Form Approved

OMB No. 0920-New

Expiration Date: XX/XX/XXXX

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GAIN Group 1 CASI	Resize font: 🛨   🖃
We are asking you to complete this survey because you recently participated experience with getting the point-of-care nucleic acid test (POC NAT). We will in the study, and your experience with the POC NAT used at your recent visit	l ask you questions about yourself, your participation
Considering that some of the questions may be about sensitive topics, we st	uggest taking this survey in a private location.
This survey is completely voluntary, and you may stop at any time. We expectinish the survey, we will send you a \$10 Amazon gift card for your time.	ct this survey to take about 20 minutes. After you
Please do not use your browser's back button. If you do, you might have to 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 (206-74 GainStudy@uw.edu.	44-8312) or email our study team at
Thank you for your participation!	
Please let us know your thoughts on the POC NAT that you h	ad 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	<ul><li>○ During my appointment</li><li>● After my appointment</li><li>○ I didn't get my results</li></ul>	reset
How did you get your POC NAT result?  * must provide value	<ul><li>○ In clinic</li><li>○ By phone</li><li>○ Via MyChart online</li><li>● I got them another way</li></ul>	reset
How did you get your POC NAT result?  * must provide value		
What was the result of your POC NAT?  * must provide value	<ul><li>HIV negative</li><li>HIV positive</li><li>Invalid</li><li>I don't remember</li></ul>	reset
How acceptable was the way you received your POC NAT result?  * must provide value	<ul> <li>○ Very unacceptable</li> <li>○ Unacceptable</li> <li>○ Slightly unacceptable</li> <li>○ Slightly acceptable</li> <li>○ Acceptable</li> <li>○ Very acceptable</li> </ul>	reset

I trust the accuracy of the POC NAT result.  * must provide value	<ul> <li>Strongly disagree</li> <li>Disagree</li> <li>Slightly disagree</li> <li>Slightly agree</li> <li>Agree</li> <li>Strongly agree</li> </ul>	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 ⑥ I don't know	reset

you have received your POC NA o with that information? (check e 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 resul ☐ I don't plan to change anything ☑ Other	lt
you have received your POC NA o with that information? e value	T result, what		
you plan to retest? you plan to retest?		<ul> <li>○ Within the next month</li> <li>○ About 3 months from now</li> <li>○ About 6 months from now</li> <li>○ About 9 months from now</li> <li>○ About 12 months from now</li> <li>● Other</li> </ul>	reset
Sa	Next Page >> ave & Return Later		
you have received your POC NA o with that information? (check e 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 resul  ☐ I don't plan to change anything  ☐ Other	lt

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

GAIN Group 1 CASI						Resize font:
Please rate how strongly you disagree or agree w	ith the follo	owing stater	ments on the	e 6-point scale l	oelow.	
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV.  * must provide value	0	0	0	0	0	reset
I think this test is effective in identifying HIV infection.  * must provide value	0	0	0	0	0	reset
I would be willing to use this test again.  * must provide value	0	0	0	0	0	reset
I did not like this test. * must provide value	0	0	0	0	0	reset
Overall, this test is more helpful than other HIV tests. * must provide value	0	0	0	0	0	reset
I would recommend this test to others.  * must provide value	0	0	0	0	0	reset
My experience with the POC NAT was:  * must provide value			○ Very neg ○ Negative ○ Slightly p ○ Slightly p ○ Positive ○ Very pos	negative positive		reset
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GAIN Group 1 CASI
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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:

<u>Specimen type</u>: This is the type of sample used to run the test.

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

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

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

## HIV Testing Preference - Question 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	0	0	reset
Least preferred * must provide value	0	0	0
			reset

	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
Most preferred  * must provide value	0	0	0
Least preferred  * must provide value	0	0	0
	HIV Testing Preference	- Question 3 of 12	
			OPTION 3
Specimen type	OPTION 1 Oral fluid	OPTION 2	OPTION 3
Specimen type Window period	OPTION 1		
	OPTION 1 Oral fluid	OPTION 2 Fingerstick	Blood draw
Window period	OPTION 1 Oral fluid 12 weeks	OPTION 2 Fingerstick 2 weeks	Blood draw 4 weeks 2 days
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 12 weeks 2 hours	OPTION 2 Fingerstick 2 weeks 20 minutes	Blood draw 4 weeks 2 days 1 in 1000 (0.1
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 12 weeks 2 hours 1 in 20 (5%)	OPTION 2 Fingerstick 2 weeks 20 minutes 1 in 100 (1%)	Blood draw 4 weeks 2 days 1 in 1000 (0.19
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Oral fluid 12 weeks 2 hours 1 in 20 (5%)	OPTION 2 Fingerstick 2 weeks 20 minutes 1 in 100 (1%)	Blood draw 4 weeks 2 days 1 in 1000 (0.19

