

*Demonstration Site Summary: Appendices
(supplements Implementation Manual)*

Positively Connected for Health (PC4H)

Children's Hospital of Philadelphia, Philadelphia FIGHT
Philadelphia, PA

In the Ryan White HIV/AIDS Program (RWHAP), Part F: Special Projects of National Significance (SPNS) Initiative: Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum

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Find the full PC4H Implementation Manual on the [TargetHIV.org](https://www.targethiv.org) website

PC4H Demonstration Project Pre-Implementation Activities

PRIOR TO GRANT		
Date Time frame	Activity	Description
January 2015- September 2015 Ongoing	Mobile app development	<ul style="list-style-type: none"> Dr. Nadia Dowshen established a partnership with a research group at Drexel University College of Computing and Informatics-- Empathic Research Group. App developer and study team collaborated to design the <i>TreatYourSelf</i> app and then updated the design based on feedback from focus groups and usability testing.
March 2015	Focus group for older local youth	<ul style="list-style-type: none"> Group of older youth age 25-29 years old was conducted at Philadelphia FIGHT to help identify mobile app preferences to improve health outcomes and retention in care Youth were asked about their mobile phone use and to describe features of a mobile phone app that they thought would be the most helpful to increase medication adherence and reduce sexual risk behavior. The other goal was to determine length and procedures for conducting app preference focus groups for younger youth This focus group lasted 1.5 hours and was conducted in one day. Meals were provided to youth for their efforts.
April & May 2015	Mobile app preferences focus groups	<ul style="list-style-type: none"> CHOP study team members conducted two groups for 10 behaviorally infected HIV+ youth ages 18-24 Used nominal group technique to determine youth preferences for health app features Youth were asked to list features of a mobile phone app that they thought would be the most helpful to increase medication adherence and reduce sexual risk behavior. The youth were shown wireframes (drawings of the design, flow, and features) of a potential health app and asked to rank the most important feature from their suggestions and those presented by study team. Each focus group lasted about 2 hours, was video and audio recorded, and transcribed Youth were compensated for their time and effort (\$40, 2 SEPTA tokens to offset travel burden, and food). This process (recruiting, conducting, and cleaning the data) was conducted over 5 months. Feedback on preferences for a health app were prioritized when creating the TYS app.
October 2015 – April 2016 6.5 months	Usability testing	<ul style="list-style-type: none"> Total of 10 HIV+ adolescent and youth adult participants ages 20-25 in care at CHOP were conducted in sessions of 1-3 youth per group. The app developer and a study team member asked participants about their opinions of the app regarding ART medication adherence, social support functions, the app's name, among other features and were led through a series of scenarios on an Android smartphone. Youth were given opportunities to interact with the preliminary draft version of the app on smartphones provided during the usability testing session as well as see a projection of the interactive presentation by the app developer. Feedback obtained were used to update features of the current app. Each session lasted for 1-1.5 hours, was video, audio recorded, and transcribed Youth were compensated for their time and effort (\$25 and 2 SEPTA tokens, and food).

GRANT YEAR 1		
Date/Time frame	Activity	Description
September 2015 – August 2016	Continued app development	<ul style="list-style-type: none"> Continued to work with the developers on key features of the app. Finalize the Android version of the app and start the iPhone app version.
6 weeks	<i>APPLify Your Health</i> Workshop Development	<ul style="list-style-type: none"> FIGHT's digital literacy team modified the <i>APPLify Your Health</i> workshop curriculum to ensure that the right content and pedagogical approach for young people and to specifically cover components of the TYS app. The curriculum was then workshopped with a group of education department staff and refined further. A one-on-one curriculum was developed from the full workshop and an optional PowerPoint slide deck was created to be used with either the individual or group curriculum.
February– June 2016	Partner Engagement	<ul style="list-style-type: none"> Both study teams had to present the study at a weekly clinical meeting at each of the health centers where patients were to be recruited from at CHOP and FIGHT. The goal was to make the clinical teams aware of the project and also get them invested in the success for their youth.
January 2016– September 2016	Regulatory	<ul style="list-style-type: none"> Multiple institutional review board (IRB) applications and approvals had to be completed for each phase.

(first final IRB completed)		<ul style="list-style-type: none"> To conduct focus groups and usability testing phases, CHOP IRB exemptions were granted for each. Following those phases, PC4H IRB applications were created for University of California Los Angeles (UCLA), CHOP, Drexel, and FIGHT and submitted to each respective IRB with UCLA serving as the data coordinating center (DCC) for the national evaluation and CHOP serving as the DCC for the local evaluation. UCLA was responsible for the national evaluation's Certificate of Confidentiality (CoC), but CHOP also obtained a CoC for the local evaluations.
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GRANT YEAR 2		
Date/Time frame	Activity	Description
September 2016 – September 2017	Continued app development	<ul style="list-style-type: none"> Continued development of Android version of TYS app & rolled out a limited version of app in May 2017 App developers also focused on backend data development and designed an administrator portal Developers also created deployment script so that the app and all backend data would be managed at CHOP by the Department of Biomedical Health Informatics.
February–June 2017	Partner Engagement	<ul style="list-style-type: none"> Engagement with our community partners—Connect 2 Protect and iknowUshould2 campaigns continued during year 2.
October 2016 – August 2017	Regulatory	<ul style="list-style-type: none"> Continued to update protocol to expand eligibility criteria (increased age range), addition of Android study phone distribution—submitted 7 IRB amendments and received final approval August 2017 Additionally, this initiative worked with CHOP's Office of Tech Transfer to finalize contracts (between CHOP, FIGHT, and Drexel) and data transfer agreements between CHOP and UCLA, and FIGHT and UCLA for data shared from local sites to UCLA's Evaluation and Technical Assistance Center's (ETAC) web portal uploads.
October 2016 – January 2017	Supplemental Materials	<ul style="list-style-type: none"> CHOP team created a 1-page study summary sheet (see appendix), and study summary paragraph description to be added to the list of overall studies being conducted at the clinical site so all clinic staff had current information about the study and were able to refer to these documents if any of their patients were eligible and potentially a good fit. Additionally, time was spent developing the study flyers and meeting with the Youth Advisory Board (see below) CHOP study staff developed checklists for each of the study visits, next steps for the time in between study visits, and data collection tool guidelines so that all team members follow the exact same procedures (see appendix). These checklists were used in the trainings (see Training section) and shared with Philadelphia FIGHT who slightly modified the checklists for any items that were organizationally specific (such as slight differences in organizational recruitment preferences).

GRANT YEAR 3		
Date/Time frame	Activity	Description
September 2017 – September 2018	Continued app development	<ul style="list-style-type: none"> Continued development of Android version of TYS app & rolled out version connected to backend data January 2018 App developers also focused on two-way sync feature, geolocation, and updating bugs.
February–June 2018	Recruitment Strategies	<ul style="list-style-type: none"> Increased recruitment strategies at all sites, including reengaging with clinical team, recruitment events (e.g., pizza parties), increased baseline incentive, and reaching out directly to eligible participants
October 2016 – August 2017	Regulatory	<ul style="list-style-type: none"> Continued to update protocol to expand eligibility, increase baseline incentive, and contact participants for future studies—submitted 3 IRB amendments and received final approval May 2018

GRANT YEAR 4		
Date/Time frame	Activity	Description
September 2018 – November 2018	Continued app development	<ul style="list-style-type: none"> Continued development of Android version of TYS app & rolled out geo location smart reminders, Google Play store SDK 27 update, kudos button, and notification alert button/page.

Title: **Positively Connected For Health (PC4H)**

Short Title PC4H

Drug or Device Name(s): TreatYourSelf

FDA IND NA

Regulatory Sponsor:

eIRB Number 16-012937

Protocol Date: August 11, 2016

Amendment 1 Date: October 13, 2016 Amendment 3 Date: March 27, 2017

Amendment 2 Date: December 28, 2016 Amendment 4 Date:

Amendment 5 Date: May 31, 2017 Amendment 6 Date: June 19, 2017

Amendment 7 Date: July 10, 2017 Amendment 8 Date: September 26, 2017

Amendment 9 Date: November 16, 2017 Amendment 10 Date: January 4, 2018

Amendment 11 Date: Amendment 12 Date: May 4, 2018

Amendment 13: Date: Amendment 14 Date: May 20, 2018

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ABBREVIATIONS AND DEFINITIONS OF TERMS

ACASI	Audio Computer Assisted Self Interview Instrument
ACTG	AIDS Clinical Trials Group
AE	Adverse Event
AI	Adolescent Initiative (CHOP's Adolescent HIV clinic)
AIDS	Acquired Immunodeficiency Syndrome
App	Application
APPLify Your Health	A health literacy workshop created by Philadelphia FIGHT that can be tailored to teach youth on various ehealth tools (i.e. TreatYourSelf mobile app).
ARBA	AIDS Risk Behavior Assessment
ART	Antiretroviral Therapy/HIV Medication
CAREWare	A free, scalable software for managing and monitoring HIV clinical and supportive care and will quickly produce a completed Ryan White HIV/AIDS Services Report (RSR)
CD4	Cluster of Differentiation 4
CDC	Centers for Disease Control and Prevention
CHOP	The Children's Hospital of Philadelphia
CoC	Certificate of Confidentiality
CT	Chlamydia
ETAC	Evaluation and Technical Assistance Center
GC	Gonorrhea
HIV	Human Immunodeficiency Virus
HIV+	HIV-positive
HRSA	Health Resources and Services Administration
PHI	Protected Health Information
Philadelphia FIGHT	A comprehensive health services organization providing primary care, consumer education, research, and advocacy for people living with HIV/AIDS and those at high risk.
QDS	Questionnaire Development System: questionnaire and survey development programming services – required use in this study by HRSA SPNS and ETAC
REDCap	Research Electronic Data Capture
Rx	Prescription
SI	CHOP's Special Immunology Clinic
SPNS	The Special Projects of National Significance (SPNS) Program supports the development of innovative models of HIV treatment, in order to quickly respond to emerging needs

of clients served by Ryan White HIV/AIDS Programs. SPNS advances knowledge and skills in the delivery of health care and support services to underserved populations diagnosed with HIV infection.

STI	Sexually Transmitted Infection
TYS	TreatYourSelf: A medication adherence mobile application for HIV+ youth created at CHOP
UCLA	University of California, Los Angeles
Viral Load (VL)	Amount of HIV virus in blood. Viral load suppression is defined as <200 copies/ml by the CDC.
Y-HEP	Youth Health Empowerment Project: Philadelphia FIGHT's youth health center
YLH	Youth Living with HIV

ABSTRACT

Context: (Background)

Young people age 13-34 account for 40% of new HIV infections nationally and fewer than half of youth who are prescribed antiretroviral therapy (ART) achieve viral suppression. Social media and mobile technology, which is constantly consumed by youth, has excellent potential as a platform to deliver interventions that provide support and feedback in real time as youth go about their daily lives.

Objectives: (primary and important secondary objectives)

Determine acceptability, feasibility and preliminary efficacy of Philadelphia FIGHT's *APPlify Your Health* literacy workshop with CHOP's *TreatYourSelf* (TYS) medication adherence application for HIV+ youth in Philadelphia.

Study Design:

This prospective study will enroll 125 HIV+ youth to receive the APPlify Your Health workshop and TYS app interventions. Feasibility and acceptability will be measured and adherence outcomes will be compared pre- and post- intervention over an 18 month follow-up period.

Setting/Participants:

Youth age 14-34 recruited from CHOP and Philadelphia FIGHT clinics who are 1) HIV+, 2) newly diagnosed patients who tested positive for the first time within the last 12 months, and/or 3) patients who are aware of their HIV positive status but have never been engaged in HIV care, and/or 4) have an unsuppressed viral load (≥ 200 copies/ml) and/or have been out of care for at least 6 months within the last 24 months and, 5) own an Android smartphone or willing to use an Android smartphone provided to them by the study team if they do not own an Android phone.

Study Interventions and Measures:

Data collection consists of a pre- and post-test survey on ehealth literacy, completion of satisfaction surveys, *TreatYourSelf* app usage data, questionnaires on demographics, mental health and risk behaviors, and social media/mobile phone use, and medical/pharmaceutical chart review of adherence biomarkers (CD4, viral load, ART refill).

