

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)

GAIN Group 1 CASI

Resize font:
+ | -

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.

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 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

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

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

reset

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

reset

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 do not plan to retest
- 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

reset

When do you plan to retest?

Next Page >>

Save & Return Later

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 do not plan to 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

You cannot choose both "I will retest later" and "I do not plan to retest". Please choose only one.



Please rate how strongly you disagree or agree with the following statements on the 6-point scale below.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	
This is an acceptable test for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I think this test is effective in identifying HIV infection. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I would be willing to use this test again. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I did not like this test. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Overall, this test is more helpful than other HIV tests. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I would recommend this test to others. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
My experience with the POC NAT was: <small>* must provide value</small>	<ul style="list-style-type: none"><input type="radio"/> Very negative<input type="radio"/> Negative<input type="radio"/> Slightly negative<input type="radio"/> Slightly positive<input type="radio"/> Positive<input type="radio"/> Very positive						reset

[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)

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.

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.

HIV Testing Preference - Question 1 of 12

	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 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 2 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	1 hour	2 days	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 3 of 12

	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 false positive	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 1 CASI

Resize font:
+ | -

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.

HIV Testing Preference - Question 4 of 12

	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 <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset
Least preferred <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset

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 false positive	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 6 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 * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 1 CASI

Resize font:
⊕ | ⊖

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.

HIV Testing Preference - Question 7 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Oral fluid
Window period	4 weeks	12 weeks	2 weeks
Time to results	1 hour	2 days	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset

HIV Testing Preference - Question 8 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Oral fluid	Blood draw
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 (1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 9 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 1 CASI

Resize font:
⊕ | ⊞

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.

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

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 false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 1000 (0.1%)

	Option 1	Option 2	Option 3	
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				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
Time to results	2 hours	1 hour	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				reset

<< Previous Page

Next Page >>

Save & Return Later

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.

Someone who was recently infected with HIV may have a negative HIV test. This is called the "window period."

- True
- False

reset

Someone recently infected with HIV can spread HIV even if they have a negative test.

- True
- False

reset

Only one of the following statements about early HIV infection (primary infection) is true. Please choose the circle next to the 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).

reset

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

<< Previous Page

Next Page >>

Save & Return Later

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 before 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

[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

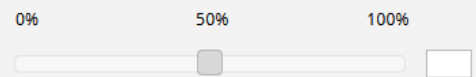
[reset](#)

What 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.



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
- Other

reset

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

[reset](#)

What is the main reason you are taking PrEP?

[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)

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 **before** getting exposed to HIV. The following questions are about your PrEP use. If you are not able to recall an exact number or date, it is okay to give an estimate.

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](#)

When did you stop taking 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 on PrEP
 I was not having enough sex/don't have sex
 I could not afford PrEP
 Other

[reset](#)

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](#)

[Next Page >>](#)

[Save & Return Later](#)

We will now ask you some questions about sexual experiences you've had in the past 12 months. We only want to know about partners you had oral, anal, or vaginal sex with in the past 12 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. If you are not able to recall an exact number or date when asked, it is okay to give an estimate.

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	<input checked="" type="radio"/>	<input type="radio"/>	reset
Cisgender women	<input checked="" type="radio"/>	<input type="radio"/>	reset
Transgender men	<input checked="" type="radio"/>	<input type="radio"/>	reset
Transgender women	<input checked="" type="radio"/>	<input type="radio"/>	reset
Non-binary or genderqueer people	<input checked="" type="radio"/>	<input type="radio"/>	reset
People of another identity not listed	<input checked="" type="radio"/>	<input type="radio"/>	reset
People whose gender identity you did not know	<input checked="" type="radio"/>	<input type="radio"/>	reset

In the past 12 months, with how many cisgender men have you had oral, anal, or vaginal sex?

In the past 12 months, with how many cisgender women have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many transgender men have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many transgender women have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many non-binary or genderqueer people have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many people of another identity not listed have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many people whose gender identity you did not know have you had oral, anal, or vaginal sex with?

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

[reset](#)

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](#)

[Submit](#)

[Save & Return Later](#)

[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.

GAIN Group 2 CASI

Resize font:
+ | -

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 complete 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 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

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

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

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

reset

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

reset

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 do not plan to 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

reset

When do you plan to retest?

Next Page >>

Save & Return Later

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 do not plan to 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

You cannot choose both "I will retest later" and "I do not plan to retest". Please choose only one.

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

[reset](#)

When do you plan to retest?

[Next Page >>](#)

[Save & Return Later](#)



Please rate how strongly you disagree or agree with the following statements on the 6-point scale below.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I think this test is effective in identifying HIV infection. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I would be willing to use this test again. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I did not like this test. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
Overall, this test is more helpful than other HIV tests. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I would recommend this test to others. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
My experience with the POC NAT was: <small>* must provide value</small>	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Slightly negative <input type="radio"/> Slightly positive <input type="radio"/> Positive <input type="radio"/> Very positive					reset

[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)

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.

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.