GAIN (	Group 1 CASI			Resize font:
Specimen	type: This is the type of samp	ole used to run the test.		
Window pe		gth of time from HIV exposure	to when a test will give a p	oositive result for HIV
Time to re	sults: This is how long it takes	s a test to give a result after y	ou put in the sample.	
False posit	tive: <b>This is when a test tells y</b>	you that you are HIV positive v	when you really do NOT ha	ve 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 * must provide value	0	0	0
				reset
	Least preferred * must provide value	0	0	0
				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	0	0	0
Least preferred  * must provide value	0	0	0
Specimen type	OPTION 1 Oral fluid	OPTION 2 Blood draw	OPTION 3 Fingerstick
Window period	2 weeks	12 weeks	4 weeks
Time to results	2 days	2 hours	1 hour
Chance that you'll have a	1 in 1000 (0.1%)	1 in 100 (1%)	1 in 20 (5%)
false positive			
false positive	Option 1	Option 2	Option 3
Most preferred * must provide value	Option 1	Option 2	Option 3
Most preferred			

GAIN 0	GAIN Group 1 CASI				
Specimen t	type: This is the type of samp	le used to run the test.			
<u>Window period</u> : This is the average length of time from HIV exposure to when a test will give a positive result for HIV infection.					
Time to res	sults: This is how long it takes	s a test to give a result after	you put in the sample.		
False posit	<u>ive</u> : This is when a test tells y	ou that you are HIV positive	when you really do NOT ha	ave HIV.	
	<u></u>		,,		
	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	0	0	reset	
	Least preferred * must provide value	0	0	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	0	0	0
Least preferred  * must provide value	0	0	0
	HIV Testing Preference	e - 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
Most preferred	0	0	0
* must provide value			
* must provide value  Least preferred * must provide value	0	0	0

GAIN G	GAIN Group 1 CASI				
<u>Specimen t</u>	type: This is the type of samp	le 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 res	sults: This is how long it takes	s a test to give a result after y	ou put in the sample.		
False positi	ive: This is when a test tells w	ou that you are HIV positive	when you really do NOT ha	ave HIV.	
<u>- aise positi</u>	<u></u> .		, , , , , , , , , , , , , , , , , , , ,		
	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	0	0	0	
	mast provide value			reset	
	Least preferred * must provide value	0	0	reset	

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

GAIN Group 1 CASI		
Now we are going to ask you some questions about early HIV you probably know, HIV is a virus that weakens the immune s AIDS. In the period of time right after someone gets infected immune system to the HIV that differs from when someone h know what people know about early HIV infection so we can	system, leading to other infections, cancers, and with HIV, there is a special reaction by the has been infected for a long time. We want to	
Someone who was recently infected with HIV may have a negative HIV test. This is called the "window period."	○ True ○ False	
Someone recently infected with HIV can spread HIV even if they have a negative test.	○ True ○ False	
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	
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PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-n names of PrEP medicines are Truvada or Descovy. People ta 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
How long ago did you start PrEP?	<ul><li>○ In the past month</li><li>○ 1-6 months ago</li><li>○ 6-12 months ago</li><li>○ More than 1 year ago</li></ul>
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?	<ul> <li>○ This week</li> <li>○ In the past month</li> <li>○ 1-3 months ago</li> <li>○ More than 3 months ago</li> <li>○ Never</li> </ul>

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

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 ⑥ Other
What is the main reason you are taking PrEP?	
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GAIN Group 1 CASI	Resize font:
PrEP, or pre-exposure prophylaxis, is HIV medicine for HI' names of PrEP medicines are Truvada or Descovy. People to HIV. The following questions are about your PrEP use. it is okay to give an estimate.	take PrEP every day or right <u>before</u> getting exposed
Have you ever taken PrEP?	Yes, I'm currently on PrEP  Yes, but I'm not currently taking PrEP  No, I have never taken PrEP  reset
How long ago did you start PrEP?	<ul> <li>○ In the past month</li> <li>○ 1-6 months ago</li> <li>○ 6-12 months ago</li> <li>○ More than 1 year ago</li> </ul>
When did you stop taking PrEP?	<ul> <li>○ In the past month</li> <li>○ 1-6 months ago</li> <li>○ 6-12 months ago</li> <li>○ More than 1 year ago</li> </ul>
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
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?	
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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
	Tes	NO
Cisgender men	•	0
		reset
Cisgender women	<ul><li>•</li></ul>	0
		reset
Transgender men		0
		reset
Transgender women	•	0
		reset
Non-binary or genderqueer people	•	0
		reset
People of another identity not listed	•	0
		reset
People whose gender identity you did	<ul><li>•</li></ul>	0
not know		
		reset

