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.	ask you questions about yourself, your participation
Considering that some of the questions may be about sensitive topics, we su	iggest 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.	t 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 ruse 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.	4-8312) or email our study team at
Thank you for your participation!	
Please let us know your thoughts on the POC NAT that you ha	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	○ 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 negativeHIV positiveInvalidI 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 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?		 ○ 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
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	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 O Negative O Slightly O Slightly O Positive O Very pos	negative positive		reset
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GAIN	Group	1 CAS
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Resi	ze	fo	nt:
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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.

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

GAIN C	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	e to when a test will give a	positive result for HIV
Time to re	sults: This is how long it take	s a test to give a result after y	ou put in the sample.	
False posit	ive: This is when a test tells y	you that you are HIV positive	when you really do NOT ha	ive HIV.
		'	, ,	
		HIV Testing Preference	e - 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 G	Group 1 CASI			Resize font:		
Specimen t	t <u>ype</u> : 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	you put in the sample.			
False posit	ive: This is when a test tells y	ou that you are HIV positive	when you really do NOT h	ave HIV.		
		,	,			
		HIV Testing Preference	e - 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		

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

GAIN Gro	oup 1 CASI			Resize font:			
Specimen type	Specimen type: This is the type of sample used to run the test.						
Window perio	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 result	s: This is how long it takes	a test to give a result after y	ou put in the sample.				
False positive:	: This is when a test tells v	ou that you are HIV positive	when you really do NOT h	ave HIV.			
<u>- a.se positive</u>	,		, , , , , , , , , , , , , , , , , , , ,				
		HIV Testing Preference	- Question 10 of 12				
		OPTION 1	OPTION 2	OPTION 3			
S	pecimen type	Oral fluid	Fingerstick	Blood draw			
W	Vindow period	4 weeks	2 weeks	12 weeks			
Ti	ime to results	20 minutes	2 hours	2 days			
	hance that you'll have a alse positive	1 in 100 (1%)	1 in 20 (5%)	1 in 1000 (0.1%)			
		Option 1	Option 2	Option 3			
	ost preferred	0	0	0			
	iase provide value			reset			
	east preferred nust provide value	0	0	reset			

	The results reference	- Question 11 of 12		
	OPTION 1	OPTION 2	OPTION 3	
Specimen type	Oral fluid	Blood draw		
Specimen type			Fingerstick	
Window period	12 weeks	2 weeks	4 weeks	
Chance that you'll have a false positive	1 hour 1 in 1000 (0.1%)	2 days 1 in 100 (1%)	20 minutes 1 in 1000 (0.1%)	
	Option 1	Option 2	Option 3	
Most preferred * must provide value	0	0	0	rese
Least preferred * must provide value	0	0	0	rese
	HIV Testing Preference	- Question 12 of 12		
	OPTION 1	OPTION 2	OPTION 3	
Specimen type	OPTION 1 Oral fluid	OPTION 2 Oral fluid	OPTION 3 Blood draw	
Specimen type Window period				
	Oral fluid	Oral fluid	Blood draw	
Window period	Oral fluid 2 weeks	Oral fluid 4 weeks	Blood draw 12 weeks	
Window period Time to results Chance that you'll have a	Oral fluid 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	Oral fluid 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 false positive Most preferred	Oral fluid 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	rese
Window period Time to results Chance that you'll have a false positive Most preferred * must provide value Least preferred	Oral fluid 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	Resize font:
Now we are going to ask you some questions about early HIV you probably know, HIV is a virus that weakens the immune salDS. In the period of time right after someone gets infected immune system to the HIV that differs from when someone 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 nas 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?	○ In the past month○ 1-6 months ago○ 6-12 months ago○ More than 1 year ago
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

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

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

GAIN Group 1 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. 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
How long ago did you start PrEP?	 ○ In the past month ○ 1-6 months ago ○ 6-12 months ago ○ More than 1 year ago
When did you stop taking PrEP?	 ○ In the past month ○ 1-6 months ago ○ 6-12 months ago ○ More than 1 year ago
What is the main reason you stopped taking PrEP?	○ I didn't know enough about PrEP ○ I did not like taking a pill every day ○ I had side effects ○ I did not think I was risky enough to be on PrEP ○ I was not having enough sex/don't have sex ○ I could not afford PrEP
What is the main reason you stopped taking PrEP?	