TABLE 1: SCHEDULE OF STUDY PROCEDURES: FIVE STUDY VISITS¹

Study Phase	Screening	Intervention	Follow-up				Conducted by study team member, participant not present
			2	3	4	5	
Visit Number		1	2	3	4	5	
Study Days		1	1	1	1	1	
Informed Consent/Assent	X						
Review Inclusion/Exclusion Criteria	X						
APPlify Your Health Workshop: TYS		X					
TreatYourSelf Baseline Visit		X					
TreatYourSelf 3-month Follow-up visit			X				
TreatYourSelf 6-month Follow-up visit				X			
TreatYourSelf 12-month Follow-up visit					X		
TreatYourSelf 18-month Follow-up visit						X	
Medical/Pharmacy Chart Review							X
Adverse Event Assessment	X	X	X	X	X	X	X

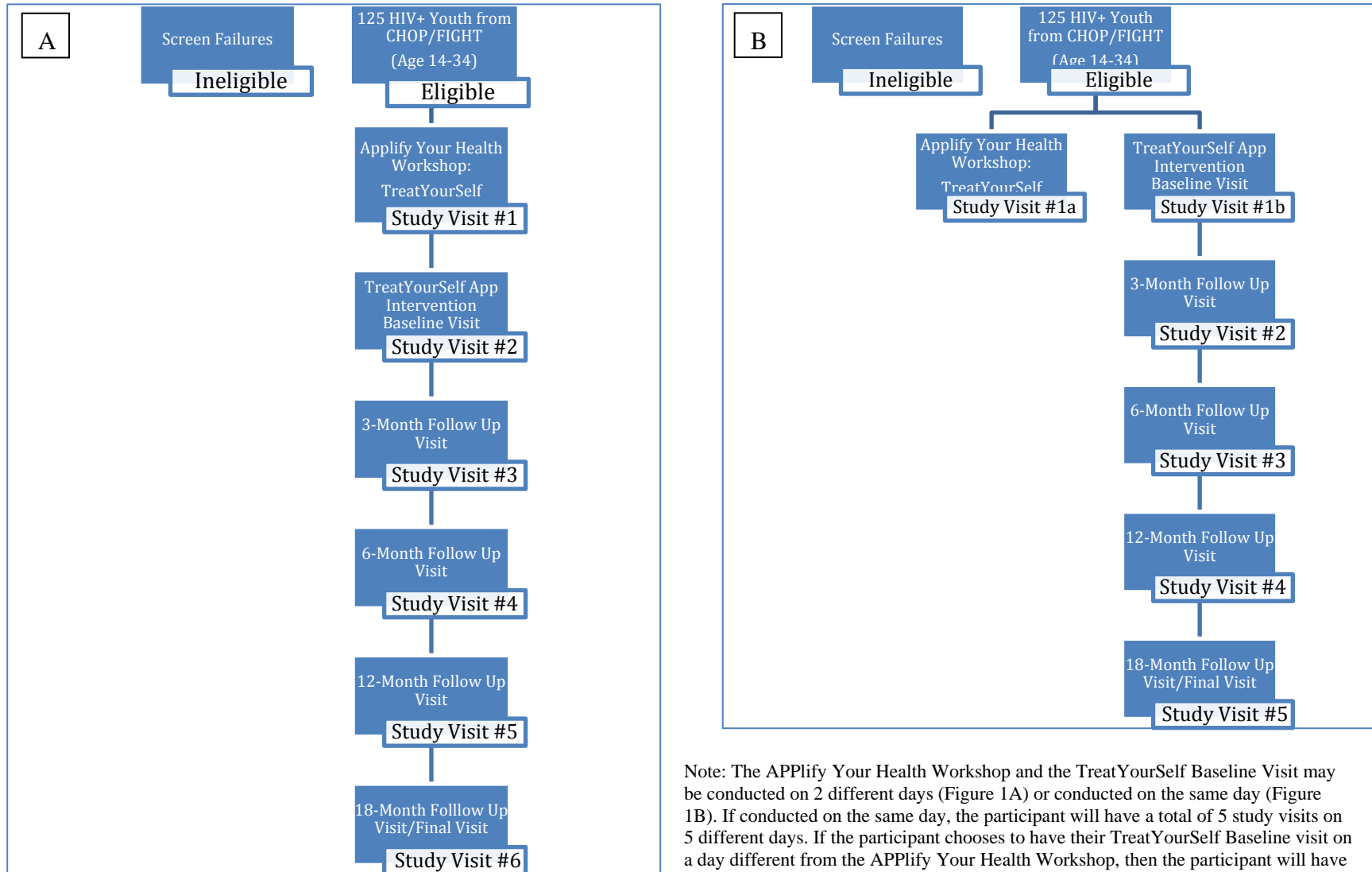
Note: The APPlify Your Health Workshop and the TreatYourSelf Baseline Visit may be conducted on the same day or a different day pending the participants' availability. ¹If conducted on the same day, the participant will have a total of 5 study visits on 5 different days.

TABLE 2: SCHEDULE OF STUDY PROCEDURES: SIX STUDY VISITS²

Study Phase	Screening	Intervention		Follow-up				Conducted by study team member, participant not present
		1	2	3	4	5	6	
Visit Number		1	2	3	4	5	6	
Study Days		1	1	1	1	1	1	
Informed Consent/Assent	X							
Review Inclusion/Exclusion Criteria	X							
APPlify Your Health Workshop: TYS		X						
TreatYourSelf Baseline Visit			X					
TreatYourSelf 3-month Follow-up visit				X				
TreatYourSelf 6-month Follow-up visit					X			
TreatYourSelf 12-month Follow-up visit						X		
TreatYourSelf 18-month Follow-up visit							X	
Medical/Pharmacy Chart Review								X
Adverse Event Assessment	X	X	X	X	X	X	X	X

Note: The APPlify Your Health Workshop and the TreatYourSelf Baseline Visit may be conducted on the same day or a different day pending the participants' availability. ²If the participant chooses to have their TreatYourSelf Baseline visit on a day different from the APPlify Your Health Workshop, then the participant will have a total of 6 study visits on 6 different days.

FIGURE 1: PC4H SUBJECT STUDY PARTICIPATION DIAGRAM



Note: The APplify Your Health Workshop and the TreatYourSelf Baseline Visit may be conducted on 2 different days (Figure 1A) or conducted on the same day (Figure 1B). If conducted on the same day, the participant will have a total of 5 study visits on 5 different days. If the participant chooses to have their TreatYourSelf Baseline visit on a day different from the APplify Your Health Workshop, then the participant will have a total of 6 study visits on 6 different days

1 BACKGROUND INFORMATION AND RATIONALE

1.1 Introduction

Recent data on the “cascade of care” suggests that only about half of youth who are prescribed antiretroviral therapy (ART) achieve viral suppression, compared to more than 75% of HIV+ adults. Yet few interventions have been developed to address adherence in this population with unique developmental and psychosocial needs. Mobile technology, which is constantly consumed by youth, has excellent potential as a platform to deliver ecologic momentary or just-in-time adaptive interventions that provide support and feedback in real time as people go about their daily lives. However, even with mobile technology, youth need to know about and how to use these interventions. The objective of this study is to test a health literacy workshop (APPlify Your Health) that has been used with other ehealth and mHealth interventions in Philadelphia and tailor it to use with a theory-driven, patient-centered, mobile phone-based intervention (TreatYourSelf) targeting medication adherence among HIV+ youth in Philadelphia. We will conduct an acceptability and feasibility trial to collect data on ehealth literacy, app usage, satisfaction, and clinical adherence. Ultimately, this study will generate key preliminary data for a large-scale trial of an mHealth adherence intervention that may have broad implications for improving adherence for youth living with HIV infection as well as those living with other chronic diseases.

1.2 Name and Description of Investigational Product or Intervention

The interventions used in this study are the APPlify Your Health workshop, a health literacy program that uses pop-up iPad and smart phone labs to educate and support youth through new technologies who will be engaged in the “TreatYourSelf,” a theory-driven, patient-centered, mobile phone-based intervention targeting medication adherence and engagement in care among HIV+ youth with features including, but not limited to: custom avatar, medication reminders, calendar tracking of medication adherence, and privacy password lock. This study aims to test the workshop with the mobile app in a feasibility trial of the app with 125 HIV+ youth to collect data on ehealth literacy, app usage, satisfaction, and clinical adherence.

1.3 Relevant Literature and Data

Burden of new HIV-infections among adolescents and young adults in the United States (U.S.) and disparities experienced by Philadelphia youth across the HIV care continuum.

Overall rates of HIV infection have stabilized in the U.S. with approximately 50,000 new infections each year. While youth age 13-29 represent only about 21% of the population, they account for 39% of all new infections.¹ Among adults in Philadelphia, 42% are retained in care and virally suppressed.² However, HIV+ youth in Philadelphia are only one-third to one-half as likely to be linked to and retained in care as adults living with HIV, and only 35% of youth in Philadelphia who have been diagnosed with HIV are virally suppressed compared to over 40% of HIV+ adults.³

The promise of “treatment as prevention”. The availability of combination antiretroviral therapy (cART) now offers the prospect of a normal lifespan despite chronic disease caused by HIV. Recent data suggest that initiating ART for all infected individuals regardless of CD4 count can lead to better individual health outcomes, such as fewer AIDS defining illnesses and

decreased mortality, as well as preventing secondary transmission.⁴ However, near perfect adherence is required in order to maintain viral suppression and to prevent the development of resistance. Unfortunately, recent data on the “cascade of care” shows significantly worse outcomes for youth, with approximately half of those initiating ART achieving suppression compared to more than 75% of adults.⁵ Therefore, increased identification of HIV+ youth, linkage to care and ART prescription will be insufficient to prevent secondary transmission unless ART adherence is excellent.

The challenge of ART adherence among adolescents and young adults living with HIV/AIDS. Youth living with HIV (YLH) experience physical, cognitive, and social/emotional developmental changes that may impact ART adherence.⁶ Some factors associated with non-adherence are common across age ranges and include housing instability, not understanding the need for medicine, mental health and substance use problems, side effects, forgetting, not having their medications with them, and complications in daily routines.^{7,8} Additional factors associated with longitudinal failure to adhere to ART in this vulnerable population include younger age, disease progression, depression, and fear of disclosure of diagnosis.^{7,8} Protective factors associated with adherence among adolescents and young adults include higher levels of self-efficacy, motivational readiness, and increased social support.⁹ The consequences of sub-optimal adherence to medications can be quite severe, including the development of resistance and lack of viral suppression, rendering infected individuals more likely to transmit the virus to someone else through unprotected sex.⁴

Theory-driven, secondary prevention interventions are needed for YLH. Unfortunately, few interventions have been developed or tested that target linkage, retention, and ART adherence among HIV+ youth. Several studies of a single motivational interviewing (MI) intervention for youth living with HIV show a short-term decrease in viral load and unprotected sex acts when compared to controls, but adherence was not measured and these differences were not sustained over time.¹⁰ Two small studies of young men who have sex with men (YMSM) of color have shown intensive case management to be a promising intervention to improve retention in care and increase initiation of ART.¹¹ However, from a public health perspective, case management requires intensive time and resources, and these services are often not available outside of routine clinic hours.

Of the secondary prevention interventions developed and tested to date for people living with HIV, few have a strong basis in health behavior theory. The most successful behavioral health interventions, including those delivered through the internet and other new technologies, are guided by theories including social cognitive theory, health belief model, transtheoretical model and reasoned action/planned behavior.^{12,13} The more recently developed integrated model of behavioral prediction by Fishbein builds on the theory of reasoned action and additionally posits that people act on their intentions when they have the necessary skills and environmental constraints do not impede performing a behavior.¹⁴ The integrated model has been successfully applied to the development of HIV primary prevention interventions and may be particularly useful in identifying targets and approaches for linkage, retention, and adherence interventions.