In the past 12 months, with how many <u>cisgender men</u> have you had oral, anal, or vaginal sex?	
In the past 12 months, with how many <u>cisgender women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender men</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>transgender</u> <u>women</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>non-binary or</u> g <u>enderqueer people</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>people of another</u> <u>identity not listed</u> have you had oral, anal, or vaginal sex with?	
In the past 12 months, with how many <u>people whose</u> g <u>ender identity you did not know</u> 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
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?	<ul><li>Yes</li><li>No</li><li>reset</li></ul>
Which STIs? (check all that apply)	☐ Chlamydia ☐ Gonorrhea ☐ Syphilis ☐ Other
<< Previous Page  Save & Return Later	Submit
Close survey  Thank you so much for completing this survey! We will send you an Amazo sent this survey.  If you have any questions or concerns, you can contact Joanne Stekler (206 GainStudy@uw.edu.	

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GAIN Group 2 CASI	Resize font:
We are asking you to complete this survey because you recently participated experience with getting the point-of-care nucleic acid test (POC NAT). We will in the study, and your experience with the POC NAT used at your recent visit	l ask you questions about yourself, your participation
Considering that some of the questions may be about sensitive topics, we se	uggest taking this survey in a private location.
This survey is completely voluntary, and you may stop at any time. We expect complete the survey, we will send you a \$10 Amazon gift card for your time.	ct this survey to take about 20 minutes. After you
Please do not use your browser's back button. If you do, you might have to 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 (206-74 GainStudy@uw.edu.	44-8312) or email our study team at
Thank you for your participation!	
Please let us know your thoughts on the POC NAT that you h	ad 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	<ul><li>During my appointment</li><li>After my appointment</li><li>I didn't get my results</li></ul>
How did you get your POC NAT result?  * must provide value	<ul> <li>○ In clinic</li> <li>○ By phone</li> <li>④ Via MyChart online</li> <li>○ I got them another way</li> </ul>
What was the result of your POC NAT?  * must provide value	<ul><li>HIV negative</li><li>HIV positive</li><li>Invalid</li><li>I don't remember</li></ul>
How acceptable was the way you received your POC NAT result?  * must provide value	<ul> <li>○ Very unacceptable</li> <li>○ Unacceptable</li> <li>○ Slightly unacceptable</li> <li>○ Slightly acceptable</li> <li>○ Acceptable</li> <li>○ Very acceptable</li> </ul>
I trust the accuracy of the POC NAT result.  * must provide value	<ul> <li>○ Strongly disagree</li> <li>○ Disagree</li> <li>○ Slightly disagree</li> <li>○ Slightly agree</li> <li>○ Agree</li> <li>○ Strongly agree</li> </ul>

My understanding of my POC NAT resuindicated: * must provide value	ult is that it	I definitely do not have HIV I am unlikely to have HIV I might have HIV I definitely have HIV I don't know res	set
Now that you have received your POC will you do with that information? (ch * 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 will you do with that information?  * must provide value	NAT result, what		
When do you plan to retest?		<ul> <li>○ Within the next month</li> <li>○ About 3 months from now</li> <li>○ About 6 months from now</li> <li>○ About 9 months from now</li> <li>○ About 12 months from now</li> <li>● Other</li> </ul>	set
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?	<ul> <li>○ Within the next month</li> <li>○ About 3 months from now</li> <li>○ About 6 months from now</li> <li>○ About 9 months from now</li> <li>○ About 12 months from now</li> <li>● Other</li> </ul>
When do you plan to retest?	
Next Page >>  Save & Return Later	

