerstick 2 weeks 2 days 1 in 100 (1%) Option 2	Oral fluid 12 weeks 2 hours 1 in 20 (5%

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

Time to results: This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 10 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood draw
Window period	4 weeks	2 weeks	12 weeks
Time to results	20 minutes	2 hours	2 days
Chance that you'll have a false positive	1 in 100 (1%)	1 in 20 (5%)	1 in 1000 (0.1%)
	Option 1	Option 2	Option 3
Most preferred * must provide value	Option 1	Option 2	Option 3
	Option 1 O	Option 2	0

HIV Testing Preference - Question 11 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type **Oral fluid Blood draw** Fingerstick Window period 12 weeks 2 weeks 4 weeks **Time to results** 1 hour 2 days 20 minutes Chance that you'll have a 1 in 1000 (0.1%) 1 in 1000 (0.1%) 1 in 100 (1%) false positive Option 1 Option 2 Option 3 Most preferred 0 0 \bigcirc * must provide value reset Least preferred \bigcirc \bigcirc \bigcirc * must provide value reset HIV Testing Preference - Question 12 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type Oral fluid **Oral fluid Blood draw** Window period 2 weeks 4 weeks 12 weeks 20 minutes Time to results 2 hours 1 hour Chance that you'll have a 1 in 100 (1%) 1 in 1000 (0.1%) 1 in 20 (5%) false positive Option 1 Option 2 Option 3 Most preferred \bigcirc 0 0 * must provide value reset Least preferred \bigcirc \bigcirc \bigcirc * must provide value reset << Previous Page Next Page >> Save & Return Later

you probably kno AIDS. In the perio immune system	Now we are going to ask you some questions about early HIV infection (also called primary HIV infection). As you probably know, HIV is a virus that weakens the immune system, leading to other infections, cancers, and AIDS. In the period of time right after someone gets infected with HIV, there is a special reaction by the immune system to the HIV that differs from when someone has been infected for a long time. We want to know what people know about early HIV infection so we can provide the best possible counseling and care.				
	as recently infected with HIV may have a t. This is called the "window period."	○ True ○ False			
Someone recent they have a nega	ly infected with HIV can spread HIV even if ative test.	○ True ○ False			
infection (prima	following statements about early HIV ry infection) is true. Please choose the e statement that you think is true.	 Primary HIV infection can be asymptomatic (there can be no symptoms in primary infection). 			

	 Primary HIV infection is always symptomatic (there are always symptoms in primary infection).
Examples of "symptoms" include things like "cough" or "runny nose." If you know any of the symptoms that can occur during primary HIV infection (symptoms people have when they first become HIV-infected), please list as many specific symptoms of primary HIV infection as you can below.	
	Expand
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PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-negative people to prevent getting HIV. Brand names of PrEP medicines are Truvada or Descovy. People take PrEP every day or right <u>before</u> getting exposed to HIV. The following questions are about your PrEP use.		
Have you ever taken PrEP?	 Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP 	set
How long ago did you start PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago 	set
How many pills have you missed in the last 4 days? Please enter a number.		
How many pills have you missed in the last 30 days? Please enter a number.		
When was the last time you missed a pill of your PrEP medication?	 This week In the past month 1-3 months ago More than 3 months ago Never 	set

What was the reason/s you missed your pills the last time you missed taking them? (check all that apply)	 Forgot Lost my medication Was having side effects Was feeling depressed Didn't want to Didn't want someone to see/know I was on PrEP Ran out of medication No reason Other
What was the reason you missed taking your pills the last time you missed taking them?	
Please rate your overall PrEP adherence.	0% 50% 100% Change the slider above to set a response reset
What is the hardest thing about taking PrEP?	 It is hard to remember to take every day I am not sure it will prevent me from getting HIV I am not sure it will prevent me from getting tHV I on think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs fam taking I do not have any concerns or challenges with taking PrEP Other

What is the hardest thing about taking PrEP?	
What is the main reason you are taking PrEP?	 I have a positive partner It decreases my anxiety about getting HIV My partners prefer that I use PrEP My doctor told me to I feel good that I am taking care of my sexual health Other
What is the main reason you are taking PrEP?	
< Previous Page Save & Return Later	Next Page >>

PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-negative people to prevent getting HIV. Brand names of PrEP medicines are Truvada or Descovy. People take PrEP every day or right <u>before</u> getting exposed to HIV. The following questions are about your PrEP use.			
Have you ever taken PrE	P ?	 Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP 	reset
How long ago did you sta	art PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago 	reset
When did you stop takin	g PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago 	reset
What is the main reason	you stopped taking PrEP?	 I didn't know enough about PrEP I did not like taking a pill every day I had side effects I did not think I was risky enough to be of I was not having enough sex/don't have I could not afford PrEP Other 	
What is the main reason	you stopped taking PrEP?		

What factors contributed to you stopping PrEP? (check all that apply)	 It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to be on PrEP It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I did not have any concerns or challenges with taking PrEP Other
What factors contributed to you stopping PrEP?	
< Previous Page Save & Return Later	Next Page >>

We will now ask you some questions about sexual experiences you've had in the past 3 months. We only want to know about partners you had oral, anal, or vaginal sex with in the past 3 months.

Some questions will ask specifically about your sex partners' HIV status and what you did with partners who were HIV positive, HIV negative, and partners whose HIV status you did not know. We know you can't always be sure of a partner's HIV status. Please try to answer the questions based on what you knew and what your partners told you or did not tell you about their HIV status.

We know it may be difficult to answer some of these questions if one or more of your sex partners do not identify as male or female, or if they are transgender. Except where we ask specifically about transgender partners, please include these sex partners in your responses to the questions about sex with either men or women, whichever you think is most appropriate.

We also know that how people refer to their genitals can be unique and personal. The following questions may use words that don't perfectly fit how you or your partners refer to your bodies. Please answer the questions about specific sex acts the best that you can.

In the past 12 months, did you have oral, anal, or vaginal sex with partners of the gender identities listed below?

