

Appendix I

Model Quantitative Survey Consent Form

National HIV Behavioral Surveillance Brief HIV Biobehavioral Assessment Model Consent Form

The [Agency Name] and the Centers for Disease Control and Prevention (CDC) invite you to be part of a project about HIV in your community. The following information may help you decide if you would like to participate.

A. Why we are doing this project

The purpose of this project is to learn about risk for HIV. We will use this information to plan better HIV prevention and treatment programs for people in your community. This project is private, which means no one outside of the project will be able to connect your responses to you. Being in this project is voluntary.

B. What will happen

If you agree to be in this project, this is what will happen.

1. You will do an interview with a trained staff member. The questions will ask about your health, drug use, sex practices, and HIV prevention services. It will take about 20 minutes.
[If offering remote interviews] Interviews will be conducted remotely by secure, private phone or video call. Video calls will use *[specify app]*. You do not need to have the app; you can join in a web browser. *[If applicable]* We may need you to provide *[an email address/ phone number]* so *[the video call link/ project information/ appointment reminders]* can be sent to you.
2. If you agree to the interview, we will offer you a free HIV test. If you already know that you have HIV, we would still like to offer you an HIV test so that we can link the HIV test result with your interview responses.
3. *[If doing hepatitis testing]* We will also offer you free hepatitis B and C testing.
4. If you agree to an HIV test *[if applicable: or hepatitis test]*, you will also be asked to have your blood sample stored.
5. *[If doing STD testing]* We will also offer you free gonorrhea and chlamydia testing. If you agree to the STD testing, you will also be asked to have your leftover STD samples stored.

If you agree to the HIV test *[insert names of additional tests offered, if applicable]*, you will have about a 10-minute prevention counseling session with a trained staff member. The session will cover the meaning of results from the HIV test *[insert names of additional tests offered, if applicable]*. You will also learn about how to reduce your chances of being infected with HIV and other infectious diseases.

You will get referrals for additional testing and services, if needed. You will NOT get medical treatment in this project.

The HIV test will be done by a rapid test.

[For project areas doing the Rapid Test Algorithm]

Rapid Test Algorithm

We will [draw less than 1 tablespoon of blood/stick the tip of one of your fingers to obtain a few drops of blood]. You can get the result of your HIV test within [1 hour/*maximum time for the specific test used*]. If the first rapid test is reactive, we will do a second rapid test to confirm your results. For the additional rapid test, we will [use the blood we drew for the first test/stick the tip of one of your fingers to obtain a few drops of blood]. If you already know you have HIV, we may only do one rapid test. *[For areas required/choosing to do laboratory confirmation in addition to the algorithm]* Finally, we will use the blood to confirm your rapid test result in a laboratory. The result of the test will be ready within one week. We will set up a day and time for you to get your results. *[For areas that allow HIV test phone results: If you prefer, you can arrange to receive your counseling and confirmatory test results by telephone.]*

[For areas doing only one Rapid Test with local Laboratory Testing]

Rapid Test

We will [stick the tip of one of your fingers to obtain a few drops of blood/draw less than 1 tablespoon of blood]. You can get the result of your HIV test within [1 hour/*maximum time for the specific test used*]. If the rapid test result is reactive, or if you already know you have HIV, we will [draw less than 1 tablespoon of your blood by needle/stick the tip of one of your fingers to obtain a few drops of blood/use the blood we drew for the rapid test] for a second test to confirm your rapid test result. The result of the confirmatory test will be ready within one week. We will set up a day and time for you to get your results. *[For areas that allow HIV test phone results: If you prefer, you can arrange to receive your counseling and confirmatory test results by telephone.]*

[For areas doing hepatitis B and C tests]

Hepatitis B and C tests

We will offer you free screening for hepatitis B and C infection. We will perform a rapid hepatitis C antibody test at the same time as performing the finger prick for your rapid HIV test. Additionally, we will collect a blood sample (about 2 teaspoons) with a needle from your veins. You can get the result of your rapid hepatitis C test within [20-30 minutes/*maximum time for the specific test used*]. If the rapid test is positive, that only tells us that you have ever been exposed to hepatitis C. Additional tests are needed to tell us whether you have hepatitis C right now and whether you have hepatitis B. The result of the additional hepatitis tests will be ready within [two weeks/*maximum time for local lab to return results*]. We will set up a day and time for you to get your results. *[For areas that allow hepatitis test phone results: If you prefer, you can arrange to receive your counseling and test results by telephone.]*

[For areas doing STI tests]

Gonorrhea and chlamydia tests

We will offer you free screening for gonorrhea and chlamydia. This STD testing includes swabbing the back of your throat and gently inserting a swab in your [rectum (butt); vagina] to self-collect the samples. *[For areas collecting urine samples]* We will also ask you to urinate into a cup. The results of the gonorrhea and chlamydia tests will be ready within two weeks. We will set up a day and time for you to get your results. *[For areas that allow gonorrhea and chlamydia test phone results: If you prefer, you can arrange to receive your results by telephone.]*

[Include any additional test to be offered].

Linkage

We will link your test results with your interview responses so we can learn about sexual and drug-use risk behaviors known to be connected with HIV infection. We will link your test results using the same ID assigned to the interview. Your name will not be on the test results or the interview. No one besides you will be told your test results, and neither your interview responses nor the test will be placed in any medical record.