HIV Testing Preference - Question 1 of 12

	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 false positive	1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5%)

	Option 1	Option 2	Option 3
Most preferred <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 2 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Oral fluid
Window period	4 weeks	12 weeks	2 weeks
Time to results	1 hour	2 days	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 3 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 * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			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.

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 4 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Oral fluid	Fingerstick
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 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 5 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood draw
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 (5%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 6 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 2 CASI

Resize font:
+ | -

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.

HIV Testing Preference - Question 7 of 12

	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 (0.1%)

	Option 1	Option 2	Option 3	
Most preferred <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Least preferred <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

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 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 9 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw	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 false positive	1 in 20 (5%)	1 in 1000 (0.1%)	1 in 100 (1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			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.

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	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 11 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood draw
Window period	12 weeks	4 weeks	2 weeks
Time to results	2 hours	2 days	20 minutes
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 1000 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 12 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Oral fluid	Blood draw
Window period	12 weeks	4 weeks	2 weeks
Time to results	1 hour	2 days	2 hours
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
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

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.

Someone who was recently infected with HIV may have a negative HIV test. This is called the "window period."

- True
- False

reset

Someone recently infected with HIV can spread HIV even if they have a negative test.

- True
- False

reset

Only one of the following statements about early HIV infection (primary infection) is true. Please choose the circle next to the 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).

reset

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

<< Previous Page

Next Page >>

Save & Return Later

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 before getting exposed to HIV. The following questions are about your PrEP use. If you are not able to recall an exact number or date when asked, it is okay to give an estimate.

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

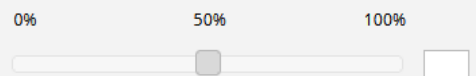
reset

What 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.



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
- Other

[reset](#)

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

[reset](#)

What is the main reason you are taking PrEP?

[<< Previous Page](#)

[Next Page >>](#)

[Save & Return Later](#)

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 before getting exposed to HIV. The following questions are about your PrEP use. If you are not able to recall an exact number or date when asked, it is okay to give an estimate.

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](#)

When did you stop taking 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 on PrEP
- I was not having enough sex/don't have sex
- I could not afford PrEP
- Other

[reset](#)

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](#)

[Next Page >>](#)

[Save & Return Later](#)

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	<input checked="" type="radio"/>	<input type="radio"/>	reset
Cisgender women	<input checked="" type="radio"/>	<input type="radio"/>	reset
Transgender men	<input checked="" type="radio"/>	<input type="radio"/>	reset
Transgender women	<input checked="" type="radio"/>	<input type="radio"/>	reset
Non-binary or genderqueer people	<input checked="" type="radio"/>	<input type="radio"/>	reset
People of another identity not listed	<input checked="" type="radio"/>	<input type="radio"/>	

In the past 12 months, with how many cisgender men have you had oral, anal, or vaginal sex?

In the past 12 months, with how many cisgender women have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many transgender men have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many transgender women have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many non-binary or genderqueer people have you had oral, anal, or vaginal sex with?

In the past 12 months, with how many people of another identity not listed have you had oral, anal, or vaginal sex with?

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

reset

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

Submit

Save & Return Later

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.

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.

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.

HIV Testing Preference - Question 1 of 12

	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 false positive	1 in 20 (5%)	1 in 100 (1%)	1 in 1000 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

reset

HIV Testing Preference - Question 3 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw	Blood draw
Window period	4 weeks	2 weeks	12 weeks
Time to results	2 hours	1 hour	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

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.

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 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 * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

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	1 hour	2 days	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 6 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Oral fluid	Blood draw
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 (1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			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.

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 7 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Oral fluid	Fingerstick
Window period	2 weeks	12 weeks	4 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
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 8 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	2 hours	1 hour	2 days
Chance that you'll have a false positive	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 100 (1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 9 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Oral fluid
Window period	4 weeks	12 weeks	2 weeks
Time to results	1 hour	2 days	20 minutes
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			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.

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	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

reset

HIV Testing Preference - Question 11 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	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 (0.1%)

	Option 1	Option 2	Option 3
Most preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

HIV Testing Preference - Question 12 of 12

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood draw
Window period	12 weeks	4 weeks	4 weeks
Time to results	1 hour	20 minutes	2 hours
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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset
Least preferred * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 3 CASI

Resize font:
+ | -

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

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

- >1000 copies RNA
 < 1000 copies RNA
 Invalid
 I don't remember

reset

How acceptable was the way you got 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

reset

**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

reset

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 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 your POC NAT result, what will you do with that information?

* must provide value

Next Page >>

Save & Return Later

Please rate how strongly you disagree or agree with the following statements on the 6-point scale below.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I think this test is effective in identifying HIV infection. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I would be willing to use this test again. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I did not like this test. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
Overall, this test is more helpful than other tests for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I would recommend this test to others. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
My experience with the POC NAT was: <small>* must provide value</small>	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Slightly negative <input type="radio"/> Slightly positive <input type="radio"/> Positive <input type="radio"/> Very positive					reset

<< Previous Page

Next Page >>

Save & Return Later

How likely are you to share the result of your POC NAT with the people listed in the table below?