(Cisgender is when your gender identity aligns with your sex at birth. Transgender is when your gender identity differs from your sex at birth.)

	Yes	No
Cisgender men	۲	0
		reset
Cisgender women	۲	O
Transgender men	۲	O
Transgender women	۲	O
Non-binary or genderqueer people	۲	C
People of another identity not listed	۲	0

In the past 12 months, with how many <u>cisgender men</u> have you had oral, anal, or vaginal sex?	
In the past 12 months, with how many <u>cisgender women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender men</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender</u> <u>women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>non-binary or</u> g <u>enderqueer people</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>people of another</u> <u>identity not listed</u> have you had oral, anal, or vaginal sex with?	1
Please describe the gender identities of your partner/s who you reported above.	

In the past 12 months, did you have condomless anal or vaginal sex with any partners who were HIV positive or whose HIV status you didn't know?	○ Yes ○ No ○ I don't know	
In the past 12 months, how many group sex events (sex with 2 or more partners at the same time) have you participated in? Enter 0 if none.		
OR	□ I don't know how many group sex events I've participated in during the past 12 months.	
In the last 12 months, has a health care provider told you that you had a sexually transmitted infection (STI) other than HIV?	● Yes ○ No reset	
Which STIs? (check all that apply)	 ☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ Other 	
<< Previous Page Save & Return Later Save & Return Later	Submit	
Close survey Thank you so much for completing this survey! We will send you an Amazon gift card via the same email address where we sent this survey. If you have any questions or concerns, you can contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.		

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Thank you for your participation!

Please let us know your thoughts on the POC NAT that you had at your study visit.		
Why did you come in for HIV testing? (check all that apply)	 It was a regularly scheduled testing visit and it was time for me to get tested again It was a visit before starting PrEP It was a post-exposure prophylaxis (PEP) visit to be prescribed medicine after a potential exposure to HIV I had symptoms that could be recent (primary) HIV infection I had symptoms of an STI I think I had an exposure to HIV I had a new partner I stopped having sex with someone My doctor recommended that I get tested Other 	

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Why did you come in for HIV testing?		
When did you get your POC NAT result? * must provide value	 During my appointment After my appointment I didn't get my results 	eset
How did you get your POC NAT result? * must provide value	 In clinic By phone Via MyChart online I got them another way 	eset
What was the result of your POC NAT? * must provide value	 HIV negative HIV positive Invalid I don't remember 	eset
How acceptable was the way you received your POC NAT result? * must provide value	 Very unacceptable Unacceptable Slightly unacceptable Slightly acceptable Acceptable Very acceptable 	eset
I trust the accuracy of the POC NAT result. * must provide value	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree 	eset

My understanding of my POC NAT result is that it indicated: * must provide value	 I definitely do not have HIV I am unlikely to have HIV I might have HIV I definitely have HIV I don't know
Now that you have received your POC NAT result, what will you do with that information? (check all that apply) * must provide value	 I plan to start PrEP I will retest later I will tell my partner/s my result I will tell my primary care provider my result I don't plan to change anything Other
Now that you have received your POC NAT result, what will you do with that information? * must provide value	
When do you plan to retest?	 Within the next month About 3 months from now About 6 months from now About 9 months from now About 12 months from now Other
When do you plan to retest?	
Next Page >> Save & Return La	ter

Now that you have received your POC N will you do with that information? (chec * must provide value		 □ I plan to start PrEP ☑ I will retest later □ I will tell my partner/s my result □ I will tell my primary care provider my result □ I don't plan to change anything ☑ Other 	t
Now that you have received your POC N will you do with that information? * must provide value	IAT result, what		
When do you plan to retest?		 Within the next month About 3 months from now About 6 months from now About 9 months from now About 12 months from now Other 	reset
When do you plan to retest?			
(Next Page >> Save & Return Later		

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV. * must provide value	0	0	0	0	0) rese
I think this test is effective in identifying HIV infection. * must provide value	0	0	0	0	0	0
I would be willing to use this test again. * must provide value	0	0	0	0	0	
I did not like this test. * must provide value	0	0	0	0	0	rese
Overall, this test is more helpful than other HIV tests. * must provide value	0	0	0	0	0	0
I would recommend this test to others. * must provide value	0	0	0	0	0	rese
My experience with the POC NAT was: * must provide value			 Very ne; Negativ Slightly Slightly Positive Very por 	e negative positive		rese
< Previous Page				Next Page >>		

Now we are going to give you 12 sets of choices of HIV tests. Based on the characteristics listed, please tell us which HIV test is the one you would most prefer and which is the HIV test you would prefer least. Some of the options may reflect actual HIV tests that are available, but some are just imaginary for the purposes of this survey. The different factors included to consider are:

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

HIV Testing Preference - Question 1 of 12

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Fingerstick	Oral fluid
Window period	12 weeks	2 weeks	4 weeks
Time to results	20 minutes	1 hour	2 hours
Chance that you'll have a	1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5%)
false positive			
false positive	Option 1	Option 2	Option 3
false positive Most preferred * must provide value			

	OPTION 1	OPTION 2	OPTION
Specimen type	Blood draw	Fingerstick	Oral flui
Window period	4 weeks	12 weeks	2 weeks
Time to results	1 hour	2 days	20 minut
Chance that you'll have a false positive	1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5
	Option 1	Option 2	Opti
Most preferred * must provide value	0	0	C
Least preferred * must provide value	0	0	C
	HIV Testing Preference	e - Question 3 of 12 OPTION 2	OPTION
Specimen type	OPTION 1 Oral fluid	OPTION 2 Blood draw	Fingersti
Window period	OPTION 1 Oral fluid 2 weeks	OPTION 2 Blood draw 12 weeks	Fingersti 4 week
	OPTION 1 Oral fluid	OPTION 2 Blood draw	Fingersti 4 week 1 hour
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 2 weeks 2 days	OPTION 2 Blood draw 12 weeks 2 hours	Fingersti 4 week 1 hour 1 in 20 (5
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Oral fluid 2 weeks 2 days 1 in 1000 (0.1%)	OPTION 2 Blood draw 12 weeks 2 hours 1 in 100 (1%)	OPTION Fingersti 4 week 1 hour 1 in 20 (5 Optic
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 2 weeks 2 days 1 in 1000 (0.1%) Option 1	OPTION 2 Blood draw 12 weeks 2 hours 1 in 100 (1%) Option 2	Fingersti 4 week 1 hour 1 in 20 (5 Optic