GAIN Group 2 CASI						Resize font:
Please rate how strongly you disagree or agree w	vith the foll	owing state	ments on the	e 6-point scale l	below.	
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
This is an acceptable test for HIV.  * must provide value	0	0	0	0	0	reset
I think this test is effective in identifying HIV infection. * must provide value	0	0	0	0	0	reset
I would be willing to use this test again. * must provide value	0	0	0	0	0	reset
I did not like this test. * must provide value	0	0	0	0	0	reset
Overall, this test is more helpful than other HIV tests. * must provide value	0	0	0	0	0	reset
I would recommend this test to others.  * must provide value	0	0	0	0	0	reset
My experience with the POC NAT was:  * must provide value			O Very neg Negative Slightly Slightly Positive Very pos	e negative positive		reset
<< Previous Page	Save & Re	eturn Later		Next Page >>		

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

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

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

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

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

## 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 * must provide value	0	0	reset
Least preferred * must provide value	0	0	reset

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

GAIN Group 2 CASI			Resize font:
Window period: This is the average for HIV infection.  Time to results: This is how lo	pe of sample used to run the verage length of time from HI ong it takes a test to give a re test tells you that you are HI	V exposure to when a test	mple.
	HIV Testing Preference	e - 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	0	0	O

0

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Least preferred
\* must provide value

reset

reset

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	OPTION 4	OPTIONS	COMICILIA
	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood drav
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	Optio
Most preferred  * must provide value	0	0	0
Least preferred  * must provide value	0	0	0
<b>5</b>	OPTION 1	OPTION 2	OPTION 3
Specimen type	Oral fluid	Fingerstick	Blood dra
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.
	Option 1	Option 2	Optio
Most preferred * must provide value	Option 1	Option 2	Option
Most preferred * must provide value  Least preferred * must provide value		· _	
* must provide value  Least preferred	0	0	0

GAIN Group 2 CASI			Resize font:		
Window period: This is the average for HIV infection.  Time to results: This is how lo	pe of sample used to run the overage length of time from HIV ong it takes a test to give a res	Vexposure to when a test	mple.		
	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 * must provide value	0	0	reset		
Least preferred * must provide value	0	0	reset		

	OPTION 1	OPTION 2	OPTION 3
Specimen type	Blood draw	Fingerstick	Fingerstic
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.
	Option 1	Option 2	Option
Most preferred * must provide value	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference  OPTION 1	- Question 9 of 12  OPTION 2	OPTION 3
Specimen type	OPTION 1	OPTION 2	
Specimen type Window period			Blood dra
Specimen type Window period Time to results	OPTION 1 Fingerstick	OPTION 2 Blood draw	Blood draw
Window period	OPTION 1 Fingerstick 4 weeks	OPTION 2 Blood draw 2 weeks	Blood draw 12 weeks 20 minute
Window period Time to results Chance that you'll have a	OPTION 1 Fingerstick 4 weeks 2 days	OPTION 2 Blood draw 2 weeks 2 hours	Blood draw 12 weeks 20 minute 1 in 100 (19
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Fingerstick 4 weeks 2 days 1 in 20 (5%)	OPTION 2 Blood draw 2 weeks 2 hours 1 in 1000 (0.1%)	Blood draw 12 weeks 20 minute 1 in 100 (19
Window period Time to results Chance that you'll have a	OPTION 1 Fingerstick 4 weeks 2 days 1 in 20 (5%)	OPTION 2 Blood draw 2 weeks 2 hours 1 in 1000 (0.1%)	OPTION 3 Blood draw 12 weeks 20 minute 1 in 100 (19
Window period Time to results Chance that you'll have a false positive  Most preferred * must provide value  Least preferred	OPTION 1 Fingerstick 4 weeks 2 days 1 in 20 (5%)  Option 1	OPTION 2 Blood draw 2 weeks 2 hours 1 in 1000 (0.1%)	Blood draw 12 weeks 20 minute 1 in 100 (19

l Group 2 CASI			Resize fon
Specimen type: <b>This is the typ</b>	e of sample used to run t	the test.	
Window period: This is the ave	erage length of time fron	n HIV exposure to when a test	will give a positive result
Time to results: This is how lo	ng it takes a test to give a	a result after you put in the s	ample.
False positive: This is when a t	test tells you that you are	e HIV positive when you really	y do NOT have HIV.
	HIV Testing Prefere	nce - 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