	Very unlikely	Unlikely	Somewhat unlikely	Somewhat likely	Likely	Very likely	Not applicable
Your sex partner/s * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your needle-sharing partner/s * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your friends * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your family * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your dating or hookup app profile/s * must provide value	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
When do you usually get your viral load results? * must provide value	<input type="radio"/> At my next visit <input type="radio"/> I call the clinic <input type="radio"/> I look in my chart online <input checked="" type="radio"/> I get them another way						reset
When do you usually get your viral load results? * must provide value	<input type="text"/>						
Are you currently on anti-HIV medications (antiretroviral therapy, or ART)? * must provide value	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know						reset

The viral load cutoff level of this test is 1000 copies of viral HIV. This means that this test will be able to tell you if the amount of virus per milliliter of your blood is greater or less than 1000 copies of HIV. The test that you get in your clinic can tell you if your viral load is above or below a much lower level (often about 40-50 copies per milliliter of blood).

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

reset

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

reset

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

reset

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

reset

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

reset

<< Previous Page

Next Page >>

Save & Return Later

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. If you are not able to recall an exact number or date when asked, it is okay to give an estimate.

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

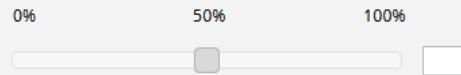
reset

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.



Change the slider above to set a response

reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 3 CASI

Resize font:
+ | -

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. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
My provider believed what I had to say. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
I did not receive strategies to help me take my medications. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
The conversation helped me to make changes to help me take my medications. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
The conversation did not help me to understand how my medications work <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset
During the conversation, we discussed other options for my medications. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						reset

<< Previous Page

Next Page >>

Save & Return Later

GAIN Group 3 CASI

Resize font:
+ | -

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	
I doubt that my provider really cares about me as a person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
My provider is usually considerate of my needs and puts them first.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I trust my provider so much I always try to follow his/her advice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
If my provider tells me something is so, then it must be true.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I sometimes distrust my provider's opinions and would like a second one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I trust my provider's judgements about my medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I feel my provider does not do everything he/she should about my medical care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I trust my provider to put my medical needs above all other considerations when treating my medical problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
My provider is well qualified to manage (and diagnose and treat or make an appropriate referral) medical problems like mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

I trust my provider to tell me if a mistake was made about my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I sometimes worry that my provider may not keep the information we discuss totally private.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset

<< Previous Page

Submit

Save & Return Later

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.

Powered by REDCap

GAIN Group 4 CASI

Resize font:
+ | -

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

[reset](#)

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
- Another reason

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

Would being able to get the POC NAT at Gay City change how frequently you would go see your primary care provider?

* must provide value

- Yes
- No
- Maybe
- I don't have a primary care provider

reset

Please choose the best option from below to complete the sentence: This last visit was a visit _____ visiting my primary care provider.

* must provide value

- in addition to
- in place of

reset

Next Page >>

Save & Return Later

GAIN Group 4 CASI

Resize font:
+ | -

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 results?

* 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

reset

How acceptable was the way you got 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

reset

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

reset

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

<< Previous Page

Next Page >>

Save & Return Later

Please rate how strongly you disagree or agree with the following statements on the 6-point scale below.

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree	
This is an acceptable test for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I think this test is effective in identifying HIV infection. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I would be willing to use this test again. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I did not like this test. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
Overall, this test is more helpful than other tests for HIV. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
I would recommend this test to others. <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	reset
My experience with the POC NAT was: <small>* must provide value</small>	<input type="radio"/> Very negative <input type="radio"/> Negative <input type="radio"/> Slightly negative <input type="radio"/> Slightly positive <input type="radio"/> Positive <input type="radio"/> Very positive						reset

<< Previous Page
Next Page >>

Save & Return Later

How likely are you to share the result of your POC NAT with the people listed in the table below?

	Very unlikely	Unlikely	Slightly unlikely	Slightly likely	Likely	Very likely	Not applicable
Your sex partner/s <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your needle-sharing partner/s <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your friends <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your family <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Your dating or hookup app profile/s <small>* must provide value</small>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
							reset
Are you currently on anti-HIV medications (antiretroviral therapy, or ART) <small>* must provide value</small>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't know						reset
<p>The viral load cutoff level of this test is 1000 copies of viral HIV. This means that this test will be able to tell you if the amount of virus per milliliter of your blood is greater or less than 1000 copies of HIV. The test that you get in your clinic can tell you if your viral load is above or below a much lower level (often about 40-50 copies per milliliter of blood).</p>							
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? <small>* must provide value</small>	<input type="radio"/> Not confident at all <input type="radio"/> Not very confident <input type="radio"/> Somewhat confident <input type="radio"/> Very confident						reset

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

reset

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

reset

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

reset

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

reset

<< Previous Page

Next Page >>

Save & Return Later

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. If you are not able to recall an exact number or date when asked, it is okay to give an estimate.

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

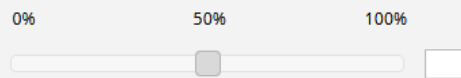
[reset](#)

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.



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](#)

[Submit](#)

[Save & Return Later](#)

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.

Powered by REDCap