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Oral fluid	Fingerstic
Window period	2 weeks	4 weeks	12 weeks
Time to results	1 hour	20 minutes	2 hours
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 20 (5%)	1 in 100 (1%
	Option 1	Option 2	Option
Most preferred * must provide value	0	0	0

HIV Testing Preference - Question 5 of 12

	OPTION 1	OPTION 2	OPTION
Specimen type	Oral fluid	Fingerstick	Blood dra
Window period	12 weeks	4 weeks	2 weeks
Time to results	20 minutes	2 hours	2 days
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 20 (5%)	1 in 20 (59
	Option 1	Option 2	Optic
Most preferred * must provide value	0	0	C
Least preferred * must provide value	0	0	C
	HIV Testing Preference	- Question 6 of 12	
	OPTION 1	OPTION 2	
Specimen type Window period	OPTION 1 Oral fluid	OPTION 2 Fingerstick	Blood dra
Specimen type Window period Time to results	OPTION 1	OPTION 2	Blood dra 12 week
Window period	OPTION 1 Oral fluid 4 weeks	OPTION 2 Fingerstick 2 weeks	Blood dra 12 week 2 days
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 4 weeks 20 minutes	OPTION 2 Fingerstick 2 weeks 2 hours	Blood dra 12 week 2 days 1 in 1000 (0
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 4 weeks 20 minutes 1 in 100 (1%)	OPTION 2 Fingerstick 2 weeks 2 hours 1 in 20 (5%)	OPTION Blood dra 12 week 2 days 1 in 1000 (0. Optic
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Oral fluid 4 weeks 20 minutes 1 in 100 (1%) Option 1	OPTION 2 Fingerstick 2 weeks 2 hours 1 in 20 (5%) Option 2	Blood dra 12 week 2 days 1 in 1000 (0 Optic

Save & Return Later

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Oral fluid
Window period	2 weeks	12 weeks	4 weeks
Time to results	1 hour	20 minutes	2 days
Chance that you'll have a false positive	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.
	Option 1	Option 2	Optio
Most preferred * must provide value	0	0	0

HIV Testing Preference - Question 8 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type **Blood draw** Fingerstick Fingerstick Window period 4 weeks 2 weeks 12 weeks **Time to results** 2 days 20 minutes 1 hour Chance that you'll have a 1 in 1000 (0.1%) 1 in 100 (1%) 1 in 20 (5%) false positive Option 1 Option 2 Option 3 Most preferred 0 0 0 * must provide value reset Least preferred \bigcirc \bigcirc \bigcirc * must provide value reset HIV Testing Preference - Question 9 of 12 **OPTION 1 OPTION 2 OPTION 3 Blood draw** Specimen type Fingerstick **Blood draw** Window period 4 weeks 2 weeks 12 weeks Time to results 2 days 2 hours 20 minutes Chance that you'll have a 1 in 20 (5%) 1 in 1000 (0.1%) 1 in 100 (1%) false positive Option 1 Option 2 Option 3 Most preferred \bigcirc 0 0 * must provide value reset Least preferred * must provide value \bigcirc \bigcirc \bigcirc reset << Previous Page Next Page >> Save & Return Later

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

<u>False positive</u>: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 10 of 12
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	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw	Oral fluid
Window period	12 weeks	2 weeks	4 weeks
Time to results	1 hour	20 minutes	2 hours
Chance that you'll have a false positive	1 in 20 (5%)	1 in 1000 (0.1%)	1 in 1000 (0.1%)
	Option 1	Option 2	Option 3
Most preferred • must provide value	Option 1	Option 2	0
Most preferred	Option 1 O	Option 2	Option 3 O re

HIV Testing Preference - Question 11 of 12

	OPTION 1	OPTION 2	OPTION
Specimen type	Oral fluid	Fingerstick	Blood dra
Window period	12 weeks	4 weeks	2 weeks
Time to results	2 hours	2 days	20 minute
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 1000 (0.
	Option 1	Option 2	Optic
Most preferred * must provide value	0	0	С
Least preferred * must provide value	0	0	C
	HIV Testing Preference	Question 12 of 12	
Specimen ture	OPTION 1	OPTION 2	
Specimen type Window period			Blood dra
Specimen type Window period Time to results	OPTION 1 Blood draw	OPTION 2 Oral fluid	Blood dra 2 week
Window period	OPTION 1 Blood draw 12 weeks	OPTION 2 Oral fluid 4 weeks	Blood dra 2 week 2 hours
Window period Time to results Chance that you'll have a false positive	OPTION 1 Blood draw 12 weeks 1 hour	OPTION 2 Oral fluid 4 weeks 2 days	Blood dra 2 week 2 hours 1 in 1000 (0
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 12 weeks 1 hour 1 in 20 (5%)	OPTION 2 Oral fluid 4 weeks 2 days 1 in 100 (1%)	OPTION Blood dra 2 week 2 hours 1 in 1000 (0 Optic
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Blood draw 12 weeks 1 hour 1 in 20 (5%) Option 1	OPTION 2 Oral fluid 4 weeks 2 days 1 in 100 (1%) Option 2	Blood dra 2 week 2 hours 1 in 1000 (0 Opti
Window period Time to results Chance that you'll have a false positive Most preferred * must provide value Least preferred	OPTION 1 Blood draw 12 weeks 1 hour 1 in 20 (5%) Option 1	OPTION 2 Oral fluid 4 weeks 2 days 1 in 100 (1%) Option 2	Blood dra 2 week 2 hours 1 in 1000 (0 Optio
Window period Time to results Chance that you'll have a false positive Most preferred * must provide value Least preferred	OPTION 1 Blood draw 12 weeks 1 hour 1 in 20 (5%) Option 1	OPTION 2 Oral fluid 4 weeks 2 days 1 in 100 (1%) Option 2	Blood dra 2 weeks 2 hours 1 in 1000 (0 Option