Mobile health (mHealth) interventions are well suited to fill this gap. Mobile technology as a delivery tool allows for not only using health behavior theory to identify targets for interventions among HIV+ youth, but also allows for an ecological momentary or just-in-time

adaptive approach; that is, individually tailored messages or support, provided at the optimal places and times when they are needed in order to address key health behaviors. Mobile phones have become an increasingly popular mode of delivery for ecological momentary interventions that allow for treatment in real time, as people go about their daily lives.¹⁵

With over 335 million cell phones in use and 7 billion text messages sent every month in the U.S.,¹⁶ text messaging or short message service (SMS) has become a common mode of communication among youth, including those who are economically disadvantaged. This low-cost, convenient technology has provided benefit in a variety of health care settings and has been shown to be an effective tool for behavior change.¹⁷ Evidence suggests that SMS interventions, using an ecological momentary framework, may increase medication adherence among youth living with other chronic diseases such as asthma and diabetes.^{18,19} Several studies have used both daily and weekly unidirectional, standardized SMS medication reminders for HIV+ individuals in low-resource settings, and our recent pilot study shows some promise of interactive SMS medication reminders among YLH in the U.S.^{20,21} Additionally, recent reviews of the literature on text messaging interventions for health behavior change have identified key characteristics for success, including interactivity and tailoring of messages, which were associated with higher retention rates in multiple studies.²²

In addition to SMS technology, the advent of smartphones, which are now owned by over 50.4% of U.S. consumers (with an even higher proportion of smartphone owners among youth) now allows for new avenues for mHealth interventions using mobile websites, social networking, gaming, and applications (apps).²³ Currently over 50 mobile apps are available related to HIV prevention and treatment.²⁴ Qualitative data suggest some features that would be most appealing to individuals living with and at-risk for HIV, but few available apps have been studied or evaluated and few are based in health behavior theory.²⁵ In light of the failure of many traditional HIV primary and secondary interventions and the promise of mHealth, particularly for adolescents and young adults who are often difficult to reach, but the most frequent users of mobile technologies, there is an urgent need to develop and evaluate new theory-based patient-centered mHealth interventions. To our knowledge, there are no apps specifically designed for HIV+ youth that have been proven effective.

1.4 Compliance Statement

This study will be conducted in full accordance all applicable Children's Hospital of Philadelphia Research Policies and Procedures and all applicable Federal and state laws and regulations including 45 CFR 46 CFR Parts 50, 54, 56, 312, 314 and 812 and the Good Clinical Practice: Consolidated Guideline approved by the International Conference on Harmonisation (ICH). All episodes of noncompliance will be documented.

The investigators will perform the study in accordance with this protocol, will obtain consent and assent, and will report unanticipated problems involving risks to subjects or others in accordance with The Children's Hospital of Philadelphia IRB Policies and Procedures and all federal requirements. Collection, recording, and reporting of data will be accurate and will ensure the privacy, health, and welfare of research subjects during and after the study.

2 STUDY OBJECTIVES

The purpose of this study is to determine acceptability, feasibility, and preliminary efficacy of Philadelphia FIGHT's *APPlify Your Health* workshop with CHOP's *TreatYourSelf* medication adherence application for HIV+ Youth in Philadelphia.

2.1 Primary Objective (or Aim)

The primary objective of this study is to determine acceptability and feasibility of Philadelphia FIGHT's *APPlify Your Health* workshop with CHOP's *TreatYourSelf* medication adherence application for HIV+ youth who do not have a suppressed viral load and/or have been out of care for at least 6 months through measuring ehealth literacy and workshop and app satisfaction through questionnaires and the app usage time/amount by participants.

2.2 Secondary Objective (or Aim)

The secondary objective of this study is to determine efficacy of CHOP's *TreatYourSelf* medication adherence application for HIV+ youth to assess if it helped youth adhere to their HIV medications by measuring their app usage self-report data on if they took their medications and clinical outcomes (viral load, CD4 count).

3 INVESTIGATIONAL PLAN

3.1 General Schema of Study Design

This is a feasibility trial that includes a health literacy workshop, app use, satisfaction surveys, health questionnaires, and medical/pharmacy chart review to measure clinical outcomes. The study participants will be HIV+ youth age 14-34 recruited from the Children's Hospital of Philadelphia and Philadelphia FIGHT Clinics.

This study consists of feasibility testing of a tailored mHealth literacy workshop and mobile application for medication adherence (125 HIV+ youth). The trial will begin with a health literacy workshop to personally tailor installation of the app and demonstrate its various functions, followed by a baseline app intervention visit to complete health questionnaires on antiretroviral therapy regimen and risk behaviors. Youth will be required to use the app for the first 3 months (and encouraged to continue regular use up to 18 months during the study period) with follow-up visits at 3, 6, 12, and 18 months after their baseline app study visit to complete questionnaires and to check in on their app functionality and satisfaction. Thereafter, a manual medical/pharmacy chart review will be conducted if the participant is a CHOP or FIGHT patient by a study team member, but the chart review will not require the presence of the participant (See section 4.3).

3.1.1 Screening Phase

Potential subjects will be screened using the protocol inclusion and exclusion criteria. Subjects will be recruited into two strata: youth 14-34 years old who can consent for themselves (defined as youth 18-34 or youth 14-17 who seek care at clinic sites for HIV/STI services without being accompanied by their parent), and youth 14-17 years of age interested in study participation who

are accompanied to clinical visits with their parents who waive their right to consent for themselves will require parental consent for study participation. Informed consent will be obtained before any study related procedures are performed. We have a goal of 125 HIV+ youth for full study participation.

3.1.2 APPlify Your Health: TreatYourSelf edition (start of the study intervention)

The first component of the study will be the *APPlify Your Health* workshop, which is comprised of teaching youth about e-health literacy as well as helping youth in the study with TYS app installation and demonstration of the TreatYourSelf app functions and personalization features. This workshop may be conducted in small groups with other youth in the study or, at the request of the participant, can be given as a one-on-one personal session. Please see Section 12.02-4.0 of the IRB application for a description of the *APPlify Your Health* curricula/script.

3.1.3 TreatYourSelf App Feasibility Testing

Participants (125 HIV+ youth) will be in a trial testing a mobile application for medication adherence and engagement in care for up to 18 months, which will consist of a one-on-one participant and study team member baseline app visit and 3-month, 6-month, 12-month, and 18-month follow-up visits.

3.1.4 Follow-up Phase

To be eligible for the follow-up visits, subjects must continue to own an Android smartphone or continue to use the Android phone provided to them by the study team.

The follow-up phase will continue for up to 548 days (1.5-year period).

3.2 Allocation to Treatment Groups and Blinding

Participants will not be randomized into treatment groups as this demonstration project uses a pre- post evaluation design.

3.3 Study Duration, Enrollment and Number of Sites

3.3.1 Duration of Study Participation

The study duration per subject will be up to 18 months including and up to 6 days of study visits, with up to 1 day screening, up to 1 day in the *APPlify Your Health* workshop, up to 1 day *TreatYourSelf* app baseline visit, and 4 days follow-up. It is possible for screening, the *APPlify Your Health*, and the *TreatYourSelf* app baseline visit to occur on the same day or to be conducted on separate days.

3.3.2 Total Number of Study Sites/Total Number of Subjects Projected

The study will be conducted at approximately 2 investigative sites in the United States at the Children's Hospital of Philadelphia and Philadelphia FIGHT.

Recruitment will stop when approximately 125 subjects are enrolled. It is expected that approximately 125 subjects will be enrolled to produce 125 evaluable subjects.

3.4 Study Population

3.4.1 Inclusion Criteria

- 1) Youth age 14 to 34 years of age at the time of study enrollment
- 2) HIV-positive
- 3) One or more of the following conditions:
 - a. Newly diagnosed patients who have tested HIV positive for the first time within the last 12 months; AND/OR
 - b. Patients who are aware of their HIV positive status but have never been engaged in HIV care (e.g., never having an HIV medical visit after being diagnosed with HIV); AND/OR
 - c. An unsuppressed viral load (≥ 200 copies/ml) AND/OR
 - d. Patients who have been out of care for at least 6 months within the last 24 months
- 4) Owns an Android smartphone or willing to use an Android smartphone provided to them by study team if they do not own an Android smartphone.
- 5) Receiving care at any of the following CHOP/FIGHT clinics during the time of the study: CHOP AI clinic, CHOP SI clinic, FIGHT Jonathan Lax Center, FIGHT John Bell Center, FIGHT Y-HEP Center.

3.4.2 Exclusion Criteria

- 1) Youth age 13 years or younger or 35 years and older.
- 2) HIV-negative or status unknown
- 3) Does not own an Android or is not willing to use an Android smartphone provided to them if they don't own an Android smartphone.
- 4) Is already ART adherent (defined as having a suppressed viral load [< 200 copies/ml]) or is not on or going to be on ART during the entirety of the study period or has less than a 6 month gap in care or has a 6 month gap in care but not within the last 24 months.
- 5) Not in care at CHOP or Philadelphia FIGHT

4 STUDY PROCEDURES

4.1 Screening Visit

This study aims to test an existing health literacy workshop with a theory-driven, patient-centered, mobile phone-based intervention app targeting medication adherence among HIV+ youth so the study team will identify potential participants who fit the inclusion criteria listed in section 3.4.1.

Identification and recruitment of potential participants will be made by CHOP and FIGHT clinic staff (including the PIs, who are practicing physicians in the CHOP and FIGHT clinics). Coordination between the clinic staff and the study team are necessary to identify potential participants and involves clinic staff asking for a potential participant's permission for the study team to speak with them about the study. Following the permission of the youth for contact, an in-person meeting between the potential participant and a member of the study team will be scheduled to discuss:

- Study description and procedures,
- Informed consent
- Eligibility/inclusion criteria, and
- Any of the participant's questions and concerns.

Potential participants can decline participation, take more time to think about participation and contact study team members when decision has been made, or agree to participating in the study. If the participant agrees to take part in the study, the study team member will collect the participant's completed informed consent form, collect contact information, and then verify eligibility and inclusion criteria for study participation.

4.2 Study Treatment Phase

During this study, participants will take part in an *APPlify Your Health: TYS* workshop and a 18-month app usage/testing of the TYS mobile application for HIV treatment medication adherence which will consist of a one-time *APPlify Your Health: TYS* workshop visit (135 minutes) and an app baseline visit, and four follow-up visits at 3-, 6-, 12-, and 18-months after the app baseline visit, which will all last approximately 60-90 minutes. The *APPlify Your Health* visit and TYS app baseline visit may occur on the same day or different days pending the participant's preference, but must be conducted within 1 week (7 days) of each other.