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

We will now ask you some questions about sexual experiences you've had in the past 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
	res	NO
Cisgender men	•	0
		reset
		reser
Cisgender women	•	0
		reset
		reset
Transgender men	(a)	0
	•	0
		reset
		reset
Transgender women	(a)	0
manisbeniaer mennen	•	0
		reset
Non-binary or genderqueer people		0
Non-pinary or Benderdacer people	•	0
		reset
People of another identity not listed		0
reopic of another identity not instea		0
		reset
People whose gender identity you did		0
	•	
not know		
		reset
		1eser

In the past 12 months, did you have cor vaginal sex with any partners who were whose HIV status you didn't know?		○ Yes ○ No ○ I don't know	et
In the past 12 months, how many group with 2 or more partners at the same tir 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 that you had a sexually transmitted inf than HIV?		● Yes ○ No	≘t
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 sent this survey. If you have any questions or concerns, you can con 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 s	uggest taking this survey in a private location.
This survey is completely voluntary, and you may stop at any time. We expecomplete the survey, we will send you a \$10 Amazon gift card for your time.	The state of the s
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 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

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
How did you get your POC NAT result? * must provide value	 In clinic By phone Via MyChart online I got them another way
What was the result of your POC NAT? * must provide value	HIV negative HIV positive Invalid I don't remember
How acceptable was the way you received your POC NAT result? * must provide value	 ○ Very unacceptable ○ Unacceptable ○ Slightly unacceptable ○ Slightly acceptable ○ Acceptable ○ Very acceptable
I trust the accuracy of the POC NAT result. * must provide value	 ○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Slightly agree ○ Agree ○ Strongly agree

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

GAIN Group 2 CASI						Resize font:
Please rate how strongly you disagree or agree w	ith the foll	owing stater	ments on the	e 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 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 O Negative O Slightly O Slightly O Positive O Very pos	negative positive		reset
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GAIN Group 2 CAS	GAI	Ν	Gr	ou	p 2	CAS	5
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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.

<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
			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 minute
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
	HIV Testing Preference	- Question 3 of 12	
	HIV Testing Preference OPTION 1	- Question 3 of 12 OPTION 2	OPTION 3
Specimen type	-		
Specimen type Window period	OPTION 1	OPTION 2	Fingerstic
	OPTION 1 Oral fluid	OPTION 2 Blood draw	
Window period	OPTION 1 Oral fluid 2 weeks	OPTION 2 Blood draw 12 weeks	Fingerstic 4 weeks 1 hour
Window period Time to results Chance that you'll have a	OPTION 1 Oral fluid 2 weeks 2 days	OPTION 2 Blood draw 12 weeks 2 hours	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%)	
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%

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Most preferred

* must provide value

Least preferred

	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
5	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