you probably know, HIV is a virus the AIDS. In the period of time right afte immune system to the HIV that diffe	at weakens the immune s r someone gets infected v ers from when someone h	infection (also called primary HIV infection). As ystem, leading to other infections, cancers, and with HIV, there is a special reaction by the as been infected for a long time. We want to provide the best possible counseling and care.
Someone who was recently infected negative HIV test. This is called the "		⊖ True ⊖ False reset
Someone recently infected with HIV they have a negative test.	can spread HIV even if	⊖ True ⊖ False reset
Only one of the following statement infection (primary infection) is true. circle next to the statement that you	Please choose the	 Primary HIV infection can be asymptomatic (there can be no symptoms in primary infection). Primary HIV infection is always symptomatic (there are always symptoms in primary infection).
Examples of "symptoms" include thi "runny nose." If you know any of the occur during primary HIV infection (s have when they first become HIV-inf many specific symptoms of primary can below.	e symptoms that can symptoms people fected), please list as	Expand
< Previous Page	Save & Return Later	Next Page >>

PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-ne names of PrEP medicines are Truvada or Descovy. People tal to HIV. The following questions are about your PrEP use.		
Have you ever taken PrEP?	 Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP 	reset
How long ago did you start PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago 	reset
How many pills have you missed in the last 4 days? Please enter a number.		
How many pills have you missed in the last 30 days? Please enter a number.		
When was the last time you missed a pill of your PrEP medication?	 This week In the past month 1-3 months ago More than 3 months ago Never 	reset

What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with	you missed taking them? (check all that apply) Lost my medication Was having side effects Was faving side effects Was faving side effects Didn't want to Didn't want someone to see/know I was on PrEP Ran out of medication No reason Other What was the reason you missed taking your pills the last time you missed taking them? Image the sider above to set a response Please rate your overall PrEP adherence. 0% 50% 10% Change the sider above to set a response reset reset What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't link my risk for HIV is high enough to take PrEP every day I to shord be I to sord affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking PrEP may not be safe to use with other drugs I am taking		
time you missed taking them? Please rate your overall PrEP adherence. 0% 50% 100% Change the slider above to set a response reset What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with	time you missed taking them? Please rate your overall PrEP adherence. O% 50% 100% Change the slider above to set a response reset What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HV I don't think my risk for HIV is high enough to take PrEP every day I t is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with taking PrEP I other		 Lost my medication Was having side effects Was feeling depressed Didn't want to Didn't want someone to see/know I was on PrEP Ran out of medication No reason
Change the slider above to set a response reset What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with	Change the slider above to set a response reset What is the hardest thing about taking PrEP? It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with taking PrEP I do not have any concerns or challenges with taking PrEP		
 I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with 	 I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with taking PrEP Other 	Please rate your overall PrEP adherence.	Change the slider above to set a response
Other		What is the hardest thing about taking PrEP?	 I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with taking PrEP Other

What is the hardest thing about taking PrEP?	
What is the main reason you are taking PrEP?	 I have a positive partner It decreases my anxiety about getting HIV My partners prefer that I use PrEP My doctor told me to I feel good that I am taking care of my sexual health Other
What is the main reason you are taking PrEP?	
< Previous Page Save & Return Later	Next Page >>

PrEP, or pre-exposure prophylaxis, is HIV medicine for names of PrEP medicines are Truvada or Descovy. Peoj to HIV. The following questions are about your PrEP us	ple take PrEP every day or right <u>before</u> getting exposed
Have you ever taken PrEP?	 Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP
How long ago did you start PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago
When did you stop taking PrEP?	 In the past month 1-6 months ago 6-12 months ago More than 1 year ago
What is the main reason you stopped taking PrEP?	 I didn't know enough about PrEP I did not like taking a pill every day I had side effects I did not think I was risky enough to be on PrEP I was not having enough sex/don't have sex I could not afford PrEP Other
What is the main reason you stopped taking PrEP?	

What factors contributed to you stopping PrEP? (check all that apply)	 It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to be on PrEP It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I did not have any concerns or challenges with taking PrEP Other
What factors contributed to you stopping PrEP?	
<< Previous Page Save & Return Later	Next Page >>

We will now ask you some questions about sexual experiences you've had in the past 3 months. We only want to know about partners you had oral, anal, or vaginal sex with in the past 3 months.

Some questions will ask specifically about your sex partners' HIV status and what you did with partners who were HIV positive, HIV negative, and partners whose HIV status you did not know. We know you can't always be sure of a partner's HIV status. Please try to answer the questions based on what you knew and what your partners told you or did not tell you about their HIV status.

We know it may be difficult to answer some of these questions if one or more of your sex partners do not identify as male or female, or if they are transgender. Except where we ask specifically about transgender partners, please include these sex partners in your responses to the questions about sex with either men or women, whichever you think is most appropriate.

We also know that how people refer to their genitals can be unique and personal. The following questions may use words that don't perfectly fit how you or your partners refer to your bodies. Please answer the questions about specific sex acts the best that you can.

In the past 12 months, did you have oral, anal, or vaginal sex with partners of the gender identities listed below?

(Cisgender is when your gender identity aligns with your sex at birth. Transgender is when your gender identity differs from your sex at birth.)

	Yes	No
Cisgender men	۲	0
Cisgender women	۲	reset
Transgender men	۲	C
Transgender women	۲	O
Non-binary or genderqueer people	۲	O
People of another identity not listed	۲	0

In the past 12 months, with how many <u>cisgender men</u> have you had oral, anal, or vaginal sex?	
In the past 12 months, with how many <u>cisgender women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender men</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender</u> <u>women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>non-binary or</u> g <u>enderqueer people</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>people of another</u> <u>identity not listed</u> have you had oral, anal, or vaginal sex with?	1
Please describe the gender identities of your partner/s who you reported above.	