[For areas doing Storage for Additional Tests]

Storage for Additional Tests

As part of today's testing, we would like to store your test sample(s), that is blood *[for areas offering STD testing: and other body fluids]*, for testing we will do in the future. We will store your sample(s) with some data about you, such as your age, race, and sex. We will not put your name on the sample(s) and there will be no way to know it is yours: thus, we will not be able to report back any results to you. We will not use your sample(s) for cloning. You can decline to let us store your sample(s) and still be in this project. If you do not wish to have us store your sample(s), your sample(s) will be destroyed after the specific testing you agree to is completed. If you agree to have us store your sample(s), we will destroy your sample(s) within 10 years.

C. Things to consider

There are minimal risks from being in this project:

1. Some of the questions in the interview are about sex and drugs and may make you feel uncomfortable.
2. *[For areas conducting blood-based HIV or hepatitis testing]* *[The fingerstick/drawing blood]* may cause temporary discomfort from the needle stick, bruising, bleeding, light-headedness, and local infection.
3. *[If offering STD testing]* Collecting pharyngeal (throat) samples may cause gagging and temporary discomfort. Collecting *[rectal (butt); vaginal]* samples may cause temporary irritation, discomfort, and mild bleeding. *[For areas collecting urine samples]* Collecting a urine sample does not pose a physical risk.
4. You may feel uncomfortable finding out you might have been infected with HIV *[or diseases tested for]*.
5. If your HIV test result *[If offering STD testing: or STD test results]* *[for areas offering hepatitis testing: or hepatitis test results]* is/are negative, there is a slight chance that the results are wrong and that you could still be infected.

D. Benefits

Benefits you may get from being in this project include:

1. You will receive condoms and information on HIV/AIDS and STDs.
2. You will receive referrals to other local programs, as needed.
3. If your HIV *[or additional tests offered]* results are positive, you will receive counseling about ways to prevent the spread of infection and you will be able to talk about your concerns, if you wish. You will also be referred for medical care.
4. If your test results are negative, you will receive counseling on how to prevent future infections.

E. Alternatives

If you choose not to take part in the project but would like to take an HIV test *[or additional tests offered]*, we will inform you of agencies or organizations that provide testing.

F. Compensation

For completion of the interview, you will get *[interview incentive]*. If you take part in the HIV test, you will get an additional *[HIV test incentive]*. *[For additional tests only]* If you take part in other tests offered, you will get *[incentives for additional tests offered]*. *[For RDS only]* You may also get *[recruitment incentive]* each for up to 5 people whom you send to us for the project.

G. Persons to Contact

This project is run by: *[name of principal investigator and phone number]*. You may call *[him/her]* with any questions about being in this project.

If you have questions about your rights as a participant or if you feel that you have been harmed, contact *[IRB committee or contact name and phone number]*.

You will get a copy of this form to keep.

H. Confidentiality Statement

This project is private. Your responses and test results will be labeled with a project number only. The project staff at **[Agency name]** and CDC will have access to the interview and testing data. Other collaborators will have access to the interview and testing data but will not be allowed to see any information that could identify you. Your responses will be grouped with interview answers from other persons.

If you know your interviewer, you may ask for another staff member so that your answers will be fully private.

[For areas collecting contact information] If you prefer, you can give us your phone number and/or email address so that we can contact you when your test results are ready. Contact information will be kept separate from the interview and testing data and only limited staff will have access to that

information. Once the results are returned to you, we will destroy your contact information. If you prefer to not provide your contact information, you can call this number [provide project number] or come to this office to check if your results are available.

I. Costs

You will not be charged for counseling, the HIV test [*any additional tests offered*], safer sex and HIV prevention materials, referrals to appropriate agencies, or any other services provided by this project. [*If offering remote interviews*] If you use a cell phone for your interview [*if applicable*] or testing appointment, your phone plan might charge you for phone minutes or data use, depending on your plan. We will not reimburse you for phone minutes or data use charges you may incur during participation.

J. Right to Refuse or Withdraw

Participation in this project is completely VOLUNTARY. You are not giving up any legal claims or rights for being a part of this project. If you agree to participate, you are free to quit at any time. You may refuse to answer any question. You can choose to only do the interview and not to have an HIV test [*or any additional tests offered*]. [*For RDS only*] You can also choose not to recruit others.

K. Agreement

Do you have any questions?

Interviewer: Answer the participant's questions before proceeding to the next question.

You have read or had read you the explanation of this project, you have been given a copy of this form, the opportunity to discuss any questions that you might have and the right to refuse participation. I am going to ask for your consent to participate in this project.

(Consent will be documented by the interviewer as follows:)

Do you agree to take part in the interview?

.. Yes
.. No

If yes:

Do you agree to HIV counseling and testing?

.. Yes
.. No

[if offered] Do you agree to hepatitis testing?

.. Yes
.. No

[if offered] Do you agree to STD testing?

.. Yes
.. No

[if applicable] Do you agree to let us store some of your test sample(s) for future testing?

- .. Yes
- .. No

If declined:

We're interested in knowing why people do not want to do this project. Would you mind telling me which of the following best describes the reason you do not want to do this project?

- .. You don't have time
- .. You don't want to talk about these topics
- .. Some other reason
(specify the reason) _____
- .. You'd rather not say why