4.2.1 APPlify Your Health: TYS Visit

- Pre-workshop questionnaire: eHEALS²⁶ scale (pre-test)
 - Installation TYS medication adherence mobile app on participant's personal smartphone with a study team member
 - If participant does not have personal Android phone, one will be provided to the participant with the expectation that it is returned at the end of the study period. The app will be installed on this phone by a study team member.
 - Workshop with iPads, laptops etc. on CHOP's TreatYourSelf medication adherence application functionality with study team members and other study participants
 - Workshop satisfaction survey
 - Reminder to participant and designated study team member of next study visit: TreatYourSelf Intervention Baseline Visit
-

4.2.2 TYS App Baseline Visit (first one-on-one visit among study team member and participant for TYS intervention)

- App functionality and installation check, troubleshooting, customization/personalization
- Complete questionnaires:
 - Visit Information
 - ART prescription and daily medication regimen
 - ACASI of Social Media ETAC Cross Site Evaluation Survey (National Survey) in QDS with Local site question additions (See eIRB application Section 12.02-2.0 for specific questions)
- Scheduling/Confirming the 3-, 6-, 12-, and 18-month follow up visits

4.2.3 3-Month Follow-Up Visit

- App functionality and installation check, troubleshooting
- Complete questionnaires:
 - ART prescription and daily medication regimen
 - Post-workshop questionnaire: eHEALS²⁶ scale (post-test)
 - TYS app satisfaction survey
 - CASI: Local Philadelphia Site questions only (for this visit only, the local site question additions for the national survey in QDS will be collected in REDCap as ETAC will not manage data for interim visits, only every 6 months).
- Confirm 6-, 12-, and 18-month follow up visits

4.2.4 6-Month Follow-Up Visit

- App functionality and installation check, troubleshooting
- Complete questionnaires:
 - ART prescription and daily medication regimen
 - ACASI of Social Media ETAC Cross Site Evaluation Survey in QDS with Local site question additions (See eIRB application Section 12.02-2.0 for specific questions)
- Confirm 12-month follow up visit

4.2.5 12-Month Follow-Up Visit

- App functionality and installation check, troubleshooting
 - Complete questionnaires:
 - ART prescription and daily medication regimen
 - App satisfaction survey
-

- ACASI of Social Media ETAC Cross Site Evaluation Survey in QDS with Local site question additions (See eIRB application Section 12.02-2.0 for specific questions)
- Confirm 18-month follow up visit

4.2.6 18-Month Follow-Up Visit: End of Study

- App functionality and installation check, troubleshooting
- Complete questionnaire:
 - ACASI of Social Media ETAC Cross Site Evaluation Survey only in QDS (See eIRB application Section 12.02-2.0 for specific questions)

4.3 Medical Chart Review & Pharmacy Refill Review

Participants who are recruited from CHOP AI/SI Clinics and Philadelphia FIGHT Lax, Bell, or Y-HEP health centers who participate in this feasibility trial will have their medical charts reviewed for HIV-related labs that are conducted as part of their routine medical care to determine ART medication adherence (CD4 count and viral load) at baseline, 3 months, 6 months, 12 months, and 18 months. Participants will have their medical chart reviewed for labs which are collected as part of routine care and are not administered as part of the study. Many CHOP and FIGHT patients are seen every 3 months and have HIV and STI (GC/CT) related labs (CD4, VL) conducted as part of their routine medical care. The study team will be abstracting results of these tests that were conducted around the time of the participant's baseline, 3-months after baseline study visit, 6-months after baseline study visit, and 12-months after baseline study visit time periods to help indicate if the participant has been medication adherent. The data to be extracted are listed below in Section 5.1.2.

A study team member will also review pharmacy data for each participant to collect information on participant pharmacy ART medication prescription and refill data for baseline, 3-months after baseline study visit, 6-months after baseline study visit, 12-months after baseline study visit time periods during the participant's participation in the study period.

If during the study period a participant transitions to care outside of the CHOP or Philadelphia FIGHT clinics, an authorization to obtain patient information will be completed and will be sent over to participant's medical providers to obtain HIV related medical visits and pharmacy data.

4.4 Phone Interruption during Study Period

If feasibility trial completion is interrupted due to external factors (participant's phone contract expires, ends, is interrupted, etc.), attempts will be made to resume at the earliest possible time, and resultant data will be handled in the same fashion as listed above by study visit type. Participants will be instructed to contact a study team member immediately informing them of a phone disruption so the study team may record this information in REDCap and make arrangements to resume the study with the participant as soon as possible.

4.5 Participant Intervention Exposure

At the request of the sponsor, the ETAC has created and sent to all HRSA SPNS awardees an intervention exposure form (See appendix and IRB application Section 12.02-2.0) to gather information on frequency and type of contact (in person, phone, etc) the participant has with the intervention.

4.6 Subject Completion/Withdrawal

Subjects may withdraw from the study at any time without prejudice to their care. The only reason a subject will withdraw from the study is if they decide they are no longer willing to complete study visits. They may also be discontinued from the study at the discretion of the Principal Investigator (PI) for SAE or AEs or due to development of participant severe psychological distress or severe impairment due to intoxication during study period. The PI may also withdraw subjects who violate the study plan, to protect the subject for reasons of safety, or for administrative reasons. The investigator may also withdraw participants for failure to meaningfully participate during the feasibility testing periods. It will be documented whether or not each participant completes the study. If the PI becomes aware of any serious, related adverse events after the subject completes or withdraws from the study, they will be recorded in the source documents.

4.6.1 Early Termination Study Visit

Participants who withdraw from the study prior to completion will be offered the option of having their earlier responses redacted from the record. If they choose to do so, any data collected for that participant will be excluded from all analyses. If participants elect to end the study early but allow use of data already collected, responses will be collected and handled according to standard study procedures and analyzed as appropriate.

5 STUDY EVALUATIONS AND MEASUREMENTS

Each participant in the study will be asked to complete the 18-month app feasibility testing.

HIV+ youth in this study will have their medical charts reviewed for HIV-related labs (CD4, viral load) and pharmacy ART prescription/refill data at five different time points.

Furthermore, these participants will be asked to complete questionnaires on their current ART regimen, ehealth literacy, demographics, mobile phone and internet/social media characteristics/usage, medication adherence questions, satisfaction with the workshop and app, and on their risk behaviors (which can potentially impact medication adherence). The majority of questions youth in this study will be asked to complete will be completed on CHOP/FIGHT computers on software called QDS. QDS has been chosen by the ETAC because it has an Audio Computer-Administered Self-Interview (ACASI) module. ACASI software allows participants to be interviewed by a computer software program. The program displays (and can also “read”) one question at a time and allows the participant to enter their responses using a keyboard, mouse, and/or touch screen. It is also useful for creating a private setting for sensitive information, and with the use of headphones can further enhance the privacy of participants.

Participants feel safer, less inhibited when reporting intimate risk behaviors, and provides a uniform and consistent method of data collection.

Each HRSA SPNS grant awardee (there are 10 nationally), regardless of their type of ehealth intervention, are required to administer a national survey every 6 months to their study participants to be a part of a national SPNS evaluation managed by the UCLA ETAC. The survey was developed and adapted from a prior SPNS grant initiative and revised with input from current SPNS grant awardees to be more culturally appropriate and sensitive for this study population. Each local SPNS awardee site will be given access to their local site's national survey data by the ETAC by request and shared securely through the secure ETAC's web portal or CHOP's sharefile platforms. The grant funders (HRSA) and the ETAC (hired by HRSA to do the national evaluation) also require each site to share their Ryan White HIV/AIDS Services Reports (RSR) from their CAREWare databases for HIV clinical outcome measures of study subjects to be combined with other grantee sites which will be shared via the ETAC's web portal or CHOP's sharefile platforms of any historical (retrospective) RSRs as well as RSRs through the duration of the study. RSRs will only include information about the study participants and be coded with study ID numbers, limited to dates, and have no other PHI information. Other local site information (contact information, visit scheduling, satisfaction surveys, etc.) are going to be collected in CHOP's REDCap platform for both FIGHT and CHOP participants.

All app usage data (button clicks, menu choices, typing, etc.) will also be reviewed by the study team. App usage data is managed by the study team and CHOP's Department of Biomedical and Health Informatics (DBHi) funded by the study sponsors and stored on [Amazon Web Services](#), which is an industry standard cloud-based service that is HIPAA and FERPA compliant. PHI will be removed at the earliest possible moment of the study. The non-PHI app information will be stored for 5 years.

The ETAC (for national survey data) and Philadelphia FIGHT (partner site of CHOP's for project) are all obtaining their own IRB approvals, which will be shared with CHOP's IRB upon receipt. Please see the Appendix for a list of the Investigators and their institutional contacts at each site.

5.1 Screening and Monitoring Evaluations and Measurements

Please see eIRB application Section 12.02-2.0 for instruments that will be used in this study.

5.1.1 Contact, Eligibility, Scheduling Info

Upon receiving a signed informed consent form from a study participant, a study team member will collect contact information, verify eligibility to participate in the study, and work with participants and clinic staff to schedule future study visits. Information collected will be entered into REDCap. Data collected will include:

- Name
 - Mobile phone number
 - Following contact information only used if participant phone use is disrupted (lost, stolen, confiscated or broken):
 - Secondary phone number - optional
 - Email address - optional
-

- Facebook user ID (email/phone # tied to account) - optional
- Date of birth, Age at visit
- HIV status
- ART status
- VL suppression status (confirmed by chart review)
- Smartphone type
- Zip code
- Assignment of a study unique ID by study site. The ETAC listed in their IRB a creation of a global unique ID using a combination of PHI, but their IRB recommended giving the naming of a unique ID to local sites without use of PHI. This study will use a random ID for participants.

5.1.2 Medical/Pharmacy Record Review

The following variables will be abstracted from the medical chart for participants in the feasibility testing to complement data from medication adherence app usage, and does not require presence of study participant:

- Medical record number
- CD4 count/percent
- Viral load
- Sexually Transmitted Infection Lab tests (gonorrhea and chlamydia)
- ART prescription information including medication(s), dose, frequency and date of initiation/Rx
- ART prescription refill dates
- Missed scheduled medical visits

We will collect this information to determine HIV-specific outcomes (CD4 count and percent, viral load) as well as sexually transmitted infection testing, which can impact HIV health outcomes. We will also review pharmacy records for ART prescription fill/refill information to complement self-report data. These items are collected every 3 months as part of routine medical care and will be recorded in REDCap by retrospective chart review. There will be no blood draws or laboratory tests conducted as part of study procedure. ART pharmacy prescription refill information will be collected for each participant and, for CHOP patients, is also available from the participant's medical record as a part of routine medical care.

5.1.3 eHEALS

The eHEALS²⁶ is an 8-item (with 2 additional optional questions) measure of eHealth literacy developed to measure consumers' combined knowledge, comfort, and perceived skills at finding, evaluating, and applying electronic health information to health problems. This instrument will be used twice in this study: before the APPlify Your Health Workshop session and again at their 3-month follow-up visit.

5.1.4 Satisfaction Surveys

Participants will be asked to complete a satisfaction survey after participation in an individual or group (per participant's preference) APPlify Your Health Workshop as well as a satisfaction survey of the TreatYourSelf app at their 3- and 12-month follow-up visits.

5.1.4.1 Satisfaction Survey for APPlify Your Health: TYS

Study participants will be asked to complete a brief satisfaction survey of Likert Scale and open-ended questions on the workshop content and instructor to determine what participants found most helpful about *APPlify Your Health*.

5.1.4.2 Satisfaction Survey for TYS Mobile App

Study participants will be asked to complete a brief satisfaction survey of Likert Scale, multiple choice, and open-ended questions to determine what features of the app participants found most helpful, how much they feel like the application helped them with adherence to medication, refills and appointments, whether they would like to continue to use the app, whether they would recommend it to a friend, and what improvements they would suggest.

5.1.5 ETAC National Survey Evaluations

HRSA SPNS grantees/demonstration sites are required to work collaboratively with an Evaluation and Technical Assistance Center (ETAC) at UCLA throughout their four-year project period to collect and report evaluation data and disseminate successful models to the larger public health community. Social media interventions focus on youth and young adults living with HIV who are aware of their HIV infection status, but have never been engaged in care; are aware, but have refused referral to care; have dropped out of care; are infected with HIV, but are unaware of their HIV status; or have not achieved viral load suppression. In this study, the main focus is on youth who have not yet achieved viral load suppression (Suppression defined as <200 copies/ml). We are required to use QDS for the national survey evaluations and collection is conducted every 6 months (0-, 6-, 12-, and 18-months of study period). The only PHI that exists in this survey is month and year of birth, but not day of birth. The national survey consists of collecting items on the following categories:

- Socioeconomic Status, Housing Stability, and Incarceration
- Biomedical health, Linkage, Engagement, and Retention in Care
- HIV Care/Adherence Encouragement
- Barriers to Care
- Technology Usage and Attitudes

5.1.6 Local Site Additional Questions for QDS

The ETAC gave each local site an option to add a few local site questions to follow their national survey collection in QDS for their site only. This study has taken the ETAC up on their offer to add 13 questions following the ETAC's QDS survey instrument. Local Philadelphia Site questions include questions on mobile phone type, usage, and interruptions, ART adherence

(using Visual Analogue Scale and questions from AIDS Clinical Trials Group²⁷), and information on sex (condom use, discussion with partner on use of PrEP).

Two questions on adherence from the AIDS Clinical Trials Group (ACTG) Adherence Follow-Up Questionnaire²⁷ are validated items proven to be as effective in measuring adherence as filling out the entire questionnaire: 1. “During the past 4 days, on how many days have you missed taking all your doses?” (On a scale of 0-4 days); 2. “When was the last time you missed any of your medications?” (On a scale from never to #weeks/months).