In the past 12 months, did you have condomless anal or vaginal sex with any partners who were HIV positive or whose HIV status you didn't know?	 ○ Yes ○ No ○ I don't know
In the past 12 months, how many group sex events (sex with 2 or more partners at the same time) have you participated in? Enter 0 if none.	
OR	□ I don't know how many group sex events I've participated in during the past 12 months.
In the last 12 months, has a health care provider told you that you had a sexually transmitted infection (STI) other than HIV?	● Yes ○ No reset
Which STIs? (check all that apply)	☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ Other
<< Previous Page Save & Return Later Save & Return Later	Submit
Close survey Thank you so much for completing this survey! We will send you an Amazon sent this survey. If you have any questions or concerns, you can contact Joanne Stekler (206- GainStudy@uw.edu.	-
Powered by REDCap	

The third set of DCE questions are as follows (first set was shown in Group 1 CASI, second set shown above in Group 2 CASI. All participants in Groups 1 & 2 will be randomized to receive one of the three sets.)

Now we are going to give you 12 sets of choices of HIV tests. Based on the characteristics listed, please tell us which HIV test is the one you would most prefer and which is the HIV test you would prefer least. Some of the options may reflect actual HIV tests that are available, but some are just imaginary for the purposes of this survey. The different factors included to consider are:

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

HIV Testing Preference - Question 1 of 12

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood draw
Window period	12 weeks	2 weeks	4 weeks
Time to results	2 hours	20 minutes	2 days
Chance that you'll have a	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)
false positive	1 11 20 (5%)		11111000 (0.176)
false positive	Option 1	Option 2	Option 3
false positive Most preferred * must provide value			

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw	Oral fluid
Window period	2 weeks	4 weeks	12 weeks
Time to results	2 hours	1 hour	2 days
Chance that you'll have a false positive	1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5%)
	Option 1	Option 2	Option 3
Most preferred * must provide value	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference	- Question 3 of 12	
	OPTION 1	OPTION 2	OPTION 3
Specimen type	OPTION 1 Fingerstick	OPTION 2 Blood draw	OPTION 3 Blood draw
Specimen type Window period			
	Fingerstick	Blood draw	Blood draw
Window period	Fingerstick 4 weeks	Blood draw 2 weeks	Blood draw 12 weeks
Window period Time to results Chance that you'll have a false positive	Fingerstick 4 weeks 2 hours	Blood draw 2 weeks 1 hour	Blood draw 12 weeks 20 minutes
Window period Time to results Chance that you'll have a	Fingerstick 4 weeks 2 hours 1 in 100 (1%)	Blood draw 2 weeks 1 hour 1 in 1000 (0.1%)	Blood draw 12 weeks 20 minutes 1 in 20 (5%)
Window period Time to results Chance that you'll have a false positive Most preferred	Fingerstick 4 weeks 2 hours 1 in 100 (1%) Option 1	Blood draw 2 weeks 1 hour 1 in 1000 (0.1%) Option 2	Blood draw 12 weeks 20 minutes 1 in 20 (5%) Option 3
Window period Time to results Chance that you'll have a false positive Most preferred * must provide value Least preferred	Fingerstick 4 weeks 2 hours 1 in 100 (1%) Option 1	Blood draw 2 weeks 1 hour 1 in 1000 (0.1%) Option 2	Blood draw 12 weeks 20 minutes 1 in 20 (5%) Option 3 O

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 4 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Blood draw	Fingerstick
Window period	2 weeks	12 weeks	4 weeks
Time to results	2 days	2 hours	1 hour
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 20 (5%)
	Option 1	Option 2	Option 3
Most preferred	Option 1	Option 2	0
Most preferred * must provide value Least preferred * must provide value	Option 1	Option 2	Option 3 O re

HIV Testing Preference - Question 5 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type Oral fluid Fingerstick **Blood draw** Window period 4 weeks 2 weeks 12 weeks **Time to results** 20 minutes 1 hour 2 days Chance that you'll have a 1 in 100 (1%) 1 in 20 (5%) 1 in 1000 (0.1%) false positive Option 1 Option 2 Option 3 Most preferred Ο 0 0 * must provide value reset Least preferred \bigcirc \bigcirc \bigcirc * must provide value reset HIV Testing Preference - Question 6 of 12 **OPTION 1 OPTION 2 OPTION 3 Oral fluid** Blood draw Specimen type Fingerstick Window period 12 weeks 4 weeks 2 weeks 20 minutes **Time to results** 1 hour 2 hours Chance that you'll have a 1 in 1000 (0.1%) 1 in 20 (5%) 1 in 100 (1%) false positive Option 1 Option 2 Option 3 Most preferred \bigcirc Ο \bigcirc * must provide value reset Least preferred \bigcirc \bigcirc 0 * must provide value reset << Previous Page Next Page >> Save & Return Later

Specimen type: This is the type of sample used to run the test.

<u>Window period</u>: This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 7 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Oral fluid	Fingerstick
Window period	2 weeks	2 weeks 12 weeks	
Time to results	1 hour	2 days	20 minutes
Chance that you'll have a false positive	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)
	Option 1	Option 2	Option 3
	Option 1	Option 2	0
Most preferred * must provide value Least preferred * must provide value		Option 2 O	Option 3 O re

HIV Testing Preference - Question 8 of 12 **OPTION 1 OPTION 2 OPTION 3** Oral fluid Fingerstick Specimen type **Blood draw** Window period 4 weeks 2 weeks 12 weeks **Time to results** 1 hour 2 days 2 hours Chance that you'll have a 1 in 1000 (0.1%) 1 in 100 (1%) 1 in 100 (1%) false positive Option 2 Option 1 **Option 3** Most preferred 0 0 0 * must provide value reset Least preferred 0 0 0 * must provide value reset HIV Testing Preference - Question 9 of 12 **OPTION 1 OPTION 2 OPTION 3** Specimen type **Blood draw** Fingerstick Oral fluid 4 weeks 2 weeks Window period 12 weeks **Time to results** 1 hour 20 minutes 2 days Chance that you'll have a 1 in 100 (1%) 1 in 1000 (0.1%) 1 in 20 (5%) false positive Option 1 Option 2 Option 3 Most preferred 0 0 0 * must provide value reset 0 0 0 Least preferred * must provide value reset << Previous Page Next Page >> Save & Return Later

Specimen type: This is the type of sample used to run the test.