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0

Most preferred \* must provide value

Least preferred
\* must provide value

Option 2

 $\bigcirc$ 

0

Option 3

0

 $\bigcirc$ 

reset

reset

20 2	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
Most preferred * must provide value	0	0	0
Least preferred  * must provide value	0	0	0
	HIV Testing Preference	· Question 12 of 12	
	OPTION 1	OPTION 2	
Specimen type	OPTION 1 Blood draw	OPTION 2 Oral fluid	Blood draw
Specimen type Window period Time to results	OPTION 1	OPTION 2 Oral fluid 4 weeks	OPTION 3 Blood draw 2 weeks 2 hours
Window period	OPTION 1 Blood draw 12 weeks	OPTION 2 Oral fluid	Blood draw 2 weeks 2 hours
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 12 weeks 1 hour	OPTION 2 Oral fluid 4 weeks 2 days	Blood draw 2 weeks 2 hours 1 in 1000 (0.19
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 12 weeks 1 hour 1 in 20 (5%)	OPTION 2 Oral fluid 4 weeks 2 days 1 in 100 (1%)	Blood draw 2 weeks

GAIN Group 2 CASI	Resize font: ⊕   ⊟			
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			
Someone recently infected with HIV can spread HIV even if they have a negative test.	○ True ○ False			
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.	<ul> <li>Primary HIV infection can be asymptomatic (there can be no symptoms in primary infection).</li> <li>Primary HIV infection is always symptomatic (there are always symptoms in primary infection).</li> </ul>			
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  Save & Return Later	Next Page >>			

GAIN Group 2 CASI	Resize for ⊞   〔	
PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-ne names of PrEP medicines are Truvada or Descovy. People tak to HIV. The following questions are about your PrEP use. If yo when asked, it is okay to give an estimate.	e PrEP every day or right before getting exposed	
Have you ever taken PrEP?	Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP re-	eset
How long ago did you start PrEP?	○ In the past month ○ 1-6 months ago ○ 6-12 months ago ○ More than 1 year ago	eset
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?	<ul> <li>This week</li> <li>In the past month</li> <li>1-3 months ago</li> <li>More than 3 months ago</li> <li>Never</li> </ul>	eset

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

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

GAIN Group 2 CASI	Resize font: ☐   □
PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV names of PrEP medicines are Truvada or Descovy. People to HIV. The following questions are about your PrEP use. when asked, it is okay to give an estimate.	take PrEP every day or right <u>before</u> getting exposed
Have you ever taken PrEP?	Yes, I'm currently on PrEP Yes, but I'm not currently taking PrEP No, I have never taken PrEP reset
How long ago did you start PrEP?	<ul> <li>○ In the past month</li> <li>○ 1-6 months ago</li> <li>○ 6-12 months ago</li> <li>○ More than 1 year ago</li> </ul>
When did you stop taking PrEP?	<ul> <li>○ In the past month</li> <li>○ 1-6 months ago</li> <li>○ 6-12 months ago</li> <li>○ More than 1 year ago</li> </ul>
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
What is the main reason you stopped taking PrEP?	

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

# **GAIN Group 2 CASI**

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	•	0
		reset
Cisgender women	•	0
		reset
Transgender men	•	0
		reset
Transgender women	•	0
		reset
Non-binary or genderqueer people	•	0
		reset
People of another identity not listed	•	0

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

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

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

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sted, please tell us r least. Some of the purposes of this
e a positive result
have HIV.
OPTION 3
Blood draw
4 weeks

# **GAIN Group 2 CASI**

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.

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

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

## HIV Testing Preference - Question 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	0	0	reset
Least preferred * must provide value	0	0	0
			reset

	OPTION 1	OPTION 3	ODTION
Succionan toma	OPTION 1	OPTION 2	OPTION 3
Specimen type	Fingerstick	Blood draw 4 weeks	Oral fluid
Window period	2 weeks		12 weeks
Time to results	2 hours	1 hour	2 days
Chance that you'll have a false positive	1 in 100 (1%)	1 in 1000 (0.1%)	1 in 20 (5%)
	Option 1	Option 2	Option 3
Most preferred  * must provide value	0	0	0
Least preferred  * must provide value	0	0	0
	HIV Testing Preference	re - 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	0	0	0
Least preferred  * must provide value	0	0	0
<< Previous Page		Next Page	»>
~ Frevious Fage			

GAIN Group 2 CASI			Resize font:			
Window period: This is the for HIV infection.  Time to results: This is how	type of sample used to run the average length of time from HI long it takes a test to give a rest test tells you that you are HI	V exposure to when a test v	nple.			
	HIV Testing Preference	- Question 4 of 12				
	OPTION 1	OPTION 2	OPTION 3			
Specimen type	Oral fluid	Blood draw	Fingerstick			
Window period						
Time to results						
Chance that you'll have a false positive	Chance that you'll have a 1 in 1000 (0.1%) 1 in 100 (1%) 1 in 20 (5%)					
	Option 1	Option 2	Option 3			
Most preferred  * must provide value	0	0	0			