The AIDS Clinical Trials Group (ACTG) adherence questionnaire is a self-report measure used to measure a patient’s ART medication adherence. Though the questionnaire contains five different items that measure varying components of adherence,²⁸ many researchers include in their analyses data only from the first item, which asks about medication adherence over the previous four days. Reynolds and colleagues conducted a secondary analysis to measure the validity and reliability of each of the questionnaire’s five items, and found that using only the first item provides a valid and reliable measure of adherence.²⁸ Thus, the first item may provide a more accurate report of adherence compared to the other four items, which detail other aspects of adherence, including asking about missed doses over a longer time period. We will only be utilizing two items on adherence from the ACTG adherence questionnaire in our study due to the proven research on its validity to lessen the burden on study participants.

Four of the questions on information on sex have been adapted from the CDC AIDS Risk Behavior Assessment (ARBA)²⁹, which is designed specifically for use with adolescents to assess their self-reported sexual behavior associated with HIV infection. This measure is more culturally appropriate and validated for youth in this study.

The study team members created the questions on mobile phone type, use, disruptions, and PrEP.

Since the ETAC only supports QDS data collection every 6 months, we will be collecting these items in REDCap for the 3-month visit only. All other study visits will collect this information in QDS.

5.1.7 ART Regimen

Study participants will be asked to complete a few questions in REDCap to describe their ART prescription and daily medication regimen: If they are currently taking their ART, what is their ART drug, how many pills per dose, and date they first started taking their current ART (ART initiation).

5.1.8 Phone Disruptions

At the start of the study, participants will be instructed to call a study team member if there is ever any interruption in mobile phone use/service and share other methods of contact (secondary phone number, email address, or Facebook ID). The study team member will explain that if the study team receives indication through the app platform for 3 consecutive days that app messages are not able to be received by the participant, we will contact the participant to offer help with app troubleshooting or reinstalling the app if their old device is no longer in possession

and a new phone was obtained, or if their service was temporarily interrupted. The study team member will record reasons for-, types of-, and length of disruptions in REDCap.

5.2 Efficacy Evaluations

Adherence rates calculated through participant responses to app prompts to record having taken or not taken medications will help to assess if the medication adherence mobile app is effective. This will be confirmed further by following HIV biomarkers (CD4 count/percent, viral load) collected by chart review, and ART prescription/refill data from pharmacy records.

6 STATISTICAL CONSIDERATIONS

This is an exploratory study to complete acceptability and feasibility testing of a medication adherence mobile app for HIV+ youth and therefore will not be powered to detect differences between groups.

6.1 Primary Endpoint

The primary endpoint will be to assess the participant's satisfaction with the workshop and the app through use of the surveys using percentages for categorical variables (if participant found app to be helpful in remembering to take their medications or remember their medical appointments, etc.) and differences between the app satisfaction response at 3- and 12-months in the study.

6.2 Secondary Endpoints

Secondary endpoints will include the following:

- The difference between viral load at the initial visit and 3-, 6-, 12-, and 18-month visits.
- Change in adherence rates from 0, 3, 6, 12, and 18 months by adherence questions in local site questionnaires (VAS and ACTG questions), pharmacy refills, and app usage data.

6.3 Statistical Methods

6.3.1 Baseline Data

Baseline and demographic characteristics will be summarized using standard descriptive statistics (e.g. means and standard deviations for continuous variables such as age and percentages for categorical variables such as gender).

6.3.2 Efficacy Analysis

Using a pre-post prospective design for TYS, we will collect and analyze data at 4 time points: baseline, 3, 6, and 12 months post entry into the intervention. This will not be a randomized clinical trial given that the aim of the study is to examine feasibility, uptake, and preliminary efficacy of the intervention overtime. A pre-post design limits our ability to determine causality, but our comprehensive data collection plan and rigorous analysis will allow us to rule out alternative explanations if our intervention proves to be effective.

An outcome of interest will be an undetectable/suppressed viral load at 12 months. We hypothesize that (1) greater intervention uptake during the required 3 month TYS app usage period will improve health outcomes at 12 months and (2) after controlling for baseline differences, participants who had higher uptake of intervention in the first 3 months will have a higher likelihood of undetectable/suppressed viral loads than those with lesser uptake. Logistic regression modeling will be used to predict undetectable/suppressed viral load at 12 months.

6.4 Sample Size and Power

Our sample size of 125 HIV+ youth should be more than adequate to detect differences in adherence outcomes between participants with higher and lower uptake of the intervention.

Even though this is an exploratory study, it would be able to detect an odds ratio of 1.8. The following statement includes the calculation used for power.

When the sample size is 125, a logistic regression will have 80% power ($\alpha=0.05$, two-sided test) to detect an odds ratio of 1.8 assuming that one covariate x is being added to the model after adjustment for prior covariates, that its multiple correlation with covariates already in the model is 0.10 and, that the proportion of successes at the mean of x is 0.5. In addition, when the sample size is 125, a two-sided 95% confidence interval for a proportion will extend 0.09 from the observed proportion for an expected proportion of 0.5, i.e. 95% CI: 0.41 – 0.59.

7 STUDY DEVICE/INTERVENTION

7.1 Description

The intervention app called “TreatYourSelf (TYS)” is a medication adherence and engagement in care tool available on Android smartphones. The app currently has a password lock, an avatar feature, allows programmable daily alert reminders to take medication, tracking of number of days in a row medication taken, refill and medical appointment reminders, alerts to subject and research study team if no indication of medication taken for 3 days in a row, and gamification and chat functions to provide social support anonymously. Please see the Appendix for sample screenshots of the mHealth medication app prototype.

7.1.1 mHealth Accountability

Adequate records of study mHealth application installation on participant phones will be maintained by study staff and overseen by the Principal Investigators. The purpose of these records is to ensure regulatory authorities and the Sponsor that the intervention will not be distributed to any person who is not a study subject under the terms and conditions set forth in this protocol.

This mobile app falls under a category for which the FDA is applying regulatory discretion and more information can be found in the FDA’s Guidance on Mobile Medical Applications section V. B. at <http://www.fda.gov/downloads/MedicalDevices/.../UCM263366.pdf>

8 SAFETY MANAGEMENT

8.1 Clinical Adverse Events

Clinical adverse events (AEs) will be monitored throughout the study.

8.2 Adverse Event Reporting

Since the study procedures are not greater than minimal risk, SAEs are not expected. If any unanticipated problems related to the research involving risks to subjects or others happen during the course of this study (including SAEs) they will be reported to the IRB in accordance with CHOP IRB SOP 408: Unanticipated Problems Involving Risks to Subjects. AEs that are not serious but that are notable and could involve risks to subjects will be summarized in narrative or other format and submitted to the IRB at the time of continuing review.

9 STUDY ADMINISTRATION

9.1 Treatment Assignment Methods

9.1.1 Randomization

The study will not randomize participants. Participants will be able to participate as long as they meet study inclusion criteria, they actively participate in the study, and the study team has not yet reached maximum enrollment numbers.

9.1.2 Blinding

There is no procedure in place for a study blind for subjects, investigators, and study personnel.

9.1.3 Unblinding

There is no procedure in place for a study blind for subjects, investigators and study personnel so there is no need to unblind this study because it is not being blinded.

9.2 Data Collection and Management

Data collected for this study will be stored on CHOP supported REDCap platform, the ETAC's supported QDS instrument, and CHOP/FIGHT secured network drives in a folder only the study team has access to. Databases created will be password-protected and coded. A master PHI key will be created and kept in a separate CHOP network drive from the dataset and will be eliminated after all publication of findings are completed rendering the dataset deidentified. Paper survey forms will be entered into REDCap/QDS as soon as possible and will only be used if there are problems connecting to the internet for questionnaire completion on a tablet or laptop computer since REDCap is web-based or if there are technical difficulties operating QDS on a study computer. REDCap data will be managed by CHOP study team members and QDS collected data will be password-protected and shared to CHOP/FIGHT study team via a private sharefile web portal as outlined in the ETAC's IRB application.

All app usage data (button clicks, menu choices, typing, etc.) is passively collected through participant use of the app and data collected is managed by the study team and CHOP's Department of Biomedical and Health Informatics (DBHi) and is stored on [Amazon Web Services](#), which is an industry standard cloud-based service that is HIPAA and FERPA compliant. Data is password-protected. PHI will be removed at the earliest possible moment of the study. The non-PHI app information will be stored for 5 years.

1. Confidentiality. Surveys/Questionnaires will be recorded in REDCap and QDS at the earliest possible convenience by study staff. All efforts will be made to enter information written on paper into REDCap/QDS immediately following completion, but if the paper notes cannot be entered into REDCap/QDS immediately due to internet connection or computer hardware errors, the paper notes will be stored in a locked file cabinet in the principal investigators' locked office until a study team member can record the information in REDCap/QDS at the earliest possible moment. Paper notes will be eliminated per CHOP's policy (inserted into a locked box for materials to be shredded) once information is entered and confirmed in REDCap/QDS. Data downloaded from CHOP's REDCap and QDS data received from the ETAC will be password-protected,
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stored on a CHOP/FIGHT network drive, and stored in a folder that only study staff have access to. All study information will all be captured directly in the CHOP managed REDCap platform and the ETAC managed QDS instrument. Aside from CHOP IRB approval, Philadelphia FIGHT will obtain IRB approval as co-investigative site (and co-PI's place of practice) in carrying out study procedures in their health centers, and the UCLA ETAC has obtained IRB approval for their oversight, maintenance, and evaluation of the national survey for all SPNS grantees in QDS. Each institution is seeking IRB approval for their specific role in this study.

2. Security. Upon completion of the data collection and data cleaning, a finalized copy of the data will be used for data analysis and stored on a private CHOP and/or FIGHT-supported network drive. The file will also be password protected and PHI will be replaced with non-identifiers and limited to only date and zip code; which will be removed or coded at the end of the study and the master PHI key will be destroyed. If a copy of the data becomes corrupted, data will be downloaded from REDCap, the app data repository, and requested from the ETAC. Similar procedures used to clean the data prior to corruption will be carried out again.
3. Anonymization, de-identification or destruction. PHI such as MRN and name will be coded at the earliest possible moment in data cleaning processes. Other PHI will be replaced with non-identifiers (e.g. Date of birth will be replaced with age at study visit). A master list containing PHI and Participant ID will be kept in an Excel file in a CHOP network drive separate from the limited and coded dataset. The study team will use this limited/coded dataset for analyses. Once data is cleaned, all information is verified, the study team is finished with data analyses, and investigators successfully publish all findings from the study, the master key will be destroyed rendering all data deidentified and we will only be left with a deidentified dataset. Electronic data will be retained and later destroyed in accordance to sponsor and CHOP retention and destruction procedures. The only PHI the ETAC receives in the QDS instrument is month and year of birth. They will code or remove PHI at the earliest convenience of the study.

9.3 Confidentiality

All data and records generated during this study will be kept confidential in accordance with Institutional policies and HIPAA on subject privacy and the Investigators and other site personnel will not use such data and records for any purpose other than conducting the study.

Please see Section 9.2 and 9.4.2 of this protocol for safeguards to maintain subject confidentiality.

No identifiable data will be used for future study without first obtaining IRB approval. Future research investigators will obtain a data use agreement between the provider (the PI) of the data and any recipient researchers (including others at CHOP) before sharing a limited dataset (PHI limited to dates and zip codes).

9.4 Regulatory and Ethical Considerations

9.4.1 Data and Safety Monitoring Plan

This research project has no more than minimal risk to the participants. Throughout the study, risks (confidentiality, etc.) to the participants will be monitored by the study PIs. The principal investigators will have the primary responsibilities for oversight, management, and monitoring of the study. All study information will be stored on CHOP SAN drives, CHOP managed REDCap web application, Amazon Web Services, and ULCA's ETAC drives, and will be password protected.