<u>Window period:</u> This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.

<u>Time to results:</u> This is how long it takes a test to give a result after you put in the sample.

False positive: This is when a test tells you that you are HIV positive when you really do NOT have HIV.

HIV Testing Preference - Question 10 of 12

	OPTION 1 OPTION 2		OPTION 3
Specimen type	Blood draw Fingerstick		Oral fluid
Window period	4 weeks	2 weeks	12 weeks
Time to results	20 minutes	2 days	2 hours
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 20 (5%)
	Option 1	Option 2	Option 3
Most preferred * must provide value	Option 1	Option 2	0
	Option 1	Option 2	Option 3 re

HIV Testing Preference - Question 11 of 12

Specimen type		OPTION 2	OPTION 3	
	Blood draw	Fingerstick	Oral fluid	
Window period	12 weeks	4 weeks	2 weeks	
Time to results	20 minutes	2 hours	2 days	
Chance that you'll have a false positive	1 in 20 (5%)	1 in 1000 (0.1%)	1 in 1000 (0.	
	Option 1	Option 2	Optio	
Most preferred * must provide value	0	0	0	
Least preferred * must provide value	0	0	С	
		Question 12 of 12		
Specimen type	OPTION 1 Oral fluid	OPTION 2 Fingerstick		
Specimen type Window period	OPTION 1	OPTION 2	Blood dra	
	OPTION 1 Oral fluid	OPTION 2 Fingerstick	Blood dra 4 weeks	
Window period	OPTION 1 Oral fluid 12 weeks	OPTION 2 Fingerstick 4 weeks	OPTION Blood dra 4 weeks 2 hours 1 in 1000 (0.	
Window period Time to results Chance that you'll have a false positive	OPTION 1 Oral fluid 12 weeks 1 hour	OPTION 2 Fingerstick 4 weeks 20 minutes	Blood dra 4 weeks 2 hours 1 in 1000 (0.	
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 12 weeks 1 hour 1 in 100 (1%)	OPTION 2 Fingerstick 4 weeks 20 minutes 1 in 20 (5%)	Blood dra 4 weeks 2 hours	

Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

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)

We are asking you to complete this survey because you recently participated in the GAIN study.

We want to understand your experience with getting the point-of-care nucleic acid test (POC NAT). We will ask you questions about yourself, your participation in the study, and your experience with the POC NAT used at your recent visit.

Considering that some of the questions may be about sensitive topics, we suggest taking this survey in a private location.

This survey is completely voluntary, and you may stop at any time. We expect this survey to take about 20 minutes. After you finish taking the survey we will send you a \$10 Amazon gift card for your time.

Please do not use your browser's back button. If you do, you might have to restart the survey from the beginning. Instead, please use the "Previous Page" button if you need to go back to an earlier question.

If you have any questions or concerns, please contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.

Thank you for your participation! Please click the 'NEXT' button to begin the survey.

Please let us know your thoughts on the POC NAT that you had at your study visit.

When did you get your POC NAT result? * must provide value During my appointment
 After my appointment
 I didn't get my results

reset

rese

How did you get your POC NAT result? * must provide value	 In clinic By phone Via MyChart online I got them another way 		
How did you get your POC NAT result? * must provide value			
What was the result of your POC NAT? * must provide value	 >1000 copies RNA < 1000 copies RNA Invalid I don't remember 		

How acceptable was the * must provide value	way you got your POC NAT result?	 Very unacceptable Unacceptable Slightly unacceptable Slightly acceptable Acceptable Very acceptable
I trust the accuracy of th * must provide value	e POC NAT result.	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree
My understanding of my visit is that it showed: (choose one) * must provide value	POC NAT result from my research	 I am HIV positive I have a high level of HIV in my blood My viral load is below the cutoff for the test I am undetectable I don't know Other
My understanding of my visit is that it showed: * must provide value	POC NAT result from my research	
	ived your POC NAT result, what ormation? (check all that apply)	 Nothing will change I will start taking anti-HIV medications (antiretroviral therapy, or ART) I will work on taking my pills every day I will see my primary care provider again sooner I will tell my partner/s my result I will talk to my primary care provider about my result My primary care provider and I plan to change my anti-HIV medications My primary care provider and I already changed my anti-HIV medications Other
Now that you have received will you do with that information of the second seco	ived your POC NAT result, what ormation?	
	Next Page >> Save & Return Later]

Please rate nov	v strongly you disagree or agre	e with the foll	owing statei	ments on th	e 6-point scale l	below.	
		Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This * mus	is an acceptable test for HIV. t provide value	0	0	0	0	0	reset
iden	nk this test is effective in tifying HIV infection. t provide value	0	0	0	0	0	reset
agai	uld be willing to use this test n. t provide value	0	0	0	0	0	reset
	not like this test. t provide value	0	0	0	0	0	reset
othe	rall, this test is more helpful th er tests for HIV. t provide value	nan 🔾	0	0	0	0	reset
othe	uld recommend this test to rs. t provide value	0	0	0	0	0	reset
-	experience with the POC NAT w	vas:		 Very neg Negative Slightly Slightly Positive Very positive 	e negative positive		reset
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		Sarean	Lann Later				