0

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Least preferred
\* must provide value

reset

reset

0

	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	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference  OPTION 1	Question 6 of 12  OPTION 2	OPTION 3
Specimen type Window period	OPTION 1 Fingerstick	OPTION 2 Oral fluid	Blood draw
Specimen type Window period Time to results	OPTION 1	OPTION 2	
Window period	OPTION 1 Fingerstick 12 weeks	OPTION 2 Oral fluid 4 weeks	Blood draw 2 weeks 2 hours
Window period Time to results Chance that you'll have a	OPTION 1 Fingerstick 12 weeks 1 hour	OPTION 2 Oral fluid 4 weeks 20 minutes	Blood draw 2 weeks 2 hours 1 in 100 (1%)
Window period Time to results Chance that you'll have a	OPTION 1 Fingerstick 12 weeks 1 hour 1 in 1000 (0.1%)	OPTION 2 Oral fluid 4 weeks 20 minutes 1 in 20 (5%)	Blood draw 2 weeks 2 hours 1 in 100 (1%)
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Fingerstick 12 weeks 1 hour 1 in 1000 (0.1%)	OPTION 2 Oral fluid 4 weeks 20 minutes 1 in 20 (5%)	Blood draw 2 weeks
Window period Time to results Chance that you'll have a false positive  Most preferred * must provide value  Least preferred	OPTION 1 Fingerstick 12 weeks 1 hour 1 in 1000 (0.1%)  Option 1	OPTION 2 Oral fluid 4 weeks 20 minutes 1 in 20 (5%)	Blood draw 2 weeks 2 hours 1 in 100 (1%) Option 3

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reset

Least preferred

	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 (19
	Option 1	Option 2	Optio
Most preferred  * must provide value	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference	e - Question 9 of 12	
	HIV Testing Preference	e - Question 9 of 12  OPTION 2	OPTION :
Specimen type			
Specimen type Window period	OPTION 1	OPTION 2	Oral fluid
	OPTION 1 Blood draw	OPTION 2 Fingerstick	Oral fluid 2 weeks
Window period	OPTION 1 Blood draw 4 weeks	OPTION 2 Fingerstick 12 weeks	Oral fluic 2 weeks 20 minute
Window period Time to results Chance that you'll have a false positive	OPTION 1 Blood draw 4 weeks 1 hour	OPTION 2 Fingerstick 12 weeks 2 days	Oral fluid 2 weeks 20 minute 1 in 20 (59
Window period Time to results Chance that you'll have a false positive Most preferred	OPTION 1 Blood draw 4 weeks 1 hour 1 in 100 (1%)	OPTION 2 Fingerstick 12 weeks 2 days 1 in 1000 (0.1%)	Oral fluic 2 weeks 20 minute 1 in 20 (5%
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 4 weeks 1 hour 1 in 100 (1%)	OPTION 2 Fingerstick 12 weeks 2 days 1 in 1000 (0.1%)	Oral fluid 2 weeks 20 minute 1 in 20 (5%
Window period Time to results Chance that you'll have a false positive  Most preferred * must provide value  Least preferred	OPTION 1 Blood draw 4 weeks 1 hour 1 in 100 (1%)  Option 1	OPTION 2 Fingerstick 12 weeks 2 days 1 in 1000 (0.1%)  Option 2	OPTION 3 Oral fluid 2 weeks 20 minute 1 in 20 (5%

GAIN Group 2 CASI	

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<u>Specimen type:</u> This is the type of sample used to run the test.

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

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

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

# HIV Testing Preference - Question 10 of 12

	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	0	0	reset
Least preferred * must provide value	0	0	reset

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

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 s	uggest taking this survey in a private location.		
This survey is completely voluntary, and you may stop at any time. We expefinish 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 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 (206-7-GainStudy@uw.edu.	44-8312) or email our study team at		
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.			
Please let us know your thoughts on the POC NAT that you h	ad at your study visit.		
Please let us know your thoughts on the POC NAT that you h  When did you get your POC NAT result?  * must provide value	During my appointment  O After my appointment  I didn't get my results  reset		
When did you get your POC NAT result?	Ouring my appointment After my appointment I didn't get my results		
When did you get your POC NAT result?  * must provide value  How did you get your POC NAT result?	<ul> <li>During my appointment</li> <li>♠ After my appointment</li> <li>I didn't get my results</li> <li>In clinic</li> <li>♠ By phone</li> <li>♦ Via MyChart online</li> <li>♠ I got them another way</li> </ul>		