9.4.2 Risk Assessment

The risk in this study is not greater than minimal because of the strategy to mitigate risk. The chief risk in this study is loss of confidentiality. The ETAC is obtaining a blanket Certificate of Confidentiality for all SPNS grantee sites after they obtain their local institution's IRB approval to protect identifiable research information from forced disclosure. The investigators and study team members who have access to research records can refuse to disclose information on participants in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. The Certificate of Confidentiality protects participants by allowing researchers to refuse disclosure of information that could have adverse consequences for participants or damage their financial standing, employability, insurability, or reputation. Investigators will minimize the risk of harm by conducting study visits in a private location at The Children's Hospital of Philadelphia and Philadelphia FIGHT, and by storing questionnaire data in the secure CHOP managed REDCap platform, QDS, and Amazon Web Services. Cleaned datasets will be stored in the secure, password-protected database on CHOP/FIGHT drives, and PHI data will also be coded and kept separately from the PHI key. The dataset used for analysis will be coded and limited to dates. The PHI key will be destroyed and dates will be removed upon study completion and publication of findings.

9.4.3 Potential Benefits of Trial Participation

Direct benefits of study participation include potential improvement in medication adherence and engagement in care as a result of the APPlify Your Health workshop and use of the mHealth app.

Indirect benefits of study participation include future interventions aimed at this target population for medication adherence. This study of HIV+ youth will provide key preliminary data for future development of larger studies using mHealth interventions that are culturally sensitive and appropriate for ART medication adherence.

9.4.4 Risk-Benefit Assessment

This study consists of use of an educational mHealth workshop and use of an mHealth app, questionnaires, and medical/pharmacy chart review. The potential benefit of enhanced care and treatment to a disproportionately burdened population outweighs the unlikely, yet potential, risk of loss of confidentiality. Safeguards will be put in place as described in Section 9.2 to protect all patient study information and limit any disclosure in the limited and coded dataset and in the final deidentified dataset as well as the mobile app.

9.5 Recruitment Strategy

Approximately 125 HIV+ youth will be recruited for participation in this study.

Participants will be recruited from the CHOP Adolescent Initiative and Special Immunology clinics (3550 Market Street) as well as Philadelphia FIGHT health centers: Jonathan Lax Center, John Bell Center, Y-HEP Center.

Participants will be recruited via CHOP/FIGHT provider and clinical staff referrals, during weekly case meetings (CHOP), and at the time of routine medical visits (both sites), and flyers will be posted in CHOP/FIGHT exam and waiting room areas as well as in C2P partner sites. C2P partner site flyering will be done to recruit potential participants who may have dropped out of care at CHOP/FIGHT, but still frequent C2P sites and events. C2P's Philadelphia Director, Marne Castillo, has given her support of this project in a letter attached in Section 2.02 (4.0) of the IRB application.

If a potential participant in one of the clinics/health centers is interested in learning more about or participating in the study, a clinical team member will link the individual to a study team member to set up an in-person meeting. Potential participants who are interested and willing to learn more about the PC4H study will be approached before or after their clinic visits by a study team member to receive more information about the study or be scheduled to meet on another day of the potential participant's choosing. Potential participants who are recruited through flyers will be able to contact a study team member through the phone number listed on the flyer to learn more about the study and to schedule an in-person meeting. For youth who have dropped out of care, study team members will get permission from the social workers to contact these youth directly. During the call, the study team member will introduce the study to the youth. If the youth is interested in participating, the study team member will schedule a time to meet the youth in-person at the clinic to consent and screen.

After a subject is identified, the subject will be informed about the study procedures, consent, and eligibility criteria in recruitment in a private room at CHOP or FIGHT by a study team member. If the subject is interested in participation, they will be taken through the informed consent form (ICF) process. If the participant signs the ICF, a study team member will then ask inclusion criteria questions and record participant responses to confirm eligibility. If the subject is confirmed eligible to participate, the subject will be enrolled for full participation in the PC4H study, assigned a participant ID number, and study visit dates scheduled.

If potential participants are not interested in the study, it will be noted in their medical records so they are not repeatedly recruited.

Potential participants will not be coerced into participating and will be given time to decide if they would like to participate in the study. Potential participants will be given a copy of the flyer and ICF with contact information to reach a team member when they have made their decision.

9.6 Informed Consent/Assent and HIPAA Authorization

The study team member will obtain informed consent from eligible patients willing to participate in the study. All eligible patients interested in participating will complete the combined informed consent/HIPAA Authorization form at CHOP/FIGHT in a private room after reviewing

the materials with a study team member to ensure participant comprehension of what the study entails and the study procedures, risks, and benefits of participation. The combined consent and HIPAA authorization form language will be no higher than an 8th grade reading level.

Informed consent may be taken at first encounter with the youth or may be delayed if the participant would like more time to consider their participation in the study. The study team members will not coerce (threaten, bribe) any youth into participating in this study. A study team member will review study eligibility criteria, study procedures and consent procedures and ask the youth if there is anything they do not understand about the study. A study team member will ask if the potential participant would like to first review the ICF by themselves or have a study team member read it to them. A study team member will then review the key components of the study to ensure the potential participant's comprehension of the research project. The youth may consent to participation after review of the study or may delay or deny consent. All study personnel will be HIPAA-trained and authorized.

Participants in this study will be patients aged 14 to 34 years old. All subjects (regardless of age) will be able to provide consent for themselves as long as they do not attend clinic with their parent in which case anyone under the age of 18 years who attends clinic with their parent would be considered a child and are waiving their right to consent for themselves and will require parental consent to participate in the study.

Patients under the age of 18 years will be approached when unaccompanied by parents or guardians and will be asked to complete informed consent if they wish to participate in the study. When patients are unaccompanied, their informed consent will be sought without involvement or notification of their parents or guardians. It is possible that some of the subjects who assent and have their parents provide consent for their participation in the study will turn 18 years old during the study period. For these youth, they will be consented upon turning 18 years old as a youth that can consent for themselves. At the beginning of the study, date of birth is collected to determine eligibility for participation after informed consent is obtained, and the study period is 18 months long. Date of birth can also be used to calculate the date the youth turns 18 years old during the 18-month study period, and a study team member will make note of this to consent the youth at the earliest possible moment upon the youth turning 18 years old. Youth who are 16-17 years old who assent and parents provide consent, will also be told at the beginning of the study that upon turning 18 years old during the study period, the youth will have to complete their own informed consent in addition to the parent's consent and child's assent process at the start of the study period.

9.7 Payment to Subjects/Families

9.7.1 Reimbursement for travel, parking and meals

N/A

9.7.2 Payments to parent for time and inconvenience (i.e. compensation)

Parents will not be compensated for time and travel as we are targeting HIV+ youth who are entitled to receive confidential health services related to their sexual health needs.

9.7.3 Payments to subject for time, effort and inconvenience (i.e. compensation)

Subjects participating in this study will be given Wawa or Amazon (per participant's preferences) gift cards in the amounts of \$20 after completion of the APPlify Your Health Workshop, \$50 for completion of baseline, and \$25 after completion of each of the TreatYourSelf 3-month, 6-month, 12-month visits, and \$40 for their 18-month follow-up/final visit for a total of \$185 in gift cards for time and effort for the entire study spanning over 18-months.

Participants will also receive 2 SEPTA tokens for participation in each of their study visits.

10 PUBLICATION

The collected data will be analyzed and submitted for presentation at national meetings and publication in academic journals. Identifiable information will not be disclosed in any presentation or publication as PHI will be coded, deidentified, or removed at the earliest possible moment. Manuscripts will be submitted for publication only after review by the CHOP principal investigator.

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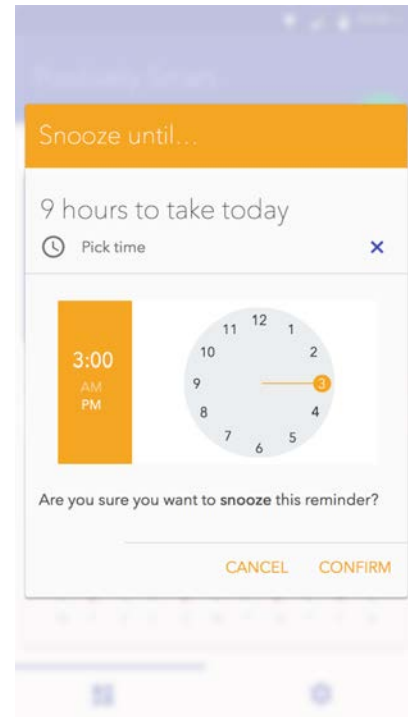
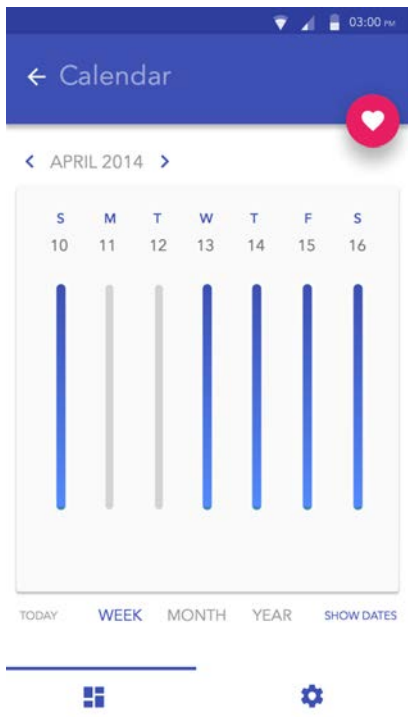
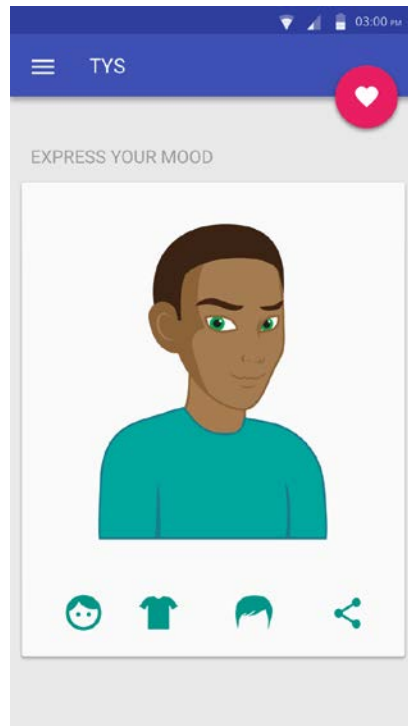
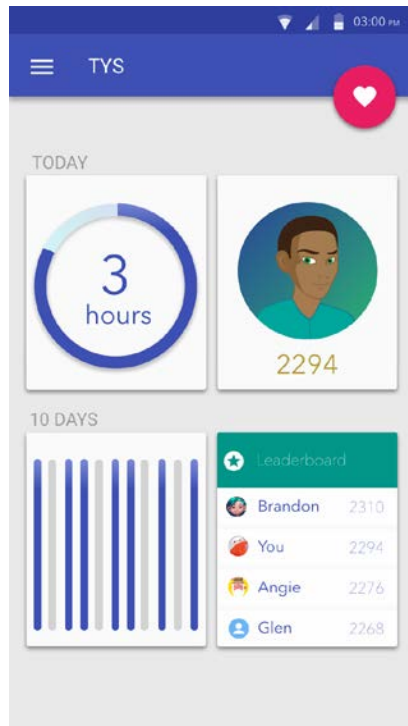
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APPENDIX I

Screen shots of the mobile application: TreatYourSelf (App is password-protected)
 See section 12.02 (4.0) of the IRB application for more app images (android/).