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How likely are you to share the result of your PC	DC NAT wit	h the peop	ole listed in	the table b	elow?		
	Very unlikely	Unlikely	Somewhat unlikely	Somewhat likely	Likely	Very likely	Not applicable
Your sex partner/s * must provide value	0	0	0	0	0	0	reset
Your needle-sharing partner/s * must provide value	0	0	0	0	0	0	reset
Your friends * must provide value	0	0	0	0	0	0	reset
Your family * must provide value	0	0	0	0	0	0	reset
Your dating or hookup app profile/s * must provide value	0	0	0	0	0	0	reset
When do you usually get your viral lo * must provide value	ad results?	,	⊖ I ca ⊖ I loo	ny next visit ll the clinic ok in my cha t them anoth			reset
When do you usually get your viral lo	ad results?	,					
Are you currently on anti-HIV medica therapy, or ART)? * must provide value	tions (anti	retroviral	● Yes ○ No ○ I do	on't know			reset

The viral load cutoff level of this test is 1000 copies of viral I you if the amount of virus per milliliter of your blood is grea you get in your clinic can tell you if your viral load is above o copies per milliliter of blood).	ater or less than 1000 copies of HIV. The test that
If your test said your viral load was below the cutoff level of 1000 copies per milliliter, how confident would you be that your anti-HIV medications are working? * must provide value	 Not confident at all Not very confident Somewhat confident Very confident
At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies Other I don't know
At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	
The viral load cutoff level of 1000 copies makes me feel confident that I will not transmit HIV. * must provide value	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree

At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies Other I don't know
At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	
Have you heard of HIV undetectable = untransmittable (U=U)?	○ Yes ○ No ○ Not sure
< Previous Page Save & Return Later	Next Page >>

The next following set of questions will ask you about how y antiretroviral therapy or ART. We want to know a little bit ab	
How many pills have you missed in the last 4 days? Please enter a number.	
How many pills have you missed in the last 30 days? Please enter a number.	
When was the last time you missed a pill of your anti-HIV medications (antiretroviral therapy or ART)?	 This week In the past month 1-3 months ago More than 3 months ago Never
What was the reason you missed your pills the last time you missed taking them? (check all that apply)	 Forgot Lost my medication Was having side effects Was feeling depressed Didn't want to Didn't want someone to see/know I was positive Ran out of medication No reason Other
What was the reason you missed your pills the last time you missed taking them?	
Please rate your overall anti-HIV medications (antiretroviral therapy, or ART) adherence. 0% would mean that you never take your medicine, 50% means you take them about half the time, and 100% means you never miss a pill.	0% 50% 100% Change the slider above to set a response reset
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Your provider had a conversation with you about your anti-HIV medications (antiretroviral therapy, or ART) adherence at your visit. We would like to know how you feel about that conversation. Please rate how strongly you disagree or agree with each statement on the 6-point scale below.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
The conversation was helpful to me. * must provide value	0	0	0	0	0	reset
My provider believed what I had to say. * must provide value	0	0	0	0	0	reset
l did not receive strategies to help me take my medications. * must provide value	0	0	0	0	0	reset
The conversation helped me to make changes to help me take my medications. * must provide value	0	0	0	0	0	reset
The conversation did not help me to understand how my medications work * must provide value	0	0	0	0	0	reset
During the conversation, we discussed other options for my medications. * must provide value	0	0	0	0	0	reset
Previous Page				Next Page >>		
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We would like to know how you feel about your visit with the provider who gave you your POC NAT result. Please rate how strongly you disagree or agree with the following statements on the 5-point scale below.

	Totally disagree	Disagree	Neutral	Agree	Totally agree
l doubt that my provider really cares about me as a person.	0	0	0	0	reset
My provider is usually considerate of my needs and puts them first.	0	0	0	0	reset
l trust my provider so much l always try to follow his/her advice.	0	0	0	0	reset
If my provider tells me something is so, then it must be true.	0	0	0	0	reset
l sometimes distrust my provider's opinions and would like a second one.	0	0	0	0	reset
l trust my provider's judgements about my medical care.	0	0	0	0	reset
l feel my provider does not do everything he/she should about my medical care.	0	0	0	0	reset
l trust my provider to put my medical needs above all other considerations when treating my medical problems.	-	0	0	0	reset
My provider is well qualified to manage (and diagnose and treat or make an appropriate referral) medical problems like mine.	0	0	0	0	reset
l trust my provider to tell me if a mistake was made about my treatment.	0	0	0	0	0
l sometimes worry that my provider may not keep the information we discuss totally private.	0	0	0	0	reset
<< Previous Page			Subm	it	
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Close survey

Thank you so much for completing this survey! We will send you an Amazon gift card via the same email address where we sent this survey.

If you have any questions or concerns, you can contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.

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Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

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)

We are asking you to complete this survey because you recently participated in the GAIN study.

We want to understand your experience with getting the point-of-care nucleic acid test (POC NAT). We will ask you questions about yourself, your participation in the study, and your experience with the POC NAT used at your recent visit.

Considering that some of the questions may be about sensitive topics, we suggest taking this survey in a private location.

This survey is completely voluntary, and you may stop at any time. We expect this survey to take about 20 minutes. After you finish taking the survey we will send you a \$10 Amazon gift card for your time.

Please do not use your browser's back button. If you do, you might have to restart the survey from the beginning. Instead, please use the "Previous Page" button if you need to go back to an earlier question.

If you have any questions or concerns, please contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.

Thank you for your participation! Please click the 'NEXT' button to begin the survey.

Please let us know your thoughts on the POC NAT that you had at your study visit.					
Which of these describe why you sought a sexually transmitted infection (STI) test at Gay City? (check all that apply)	 It was a regularly scheduled testing visit and it was time for me to get tested again I had symptoms that concerned me I think I had an exposure I had a new partner I stopped having sex with someone My doctor recommended that I get tested My partner asked me to get tested ✓ Another reason 				
Why did you seek an STI test at Gay City?					

