

**The Greater Access and Impact with NAT (GAIN) Study: Improving HIV Diagnosis,
Linkage to Care, and Prevention Services with HIV Point-of-Care Nucleic Acid
Tests (NATs)**

**Attachment 4d
Acceptability Survey**

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1357)

**Survey ID
Link**

*GAIN Madison
(Aim 3) CASI*

*P
a*

Record ID

GAIN Study ID

GAIN Study ID (second entry)

The study IDs do not match. Please correct.

GAIN Madison (Aim 3) 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 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.

Form Approved

OMB No. 0920-1357

Expiration Date: XX\XX\XXXX

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

When did you get your POC NAT result?

- ☐ During my appointment
- ☐ After my appointment
- ☐ I didn't get my results

How did you get your POC NAT result?

- ☐ In clinic by my provider
- ☐ In clinic by the study staff
- ☐ By phone by my provider
- ☐ By phone by study staff
- ☐ Via my electronic medical record
- ☐ I got them another way

How did you get your POC NAT result?

What was the result of your POC NAT?

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

How acceptable was the way you got your POC NAT unacceptable result?

- ☐ Very Unacceptable
- ☐ Slightly unacceptable
- ☐ Slightly acceptable
- ☐ acceptable
- ☐ Acceptable
- ☐ Very acceptable

I trust the accuracy of the POC NAT result.

- ☐ 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:

(Please choose the best answer)

- ☐ 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:

Now that you have received your POC NAT result, what will you do with that information? (check all that medications apply)

- ☐ Nothing will change
☐ I will start taking anti-HIV (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?

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. I think this test is effective in identifying HIV infection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would be willing to use this test again.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not like this test.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, this test is more helpful than other tests for HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this test to others.	<input type="radio"/>					

My experience with the POC NAT was:

- ☐ Very negative
- ☐ Negative
- ☐ Slightly negative
- ☐ Slightly positive
- ☐ Positive
- ☐ Very positive

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

	Very unlikely	Unlikely	Somewhat unlikely	Somewhat likely	Likely	Very likely	Not applicable
Your sex partner/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your needle-sharing partner/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your dating or hookup app profile/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When do you usually get your viral load results?

- At my next
☐ visit I call
☐ the clinic
☐ I look in my chart
☐ online I get them another way

When do you usually get your viral load results?

Are you currently on anti-HIV medications (antiretroviral therapy, or ART)?

- ☐ Yes
☐ No
☐ I don't know

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

If your test said your viral load was below the cutoff at all level of 1000 copies per milliliter, how confident would you be that your anti-HIV medications are working?

- Not confident
☐ Not very
☐ Somewhat confident
☐ Very confident

At what viral load cutoff level would you feel transmitting confident that your anti-HIV medications are working?

- ☐ No level - I will always worry about 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?

The viral load cutoff level of 1000 copies makes me disagree feel confident that I will not transmit HIV.

- ☐ Strongly
☐ Disagree
☐ Slightly
☐ disagree
☐ Slightly agree
☐ Agree
☐ Strongly agree

☐ No level - I will always worry about 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

☐ No
☐ Not sure

☐ Forgot
y) ☐ 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

0% 50% 100%

(Place a mark on the scale above)

Your provider had a conversation with you about your anti-HIV medications (antiretroviral therapy, or ART) adherence at your visit. We would like to know how you feel about that conversation. Please rate how strongly you disagree or agree with each statement on the 6-point scale below.

	Strong ly disagr ee	Disagree	Slight ly disagr ee	Slightly agree	Agree	Strong ly agre e
The conversation was helpful to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My provider believed what I had to say.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not receive strategies to help me take my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conversation helped me to make changes to help me take my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The conversation did not help me to understand how my medications work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During the conversation, we discussed other options for my medications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

We would like to know how you feel about your visit with the provider who gave you your POC

NAT result. Please rate how strongly you disagree or agree with the following statements on the 5-point scale below.

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

You have reached the end of the survey. Thank you for your time!

Please check this box if you would like to receive a ☐ Send me my gift card, please!
\$10 gift card.

We would also like to invite you to participate in an ☐ Yes, please contact me about the interview! interview to learn more about your experience in the GAIN study. The conversation will take 45-60 minutes and you will be given a \$40 gift card for your time. Please check the box to let us know if you're interested and we will email you with more details!