(Application homepage, customizable avatar, progress feedback/calendar page, snooze medication reminder):



APPENDIX II

Contact information for all institutional IRBs involved in this study

CHOP

PI: Nadia Dowshen

FWA: FWA0000459

IRB Contact: Barbara Engel, Chair of the IRB, IRBOffice@email.chop.edu, 215-590-2830

FIGHT

PI: Helen Koenig

FWA: FWA00003665

IRB Contact: Ronda Goldfein, goldfein@aidslawpa.org, 215-587-9377 or Meghan DeSandro, mdesandro@fight.org, 215-525-8669

ETAC with Department of Health and Human Services

PI: Ronald Brooks

FWA: FWA00004642

IRB Contact: Gloria Varghese, SGIRB Administrator, gvarghese@research.ucla.edu, 310- 825-3969

Drexel University

PI: Gabriela Marcu

FWA: FWA00005917

IRB Contact: Teresa C Hinton, tch47@drexel.edu, 215-762-3982

APPENDIX III

REDCap Data Elements

Variable Name	Form Header	Definition (REDCap Label)	*PHI
id	contact eligibility scheduling info	Subject ID	
org	contact eligibility scheduling info	Is the participant a CHOP or FIGHT patient?	
cdate	contact eligibility scheduling info	Consent Date	*
consent	contact eligibility scheduling info	Consent form	*
name1	contact eligibility scheduling info	Name (First and Last; preferred)	*
phone	contact eligibility scheduling info	Mobile Phone Number	*
phone2	contact eligibility scheduling info	Secondary Phone Number (Optional)	*
email	contact eligibility scheduling info	Email Address (Optional)	*
fb	contact eligibility scheduling info	Facebook User ID (Optional)	*
zip	contact eligibility scheduling info	What is your ZIP code?	*
screendate	contact eligibility scheduling info	Screening Date	*
dob1	contact eligibility scheduling info	Date of Birth	*
age1	contact eligibility scheduling info	Age of Participant at Screening	
hiv	contact eligibility scheduling info	HIV Status	
art1	contact eligibility scheduling info	Are you currently taking Antiretroviral Therapy (ART)?	
smart	contact eligibility scheduling info	Do you own a smartphone?	
phonetype	contact eligibility scheduling info	What type of smartphone do you own?	
phonetypeo	contact eligibility scheduling info	If smartphone type "other", please specify	
Studydroid	Willing to use Android smartphone provided by study team?	(yes/no)	
unsuppressed	contact eligibility scheduling info	Is participant virally unsuppressed (>=200)?	
outofcare	Contact eligibility scheduling info	Has the participant been out of care for at least 6 months in the last 24 months?	
newlydiag	Contact eligibility scheduling info	Was participant newly diagnosed with HIV in the past 12 months?	
eng	contact eligibility scheduling info	Ability to understand both written and spoken English	
eligibility	contact eligibility scheduling info	Is the participant eligible?	
applifypref	contact eligibility scheduling info	Would the participant like to do APPIfy alone or with others?	
applifydate	contact eligibility scheduling info	Scheduled APPIfy Your Health Workshop Visit	

visitdate0	contact eligibility scheduling info	Scheduled Baseline Study Visit	
visitdate3	contact eligibility scheduling info	Scheduled 3-Month Follow-Up Study Visit	
visitdate6	contact eligibility scheduling info	Scheduled 6-Month Follow-Up Study Visit	
visitdate12	contact eligibility scheduling info	Scheduled 12-Month Follow-Up Study Visit	
visitdate18	contact eligibility scheduling info	Scheduled 18-Month Follow-Up Study Visit	
visitdate	visit information	Date of when Study Visit was conducted	*
studyteam	visit information	Name of Study Team Member conducting study visit	
age	visit information	Age at Visit	
comments	visit information	Does participant have any questions, concerns, comments?	
eheals	eheals	I would like to ask you for your opinion and about your experience using the Internet for health information. For each statement, tell me which response best reflects your opinion and experience right now.	
eheals1	eheals	How useful do you feel the Internet is in helping you in making decisions about your health?	
eheals2	eheals	How important is it for you to be able to access health resources on the Internet?	
eheals3	eheals	I know what health resources are available on the Internet	
eheals4	eheals	I know where to find helpful health resources on the Internet	
eheals5	eheals	I know how to find helpful health resources on the Internet	
eheals6	eheals	I know how to use the Internet to answer my questions about health	
eheals7	eheals	I know how to use the health information I find on the Internet to help me	
eheals8	eheals	I have the skills I need to evaluate the health resources I find on the Internet	
eheals9	eheals	I can tell high quality health resources from low quality health resources on the Internet	

eheals10	eheals	I feel confident in using information from the Internet to make health decisions	
applify	applify your health workshop satisfaction survey	Please pick the option that best represents your response to the statements below now that you have completed the APPLify Your Health workshop.	
avatar1	applify your health workshop satisfaction survey	The avatar	
medremind1	applify your health workshop satisfaction survey	The medication reminder	
calendar1	applify your health workshop satisfaction survey	The calendar	
leaderboard1	applify your health workshop satisfaction survey	The leaderboard / forum	
avatar2	applify your health workshop satisfaction survey	The avatar	
medremind2	applify your health workshop satisfaction survey	The medication reminder	
calendar2	applify your health workshop satisfaction survey	The calendar	
leaderboard2	applify your health workshop satisfaction survey	The leaderboard / forum	
tysuse	applify your health workshop satisfaction survey	I will use TreatYourSelf more now because of this workshop.	
important	applify your health workshop satisfaction survey	I found what I learned important and relevant.	
handouts	applify your health workshop satisfaction survey	I found the handouts useful.	
mostuseful	applify your health workshop satisfaction survey	What were the most useful parts of the course information for you?	
leastuseful	applify your health workshop satisfaction survey	What were the least useful parts of the course (if any)?	
applify2	applify your health workshop satisfaction survey	Please pick the option that best represents your response to the statements below.	
subject	applify your health workshop satisfaction survey	Knows the subject well.	
clear	applify your health workshop satisfaction survey	Was clear and understandable.	
organized	applify your health workshop satisfaction survey	Was organized.	
questions	applify your health workshop satisfaction survey	Answered my questions.	
feedback	applify your health workshop satisfaction survey	Provided feedback during exercises.	

like	applied your health workshop satisfaction survey	What did you like about the way the instructor taught the course?	
dislike	applied your health workshop satisfaction survey	What did you dislike about the way the instructor taught the course?	
finalthoughts	applied your health workshop satisfaction survey	Is there anything else you would like the instructor to know about your experience in the course?	
art	art regimen at study visit	Are you currently taking antiretroviral therapy (HIV medicine)?	
regimen	art regimen at study visit	What is your antiretroviral (ART) medication regimen?	
regimeno	art regimen at study visit	If current antiretroviral medication "other," please specify	
pill	art regimen at study visit	How many pills do you take for your ART per dose?	
artinitiation	art regimen at study visit	What is the date you first ever started taking ART?	*
date2	tys app satisfaction survey	Today's Date	*
remind	tys app satisfaction survey	Did you receive all daily scheduled reminders?	
readmsg	tys app satisfaction survey	How often did you read your messages?	
bother	tys app satisfaction survey	Did you find the messages or app functions intrusive or bothersome?	
res	tys app satisfaction survey	Did the messages respect your privacy?	
dose	tys app satisfaction survey	Do you think the app helped you miss fewer doses of your meds?	
why	tys app satisfaction survey	Why do you think the app did not help you miss fewer doses of your meds?	
call	tys app satisfaction survey	Do you think the app will make you more likely to call your health care provider if you have questions about your meds or anything else?	
care	tys app satisfaction survey	Would you prefer to be able to use the app in addition to your regular medical care rather than regular care without the app?	
over	tys app satisfaction survey	Would you continue using the app after the study is over?	
help	tys app satisfaction survey	How helpful do you think it was to get reminders for medication refills?	

appoint	tys app satisfaction survey	How helpful do you think it would be to get reminders for medical appointments?	
final	tys app satisfaction survey	How helpful was it to see how well you were doing taking your meds on the app?	
feat	tys app satisfaction survey	What features of the app did you find most helpful?	
least	tys app satisfaction survey	What features of the app did you find least helpful?	
sugg	tys app satisfaction survey	Do you have any suggestions for how the app could be improved?	
agevisit	local site only questions	How old are you today?	
phonetype2	local site only questions	What kind of smartphone do you currently use?	
phoneuse	local site only questions	How many hours do you use your phone in one day on average?	
wifihrs	local site only questions	When Wi-Fi is available, how many hours a day do you use Wi-Fi?	
interrupt	local site only questions	How many times has your mobile phone service been interrupted in the past year? (Choose one answer)	
vas	local site only questions	Place the slider on the line at the point showing how much of your HIV antiretroviral medications you have taken in the past 4 weeks (1 month)	
missedart	local site only questions	During the past 4 days, on how many days have you missed taking all your doses?	
missedart2	local site only questions	When was the last time you missed any of your medications?	
sextrade	local site only questions	How many times have you given sex for money, drugs, food, or a place to stay (housing) in the past 3 months? (if none, enter 0)	
analpartner	local site only questions	In the last 3 months, with how many partners have you had anal sex? (if none, enter 0)	
vagpartner	local site only questions	In the last 3 months, with how many partners have you had vaginal sex? (if none, enter 0)	
condom	local site only questions	Of the times you had any sex in the past 3 months, how often did you or your partner use condoms/latex protection? (check one)	

prep	local site only questions	Have you ever talked to your partner(s) about using pre-exposure prophylaxis (PrEP) which is taking one pill a day to prevent from getting infected with HIV? (check one)	
artfill	pharmacy rx	Has the subject filled their ART prescription (first bottle)?	
artfilldate	pharmacy rx	What is the date their ART prescription was filled (first bottle)?	*
artrefill	pharmacy rx	If the subject has filled their ART prescription (first bottle, have they ever refilled their prescription since baseline?	
artdate1	pharmacy rx	ART Prescription Refill 1 Date	*
artdate2	pharmacy rx	ART Prescription Refill 2 Date	*
artdate3	pharmacy rx	ART Prescription Refill 3 Date	*
artdate4	pharmacy rx	ART Prescription Refill 4 Date	*
artdate5	pharmacy rx	ART Prescription Refill 5 Date	*
artdate6	pharmacy rx	ART Prescription Refill 6 Date	*
artdate7	pharmacy rx	ART Prescription Refill 7 Date	*
artdate8	pharmacy rx	ART Prescription Refill 8 Date	*
artdate9	pharmacy rx	ART Prescription Refill 9 Date	*
artdate10	pharmacy rx	ART Prescription Refill 10 Date	*
chopmrn	clinical outcomes	CHOP Medical Record Number	*
fightmrn	clinical outcomes	FIGHT Medical Record Number	*
cd4date	clinical outcomes	Date of CD4 Lab	*
cd4percent	clinical outcomes	CD4 percent	
cd4count	clinical outcomes	CD4 count	
vldate	clinical outcomes	Date of Viral Load Lab	*
vlsign	clinical outcomes	Indicate if HIV-1 RNA quantitation is	
vl	clinical outcomes	HIV-1 RNA quantitation (viral load)	
gcctdate	clinical outcomes	Date of Gonorrhea/Chlamydia urine test	*
gcurine	clinical outcomes	Gonorrhea, urine	
cturine	clinical outcomes	Chlamydia, urine	
gcctdate2	clinical outcomes	Date of Gonorrhea/Chlamydia rectal test	*
gcrectal	clinical outcomes	Gonorrhea, rectal	
ctrectal	clinical outcomes	Chlamydia, rectal	
gcctdate3	clinical outcomes	Date of Gonorrhea/Chlamydia oropharyngeal test	*
gcoropharyngeal	clinical outcomes	Gonorrhea, oropharyngeal	

ctoropharyngeal	clinical outcomes	Chlamydia, oropharyngeal	
gcctdate4	clinical outcomes	Date of Gonorrhea/Chlamydia vaginal test	*
gcvaginal	clinical outcomes	Gonorrhea, vaginal	
ctvaginal	clinical outcomes	Chlamydia, vaginal	
gcctdate5	clinical outcomes	Date of Gonorrhea/Chlamydia cervical test	*
gccervix	clinical outcomes	Gonorrhea, cervical	
ctvcervix	clinical outcomes	Chlamydia, cervical	
missed1	missed clinical visits	Missed Clinical/Medical Appointment 1	
missed2	missed clinical visits	Missed Clinical/Medical Appointment 2	
missed3	missed clinical visits	Missed Clinical/Medical Appointment 3	
missed4	missed clinical visits	Missed Clinical/Medical Appointment 4	
missed5	missed clinical visits	Missed Clinical/Medical Appointment 5	
missed6	missed clinical visits	Missed Clinical/Medical Appointment 6	
missed7	missed clinical visits	Missed Clinical/Medical Appointment 7	
missed8	missed clinical visits	Missed Clinical/Medical Appointment 8	
missed9	missed clinical visits	Missed Clinical/Medical Appointment 9	
missed10	missed clinical visits	Missed Clinical/Medical Appointment 10	
missed11	missed clinical visits	Missed Clinical/Medical Appointment 11	
missed12	missed clinical visits	Missed Clinical/Medical Appointment 12	
missed13	missed clinical visits	Missed Clinical/Medical Appointment 13	
missed14	missed clinical visits	Missed Clinical/Medical Appointment 14	
missed15	missed clinical visits	Missed Clinical/Medical Appointment 15	
missed16	missed clinical visits	Missed Clinical/Medical Appointment 16	
missed17	missed clinical visits	Missed Clinical/Medical Appointment 17	
missed18	missed clinical visits	Missed Clinical/Medical Appointment 18	
missed19	missed clinical visits	Missed Clinical/Medical	