If you could regularly get a POC NAT at Gay City, in addition to chlamydia, gonorrhea, and syphilis testing, what is the likelihood you would want one? * must provide value	 Very unlikely Unlikely Somewhat unlikely Somewhat likely Likely Very likely
What would be the reason you would want a POC NAT at Gay City? (check all that apply) * must provide value	 Reassurance that your anti-HIV medications (antiretroviral therapy, or ART) are working Knowledge that you could not transmit to others Costs associated with seeing my primary care provider are too high I don't feel comfortable seeing my primary care provider for HIV care I feel judged when I go to my primary care provider for my HIV status I feel judged when I go to my primary care provider for my gender identity I feel judged when I go to my primary care provider for my sexual orientation I feel judged when I go to my primary care provider for another reason There are long wait times at my primary care provider It is too hard to get an appointment at my primary care provider during hours that I am free My primary care provider is too far away and Gay City is more convenient
Why would you want a POC NAT at Gay City? * must provide value	
What are some of the other reasons why you feel judged when you go to your primary care provider? * must provide value	

 Yes No Maybe I don't have a primary care provider 	reset
	Resize font:
 During my appointment After my appointment I didn't get my results 	reset
 ○ In clinic ○ By phone ○ Via MyChart online ● I got them another way 	reset
 >1000 copies RNA ● < 1000 copies RNA ○ Invalid ○ I don't remember 	reset
 Very unacceptable Unacceptable Slightly unacceptable Slightly acceptable Acceptable Very acceptable 	reset
	 No Maybe I don't have a primary care provider in addition to in place of in place of During my appointment After my appointment I didn't get my results In clinic By phone Via MyChart online I got them another way >1000 copies RNA >1000 copies RNA I don't remember Very unacceptable Slightly unacceptable Slightly acceptable Slightly acceptable

I trust the accuracy of the POC NAT result. * must provide value	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree
My understanding of my POC NAT result from my research visit is that it showed: (choose one) * must provide value	 I am HIV positive I have a high level of HIV in my blood My viral load is below the cutoff for the test I am undetectable I don't know Other
My understanding of my POC NAT result from my research visit is that it showed: * must provide value	
Now that you have received your POC NAT result, what will you do with that information? (check all that apply) * must provide value	 Nothing will change I will start taking anti-HIV medications (antiretroviral therapy, or ART) I will work on taking my pills every day I will see my primary care provider again sooner I will tell my partner/s my result I will tell my primary care provider my result My primary care provider and I plan to change my anti-HIV medications My primary care provider and I already changed my anti-HIV medications Other
Now that you have received your POC NAT result, what will you do with that information? * must provide value	
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ase rate how strongly you disagree or agree w	ith the foll	owing stater	nents on the	e 6-point scale l	below.	
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV. * must provide value	0	0	0	0	0	C
I think this test is effective in identifying HIV infection. * must provide value	0	0	0	0	0	reset
I would be willing to use this test again. * must provide value	0	0	0	0	0) reset
I did not like this test. * must provide value	0	0	0	0	0	reset
Overall, this test is more helpful than other tests for HIV. * must provide value	0	0	0	0	0	reset
I would recommend this test to others. * must provide value	0	0	0	0	0	reset
My experience with the POC NAT was: * must provide value			 Very neg Negative Slightly Slightly Positive Very positive 	e negative positive		reset
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are you to share the result of your PO	C NAT wit	h the peop	le listed in	the table b	elow?		
	Very unlikely	Unlikely	Slightly unlikely	Slightly likely	Likely	Very likely	No
Your sex partner/s * must provide value	0	0	0	\bigcirc	0	0	C
Your needle-sharing partner/s * must provide value	0	0	0	0	0	0	C
Your friends * must provide value	0	0	0	0	0	0	C
Your family * must provide value	0	0	0	0	0	0	C
Your dating or hookup app profile/s * must provide value	0	0	0	0	0	0	(
Are you currently on anti-HIV medicat therapy, or ART)	ions (anti	retroviral	● Yes ○ No				
* must provide value			◯ I do	on't know			
The viral load cutoff level of this test is you if the amount of virus per millilite you get in your clinic can tell you if you copies per milliliter of blood).	r of your l	blood is gre	eater or les	s than 100	0 copies o	f HIV. The te	est tha
If your test said your viral load was below the cutoff level of 1000 copies per milliliter, how confident would you be that your anti-HIV medications are working?				confident a			
of 1000 copies per milliliter, how confi		ld you be	-	very confid			

At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies Other I don't know
At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	
The viral load cutoff level of 1000 copies makes me feel confident that I will not transmit HIV. * must provide value	 Strongly disagree Disagree Slightly disagree Slightly agree Agree Strongly agree
At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies Other I don't know
At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	
Have you heard of HIV undetectable = untransmittable (U=U)?	○ Yes ○ No ○ Not sure
< Previous Page Save & Return Later	Next Page >>

The next following set of questions will ask you about how you take your anti-HIV medications, called antiretroviral therapy or ART. We want to know a little bit about the anti-HIV medications you may be taking.					
How many pills have you missed in the last 4 days? Please enter a number.					
How many pills have you missed in the last 30 days? Please enter a number.					
When was the last time you missed a pill of your anti-HIV medications (antiretroviral therapy or ART)?	 This week In the past month 1-3 months ago More than 3 months ago Never 				
What was the reason you missed your pills the last time you missed taking them? (check all that apply)	 Forgot Lost my medication Was having side effects Was feeling depressed Didn't want to Didn't want someone to see/know I was positive Ran out of medication No reason Other 				
What was the reason you missed your pills the last time you missed taking them?					
Please rate your overall anti-HIV medications (antiretroviral therapy, or ART) adherence. 0% would mean that you never take your medicine, 50% means you take them about half the time, and 100% means you never miss a pill.	0% 50% 100% Change the slider above to set a response reset				
Did your primary care provider discuss adherence with you at your last visit?	○ Yes ○ No ○ I don't remember reset				
<< Previous Page Save & Return Later	Submit				

Close survey

Thank you so much for completing this survey! We will send you an Amazon gift card via the same email address where we sent this survey.

If you have any questions or concerns, you can contact Joanne Stekler (206-744-8312) or email our study team at GainStudy@uw.edu.

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