OPTION 1 Ood draw 4 weeks 2 days In 100 (1%) Option 1 O OV Testing Preference - OPTION 1 Ingerstick 4 weeks 2 days In 20 (5%)	OPTION 2 Fingerstick 2 weeks 20 minutes 1 in 20 (5%) Option 2 Question 9 of 12 OPTION 2 Blood draw 2 weeks 2 hours	OPTION 3 Fingerstick 12 weeks 1 hour 1 in 1000 (0.19 Option Option OPTION 3 Blood draw 12 weeks 20 minutes
4 weeks 2 days n 100 (1%) Option 1 O V Testing Preference - OPTION 1 Ingerstick 4 weeks 2 days	2 weeks 20 minutes 1 in 20 (5%) Option 2 Question 9 of 12 OPTION 2 Blood draw 2 weeks	12 weeks 1 hour 1 in 1000 (0.19 Option Option OPTION 3 Blood draw 12 weeks
Option 1 Ortion 1 OPTION 1 Ingerstick 4 weeks 2 days	20 minutes 1 in 20 (5%) Option 2 Ouestion 9 of 12 OPTION 2 Blood draw 2 weeks	1 hour 1 in 1000 (0.14 Option OPTION 3 Blood draw 12 weeks
Option 1 OTESTING Preference - OPTION 1 Ingerstick 4 weeks 2 days	Option 2 Question 9 of 12 OPTION 2 Blood draw 2 weeks	Option OPTION 3 Blood draw 12 weeks
Option 1 O V Testing Preference - OPTION 1 Ingerstick 4 weeks 2 days	Option 2 Question 9 of 12 OPTION 2 Blood draw 2 weeks	Option OPTION 3 Blood draw 12 weeks
V Testing Preference - PTION 1 Ingerstick 4 weeks 2 days	Question 9 of 12 OPTION 2 Blood draw 2 weeks	OPTION 3 Blood draw 12 weeks
V Testing Preference - PTION 1 Ingerstick 4 weeks 2 days	Question 9 of 12 OPTION 2 Blood draw 2 weeks	OPTION 3 Blood draw 12 weeks
PTION 1 Ingerstick 4 weeks 2 days	OPTION 2 Blood draw 2 weeks	OPTION 3 Blood draw 12 weeks
PPTION 1 Ingerstick 4 weeks 2 days	OPTION 2 Blood draw 2 weeks	Blood draw 12 weeks
1 weeks 2 days		
	2 hours	20 minutes
n 20 (5%)		
23 (370)	1 in 1000 (0.1%)	1 in 100 (1%
Option 1	Option 2	Option
0	0	0
0	0	0
	Next Pag	e >>
	0	0 0

AIN Group 2 CASI			Resize fon ⊕ [
Specimen type: This is the type	e of sample used to run t	he test.	
Window period: This is the ave	rage length of time from	n HIV exposure to when a test	will give a positive result
Time to results: This is how lon	ng it takes a test to give a	result after you put in the sa	ample.
False positive: This is when a to	est tells you that you are	e HIV positive when you really	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	1 in 20 (5%)	1 in 1000 (0.1%)	1 in 1000 (0.1%)

Option 1

 \circ

0

Most preferred * must provide value

Least preferred
* must provide value

Option 2

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Option 3

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reset

reset

Specimen type Window period Time to results Chance that you'll have a false positive	Oral fluid 12 weeks 2 hours	Fingerstick 4 weeks	Blood draw
Time to results Chance that you'll have a	2000	4 weeks	Dioou di avi
Chance that you'll have a	2 hours	4 WCCK3	2 weeks
		2 days	20 minutes
	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
Specimen type	Blood draw	Oral fluid	Blood draw
Window period			
willdow period	12 weeks	4 weeks	2 weeks
Time to results	12 weeks 1 hour	4 weeks 2 days	2 weeks 2 hours
			2 hours
Time to results Chance that you'll have a	1 hour	2 days	2 hours 1 in 1000 (0.1
Time to results Chance that you'll have a	1 hour 1 in 20 (5%)	2 days 1 in 100 (1%)	

GAIN Group 2 CASI	Resize font:
Now we are going to ask you some questions about early HIV you probably know, HIV is a virus that weakens the immune AIDS. In the period of time right after someone gets infected immune system to the HIV that differs from when someone 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).
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 PrEP, or pre-exposure prophylaxis, is HIV medicine for HIV-not names of PrEP medicines are Truvada or Descovy. People tall to HIV. The following questions are about your PrEP use. If you when asked, it is okay to give an estimate.	egative people to prevent getting HIV. Branc se PrEP every day or right <u>before</u> getting ex	posed
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.	0% 50% 100% Change the slider above to set a response reset
What is the hardest thing about taking PrEP?	 It is hard to remember to take every day I am not sure it will prevent me from getting HIV I don't think my risk for HIV is high enough to take PrEP every day It is not affordable I worry about being judged for using PrEP I had undesirable side effects Seeing a provider every 3 months is a lot of trouble PrEP may not be safe to use with other drugs I am taking I do not have any concerns or challenges with taking PrEP Other

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

GAIN Group 2 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. 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?	 ○ In the past month ○ 1-6 months ago ○ 6-12 months ago ○ More than 1 year ago
When did you stop taking PrEP?	 ○ In the past month ○ 1-6 months ago ○ 6-12 months ago ○ More than 1 year ago
What is the main reason you stopped taking PrEP?	○ I didn't know enough about PrEP ○ I did not like taking a pill every day ○ I had side effects ○ I did not think I was risky enough to be on PrEP ○ I was not having enough sex/don't have sex ○ I could not afford PrEP ⑧ Other
What is the main reason you stopped taking PrEP?	