How acceptable was the way you got your POC NAT result?  * must provide value	<ul> <li>○ Very unacceptable</li> <li>○ Unacceptable</li> <li>○ Slightly unacceptable</li> <li>○ Slightly acceptable</li> <li>○ Acceptable</li> <li>○ Very acceptable</li> </ul>
I trust the accuracy of the POC NAT result.  * must provide value	<ul> <li>○ Strongly disagree</li> <li>○ Disagree</li> <li>○ Slightly disagree</li> <li>○ Slightly agree</li> <li>○ Agree</li> <li>○ Strongly agree</li> </ul>
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 ⑥ Other
My understanding of my POC NAT result from my research visit is that it showed:  * must provide value	
Now that you have received your POC NAT result, what will you do with that information? (check all that apply)  * must provide value	<ul> <li>Nothing will change</li> <li>I will start taking anti-HIV medications (antiretroviral therapy, or ART)</li> <li>I will work on taking my pills every day</li> <li>I will see my primary care provider again sooner</li> <li>I will tell my partner/s my result</li> <li>I will talk to my primary care provider about my result</li> <li>My primary care provider and I plan to change my anti-HIV medications</li> <li>My primary care provider and I already changed my anti-HIV medications</li> <li>✓ Other</li> </ul>
Now that you have received your POC NAT result, what will you do with that information?  * must provide value	
Next Page >>  Save & Return Later	

GAIN Group 3 CASI						<b>⊕</b>   <b>□</b>
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. * must provide value	0	0	0	0	0	reset
I think this test is effective in identifying HIV infection. * must provide value	0	0	0	0	0	reset
I would be willing to use this test again.  * must provide value	0	0	0	0	0	reset
I did not like this test. * must provide value	0	0	0	0	0	reset
Overall, this test is more helpful than other tests for HIV.  * must provide value	0	0	0	0	0	reset
I would recommend this test to others.  * must provide value	0	0	0	0	0	reset
My experience with the POC NAT was:  * must provide value			O Very neg Negative Slightly Slightly Positive Very pos	e negative positive		reset
<< Previous Page	Save & Re	eturn Later		Next Page >>		

### Resize font: **GAIN Group 3 CASI +** | **-**How likely are you to share the result of your POC NAT with the people listed in the table below? Very Somewhat Somewhat Not Unlikely Very likely applicable unlikely unlikely likely Likely Your sex partner/s 0 0 0 0 0 0 0 \* must provide value reset Your needle-sharing partner/s 0 0 0 0 0 0 0 reset 0 Your friends 0 0 0 0 0 0 \* must provide value reset **Your family** 0 0 0 0 0 \* must provide value reset Your dating or hookup app profile/s 0 0 0 0 0 0 \* must provide value reset When do you usually get your viral load results? O At my next visit O I call the clinic \* must provide value O I look in my chart online I get them another way reset When do you usually get your viral load results? \* must provide value Yes Are you currently on anti-HIV medications (antiretroviral therapy, or ART)? ○ No

O I don't know

reset

\* must provide value

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

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

GAIN Group 3 CASI	Resize font:
The next following set of questions will ask you about how yo antiretroviral therapy or ART. We want to know a little bit ab If you are not able to recall an exact number or date when as	out the anti-HIV medications you may be taking.
How many pills have you missed in the last 4 days? Please enter a number.	
How many pills have you missed in the last 30 days? Please enter a number.	
When was the last time you missed a pill of your anti-HIV medications (antiretroviral therapy or ART)?	This week In the past month 1-3 months ago More than 3 months ago Never 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.	0% 50% 100%  Change the slider above to set a response reset
<< Previous Page  Save & Return Later	Next Page >>