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

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

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

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

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

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

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

	Yes	No
Cisgender men	•	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?	YesNoreset
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 PEDCan	

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.)

Resize font:
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

	ORTION 1	OPTION 2	OPTION
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	ce - 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 :
Most preferred * must provide value	0	0	0
Least preferred * must provide value	0	0	0
		Next Page	»>
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GAIN Group 2 CASI			Resize font: 🛨 🖃
Specimen type: This is the type Window period: This is the ave for HIV infection. Time to results: This is how lor False positive: This is when a t	erage length of time from HIV	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	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	0	0	0

0

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Least preferred
* must provide value

reset

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	The results Freierence	- 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	0	0	0	
Least preferred	0	0	0	res
				res
Specimen type	OPTION 1 Fingerstick	OPTION 2 Oral fluid	OPTION 3 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	Option 1	Option 2	Option 3	
		Option 2	Option 3	re

GAIN Group 2 CASI			Resize font:
Window period: This is the av for HIV infection. Time to results: This is how lo	pe of sample used to run the rerage length of time from HI' ong it takes a test to give a res	V exposure to when a test	mple.
	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	0	0	0

0

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Least preferred
* must provide value

reset

reset

0

	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
Most preferred * must provide value	0	0	0
Least preferred * must provide value	0	0	0
	HIV Testing Preference	Overtion 0 of 12	
	The resumpt reference	e - Question 9 of 12	
			OPTION 3
Specimen type	OPTION 1	OPTION 2	OPTION 3
Specimen type Window period			OPTION 3 Oral fluid 2 weeks
Specimen type Window period Time to results	OPTION 1 Blood draw	OPTION 2 Fingerstick 12 weeks	Oral fluid 2 weeks
Window period	OPTION 1 Blood draw 4 weeks	OPTION 2 Fingerstick	Oral fluid 2 weeks 20 minutes
Window period Time to results Chance that you'll have a	OPTION 1 Blood draw 4 weeks 1 hour	OPTION 2 Fingerstick 12 weeks 2 days	Oral fluid 2 weeks 20 minutes 1 in 20 (5%)
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 fluid 2 weeks 20 minutes 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
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 2 Fingerstick 12 weeks 2 days 1 in 1000 (0.1%) Option 2	Oral fluid 2 weeks 20 minutes 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	Oral fluid 2 weeks 20 minutes 1 in 20 (5%) Option

GAIN Group 2 CASI	

Resiz	ze i	for	nt:
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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 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 suggest 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	Ouring my appointment After my appointment I didn't get my results				
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?	 During my appointment ♠ After my appointment I didn't get my results In clinic ♠ By phone ♦ Via MyChart online ♠ I got them another way 				

How acceptable was the way you got your POC NAT result? * must provide value	 ○ Very unacceptable ○ Unacceptable ○ Slightly unacceptable ○ Slightly acceptable ○ Acceptable ○ Very acceptable
I trust the accuracy of the POC NAT result. * must provide value	 ○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Slightly agree ○ Agree ○ Strongly agree
My understanding of my POC NAT result from my research visit is that it showed: (choose one) * must provide value	☐ I am HIV positive ☐ I have a high level of HIV in my blood ☐ My viral load is below the cutoff for the test ☐ I am undetectable ☐ I don't know 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	 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	
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GAIN Group 3 CASI						⊕ ⊟
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 >>		

GAIN Group 3 CASI

Resi	ze	for	nt:
	+		

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

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	 Not confident at all Not very confident Somewhat confident ● Very confident
At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies Other I don't know
At what viral load cutoff level would you feel confident that your anti-HIV medications are working? * must provide value	
The viral load cutoff level of 1000 copies makes me feel confident that I will not transmit HIV. * must provide value	 ○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Slightly agree ○ Agree ○ Strongly agree