GAIN Group 3 CASI						Resize font:
Your provider had a conversation with you about your visit. We would like to know how you feel ab with each statement on the 6-point scale below.						
	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
The conversation was helpful to me.  * must provide value	0	0	0	0	0	reset
My provider believed what I had to say. * must provide value	0	0	0	0	0	reset
I did not receive strategies to help me take my medications. * must provide value	0	0	0	0	0	reset
The conversation helped me to make changes to help me take my medications.  * must provide value	0	0	0	0	0	reset
The conversation did not help me to understand how my medications work  * must provide value	0	0	0	0	0	reset
During the conversation, we discussed other options for my medications.  * must provide value	0	0	0	0	0	reset
<< Previous Page	Save & Re	eturn Later		Next Page >>		

my provider really cares a person.  is usually considerate of od puts them first.  rovider so much I always ohis/her advice.  er tells me something is out them first.	Neutral Agree	Tota
is usually considerate of ond puts them first.  rovider so much I always or his/her advice.	0 0	
rovider so much I always Ohis/her advice.	0 0	
his/her advice. er tells me something is		
	0 0	
	O O	
distrust my provider's   d would like a second	0 0	
rovider's judgements O	0 0	
ovider does not do One/she should about my	0 0	
rovider to put my medical  all other considerations ng my medical problems.	0 0	
is well qualified to Oddingnose and treat or	0 0	
ovider to tell me if a O O O O O O O O O O O O O O O O O O	0 0	
worry that my provider   p the information we  ly private.	0 0	
ovider to tell me if a made about my  worry that my provider p the information we		

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 Resize font: **GAIN Group 4 CASI +** | **-**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 ☐ It was a regularly scheduled testing visit and it transmitted infection (STI) test at Gay City? (check all that was time for me to get tested again apply) ☐ I had symptoms that concerned me

# 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	<ul> <li>Very unlikely</li> <li>Unlikely</li> <li>Somewhat unlikely</li> <li>Somewhat likely</li> <li>Likely</li> <li>Very likely</li> </ul>
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
Next Page >>  Save & Return Later	

GAIN Group 4 CASI		Resize font:
When did you get your POC NAT result?  * must provide value	Ouring my appointment After my appointment I didn't get my results	reset
How did you get your POC NAT result?  * must provide value	<ul><li>○ In clinic</li><li>○ By phone</li><li>○ Via MyChart online</li><li>● I got them another way</li></ul>	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 <ul><li>&lt; 1000 copies RNA</li><li>Invalid</li><li>I don't remember</li></ul>	reset
How acceptable was the way you got your POC NAT result?  * must provide value	<ul> <li>○ Very unacceptable</li> <li>○ Unacceptable</li> <li>○ Slightly unacceptable</li> <li>○ Slightly acceptable</li> <li>○ Acceptable</li> <li>○ Very acceptable</li> </ul>	reset

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

### **+** | **-GAIN Group 4 CASI** Please rate how strongly you disagree or agree with the following statements on the 6-point scale below. Strongly Slightly Strongly disagree Disagree disagree Slightly agree Agree agree This is an acceptable test for HIV. 0 0 0 $\bigcirc$ 0 0 \* must provide value reset I think this test is effective in 0 0 0 0 0 0 identifying HIV infection. reset I would be willing to use this test 0 0 0 0 0 $\bigcirc$ **again.**\* must provide value reset I did not like this test. 0 0 0 0 0 0 \* must provide value reset Overall, this test is more helpful than 0 0 0 0 0 0 other tests for HIV. \* must provide value I would recommend this test to 0 others. \* must provide value reset O Very negative My experience with the POC NAT was: ONegative \* must provide value O Slightly negative O Slightly positive OPositive O Very positive reset << Previous Page Next Page >> Save & Return Later

GAIN Group 4 CASI						ŀ	esize font:
How likely are you to share the result of your PO	OC NAT wit	h the peop	le listed in	the table b	elow?		
	Very unlikely	Unlikely	Slightly unlikely	Slightly likely	Likely	Very likely	Not applicable
Your sex partner/s * must provide value	0	0	0	0	0	0	reset
Your needle-sharing partner/s * must provide value	0	0	0	0	0	0	reset
Your friends * must provide value	0	0	0	0	0	0	reset
Your family * must provide value	0	0	0	0	0	0	reset
Your dating or hookup app profile/s * must provide value	0	0	0	0	0	0	reset
Are you currently on anti-HIV medicat therapy, or ART) * must provide value	tions (anti	retroviral	● Yes ○ No ○ I do	on't know			reset
The viral load cutoff level of this test i you if the amount of virus per millilite you get in your clinic can tell you if yo copies per milliliter of blood).	er of your	blood is gre	eater or les	s than 1000	copies o	f HIV. The te	st that
If your test said your viral load was be of 1000 copies per milliliter, how confithat your anti-HIV medications are wo must provide value	ident wou		○ Not ○ Son	confident a very confid newhat conf y confident	ent		

reset

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

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

# Close survey

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

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

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