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

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 al 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)?	 This week In the past month 1-3 months ago More than 3 months ago Never
What was the reason you missed your pills the last time you missed taking them? (check all that apply)	Forgot Lost my medication Was having side effects Was feeling depressed Didn't want to Didn't want someone to see/know I was positive Ran out of medication No reason ✓ Other
What was the reason you missed your pills the last time you missed taking them?	
Please rate your overall anti-HIV medications (antiretroviral therapy, or ART) adherence. 0% would mean that you never take your medicine, 50% means you take them about half the time, and 100% means you never miss a pill.	0% 50% 100% Change the slider above to set a response reset
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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	0
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
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GAIN Group 3 CASI					Resize font:
We would like to know how you feel about your how strongly you disagree or agree with the follo					Please rate
	Totally disagree	Disagree	Neutral	Agree	Totally agree
I doubt that my provider really cares about me as a person.	0	0	0	0	reset
My provider is usually considerate of my needs and puts them first.	0	0	0	0	reset
I trust my provider so much I always try to follow his/her advice.	0	0	0	0	reset
If my provider tells me something is so, then it must be true.	0	0	0	0	0
I sometimes distrust my provider's opinions and would like a second one.	0	0	0	0	reset
l trust my provider's judgements about my medical care.	0	0	0	0	reset
I feel my provider does not do everything he/she should about my medical care.	0	0	0	0	reset
I trust my provider to put my medical needs above all other considerations when treating my medical problems.	0	0	0	0	reset
My provider is well qualified to manage (and diagnose and treat or make an appropriate referral) medical problems like mine.	0	0	0	0	reset
					IESEL
I trust my provider to tell me if a mistake was made about my treatment.	0	0	0	0	0
I sometimes worry that my provider may not keep the information we discuss totally private.	0	0	0	0	reset
<< Previous Page			Subm	it	reset

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 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)

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 unlikelyUnlikelySomewhat unlikelySomewhat likelyLikelyVery likely
What would be the reason you would want a POC NAT at Gay City? (check all that apply) * must provide value	Reassurance that your anti-HIV medications (antiretroviral therapy, or ART) are working Knowledge that you could not transmit to others Costs associated with seeing my primary care provider are too high I don't feel comfortable seeing my primary care provider for HIV care I feel judged when I go to my primary care provider for my HIV status I feel judged when I go to my primary care provider for my gender identity I feel judged when I go to my primary care provider for my sexual orientation I feel judged when I go to my primary care provider for another reason There are long wait times at my primary care provider It is too hard to get an appointment at my primary care provider during hours that I am free My primary care provider is too far away and Gay City is more convenient 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	○ 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 RNAInvalidI 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
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	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 >>

1 GAIN Group 4 CASI Please rate how strongly you disagree or agree with the following statements on the 6-point scale below. Slightly Strongly Strongly disagree Disagree disagree Slightly agree Agree agree This is an acceptable test for HIV. \bigcirc 0 0 0 0 0 * must provide value reset 0 0 I think this test is effective in 0 0 0 0 identifying HIV infection. * must provide value reset I would be willing to use this test 0 0 0 0 0 0 **again.*** must provide value reset I did not like this test. 0 0 0 0 0 reset Overall, this test is more helpful than 0 0 0 0 0 0 other tests for HIV. * must provide value reset I would recommend this test to 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 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 * 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 confi that your anti-HIV medications are wo	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 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	 ○ Strongly disagree ○ Disagree ○ Slightly disagree ○ Slightly agree ○ Agree ○ Strongly agree
At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	 No level - I will always worry about transmitting HIV Less than 40 copies Less than 200 copies Less than 1000 copies Less than 1500 copies Less than 5000 copies I don't know
At what viral load cutoff level would you feel confident that you will not transmit HIV? * must provide value	
Have you heard of HIV undetectable = untransmittable (U=U)?	○ Yes ○ No ○ Not sure
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GAIN Group 3 CASI	Resize font:
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
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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