		Appointment 19	
missed20	missed clinical visits	Missed Clinical/Medical Appointment 20	
missed21	missed clinical visits	Missed Clinical/Medical Appointment 21	
missed22	missed clinical visits	Missed Clinical/Medical Appointment 22	
missed23	missed clinical visits	Missed Clinical/Medical Appointment 23	
missed24	missed clinical visits	Missed Clinical/Medical Appointment 24	
missed25	missed clinical visits	Missed Clinical/Medical Appointment 25	
missed26	missed clinical visits	Missed Clinical/Medical Appointment 26	
missed27	missed clinical visits	Missed Clinical/Medical Appointment 27	
missed28	missed clinical visits	Missed Clinical/Medical Appointment 28	
missed29	missed clinical visits	Missed Clinical/Medical Appointment 29	
missed30	missed clinical visits	Missed Clinical/Medical Appointment 30	
staff_id	ETAC intervention exposure form	Staff ID	
site_name	ETAC intervention exposure form	Site Name	
date	ETAC intervention exposure form	Date	*
type_contact	ETAC intervention exposure form	Type of contact	
other_type_contact	ETAC intervention exposure form	Please specify other types of contact	
location	ETAC intervention exposure form	Location of in-person contact	
who_initiated_contact	ETAC intervention exposure form	Who initiated contact?	
num_message_sent	ETAC intervention exposure form	Total number of messages sent today	
num_message_received	ETAC intervention exposure form	Total number of messages received today	
topic_discussed	ETAC intervention exposure form	Topics discussed	
other_topic_discussed	ETAC intervention exposure form	Please specify other topics discussed	
notes	ETAC intervention exposure form	Other Notes	
disruptiondate	participant phone disruptions	Date phone/phone plan disruption reported to study team	*
disrupttype	participant phone disruptions	Participant's phone disrupted during study period due to	
disruptphone	participant phone disruptions	Phone use disrupted because smartphone was	

disruptphoneo	participant phone disruptions	If smartphone disruption "other", please specify	
planinterrupt	participant phone disruptions	Phone plan interrupted because	
planinterrupto	participant phone disruptions	If mobile phone plan interrupted "other", please specify	
disruptnotes	participant phone disruptions	Phone Disruption Additional Notes:	

Note: For list of national survey questions and intervention exposure form, please see section 12.02 of the IRB application.

Informed Consent Form and HIPAA Authorization

Study Title: Positively Connected For Health (PC4H)

Version Date: May 4, 2018

Consent Name: CHOP TYS Consent: Youth and Parent

Principal Investigator: Nadia Dowshen, MD

Telephone: (215) 590-6864

You, or your child, may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating.

If there is anything in this form you do not understand, please ask questions. Please take your time. You do not have to take part in this study if you do not want to. If you take part, you can leave the study at any time. You can read through the consent form yourself or request a study team member to read it to you.

In the sections that follow, the word “we” means the study doctor and other research staff. If you are a parent or legal guardian who is giving permission for a child, please note that the word “you” refers to your child.

Why are you being asked to take part in this study?

You are 14-34 years old, HIV-positive, and/or have an unsuppressed viral load and/or have been out of care for at least 6 months within the last 24 months, own an Android smartphone or are willing to use an Android smartphone provided to you by a study team member if you do not have an Android smartphone, are being treated at CHOP or Philadelphia FIGHT, and you are new to or having trouble remembering to take your HIV treatment medication.

What is the purpose of this research study?

We want to test if our workshop and mobile app will help you do a better job in taking your HIV treatment medication.

How many people will take part?

125 people will take part in the study, including about 60 participants from CHOP.

What is involved in the study?

You will be asked to attend an eHealth¹/mHealth² education workshop, download and use a smartphone app created for the study on your person Android phone or on an Android phone provided to you by the study team³, and fill out surveys. Study team members will also look at your medical and pharmacy records.

¹Electronic health (eHealth) is a general term for the use of internet and related technologies in medical care.



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³If you are provided an Android phone by the study team because you do not own an Android smartphone, you will have to return the phone at the end of your participation in the study or at the request of the study team.

How long will you be in this study?

If you agree to take part, your participation will last for 18 months and will involve 6 study visits.

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The study involves the following tests and procedures.

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App Use: You have to use the study app often (at least once daily) for the first 3 months you are in the study. After the first 3 months, you can use it as much or as little as you want to for the rest of the time you are in the study. You must also let a study team member know if your phone is ever lost, stolen, taken away, broken, or if the phone plan is disconnected while you are in this study. Anything you use or do in the app will be recorded and will be used for the study. The app is investigational and we do not know if it will help you take your medication.

Surveys: At some of your study visits, you will fill out surveys on your demographics, your health care experiences, your smartphone and internet use, your HIV medication and how well you follow your schedule in taking medication, what you like/dislike about the study app, and your sexual behavior and mental health. You can choose to fill out surveys alone or with a study team member in a private room.

Chart Review: A study team member will look at your medical and pharmacy records. These medical records will be those at CHOP or at FIGHT, or an outside clinic if you transition to care outside of CHOP or FIGHT. If your care is outside of CHOP or FIGHT, the



study team will ask you to complete a form so that your HIV-related medical records can be sent to the study team. You do not need to be present for this part of the study.

Some of the procedures (medical chart review, surveys) in this study will be repeated several times.

Visit Schedule

The table below provides a brief description of the purpose and duration of each study visit.

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*Note: It is possible for you to do the 1st study visit (APPlify Your Health Workshop) and the 2nd study visit (App Baseline Visit) on the same day.

What are the risks of this study?

Taking part in a research study involves inconveniences and risks. If you have any questions about any of the possible risks listed below, you should talk to your study doctor or your regular doctor.



While in this study, you are at risk for the following:

Risks associated with study app usage, workshop, surveys, and medical/pharmacy chart review:

- Breach of confidentiality
- Feeling embarrassed, uncomfortable, or upset

The study team will not use any study information for any purpose other than conducting the study. The study team are taking precautions to make sure any information collected from you in this study are protected to the best of their ability through password-protected files, conducting study visits in private spaces, and storing files on CHOP/Philadelphia FIGHT secured network drives. We also recommend utilizing the password protection to unlock your phone and/or the study app to further protect your confidentiality.

If you become very upset or any issues come up that you want to discuss during or after your study visits, you will be able to speak with the study team and request to speak with the study doctor or your regular doctor. You may take breaks at any time while answering questions during the study visits. You do not have to answer any questions that make you too uncomfortable.

Are there any benefits to taking part in this study?

The knowledge gained from this study may provide valuable information to the scientific community about how to use mobile technology to help youth living with HIV remember to take their HIV treatment medication.

Participants who take part in the study might benefit from the workshop and by using the app. The app might be useful to help you remember to take your medication. If it does, this might improve your HIV-related health outcomes. However, we cannot guarantee or promise that you will receive any direct benefit by participating in this study.

Do you need to give your consent in order to participate?

If you decide to participate in this study, you must sign this form. A copy will be given to you to keep as a record. Please consider the study time commitments and responsibilities as a research subject when making your decision about participating in this study.

What happens if you decide not to take part in this study?

Participation in this study is voluntary. You do not have to take part in order to receive care at CHOP.

If you decide not to take part or if you change your mind later there will be no penalties or loss of any benefits to which you are otherwise entitled.

Can you stop your participation in the study early?

You can stop being in the study at any time. You do not have to give a reason.

Can the study doctor take you out of the study early?

The study doctor may take you off of the study if:



- The study is stopped.
- You cannot meet all the requirements of the study.
- New information suggests taking part in the study may not be in your best interests.

What choices do you have other than this study?

There are options for you other than this study including:

- Not participating in this study.
- You may discuss other options available to you with your doctor.

What about privacy, authorization for use of Personal Health Information (PHI) and confidentiality?

As part of this research, health information about you will be collected. This will include information from the study mobile app, workshop, surveys you complete, medical records, and pharmacy records. There are no research laboratory tests for this study, but your regular medical visits that are applicable to the study, such as viral load, CD4 count/percent, and sexually transmitted infection (STI) testing results, will be collected for use in this study. We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

The results of this study may be shown at meetings and published in journals to inform other doctors and health professionals. We will keep your identity private in any publication or presentation.

Several people and organizations may review or receive your identifiable information. They will need this information to conduct the research, to assure the quality of the data, or to analyze the data or samples. These groups include:

- Members of the research team and Data Coordinating Center and other authorized staff at CHOP and Philadelphia FIGHT.
- People from agencies and organizations that perform independent accreditation and/or oversight of research; such as the Department of Health and Human Services, Office for Human Research Protections.
- The Health Resources and Services Administration (HRSA) who is sponsoring this research and the University of California, Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations;
- Public health authorities that are required by law to receive information for the prevention or control of disease, injury or disability.

By law, CHOP is required to protect your health information. The research staff will only allow access to your health information to the groups listed above. By signing this document, you are authorizing CHOP to use and/or release your health information for this research. Some of the organizations listed above may not be required to protect your



information under Federal privacy laws. If permitted by law, they may be allowed to share it with others without your permission.

There is no set time for destroying the information that will be collected for this study.

Your permission to use and share the information and data from this study will continue until the research study ends and will not expire. Researchers continue to analyze data for many years and it is not possible to know when they will be completely done.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the Health Resources and Services Administration (HRSA). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing, without your consent, information that they are required by law to disclose to government authorities. For example, researchers must comply with laws requiring the reporting of suspected child abuse and neglect and communicable diseases.

Can you change your mind about the use of personal information?

You may change your mind and withdraw your permission to use and disclose your health information at any time. To take back your permission, it is preferred that you inform the investigator in writing.

Dr. Nadia Dowshen
The Children's Hospital of Philadelphia
The Craig-Dalsimer Division of Adolescent Medicine, 11NW
34th Street and Civic Center Blvd.
Philadelphia, PA 19104

In the letter, state that you changed your mind and do not want any more of your health information collected. The personal information that has been collected already will be used if necessary for the research. No new information will be collected. If you withdraw your permission to use your personal health information, you will be withdrawn from the study.



Additional Information

You will be informed if changes to the study are needed to protect your health. You will be told about any new information that could affect your willingness to stay in the study, such as new risks, benefits or alternative treatments.

Financial Information

While you are in this study, the cost of your usual medical care – procedures, medications and doctor visits – will continue to be billed to you or your insurance.

Will there be any additional costs?

This study involves installation and use of the study's free mobile app and your standard cellular mobile data rates within your plan apply for your personal cell phone. Should you go over the data allowance you have in your personal cellular data plan, these extra charges will not be covered by the research study.

If you do not own an Android smartphone and you are given a smartphone to use only while you are in the study, the phone and the plan will be covered by the research study. You will not be responsible for charges.

Study sponsors, Health Resources and Services Administration (HRSA), is providing financial support and material for this study and the following in research study visits:

- Cost of travel to and from the study visit (2 SEPTA tokens)

The following research procedures will be billed to you or your insurance:

- Your routine medical care with your regular doctor
- Your mobile phone plan monthly bills and any data overage charges

Will you be paid for taking part in this study?

Participants will be paid a total of \$185 in Wawa or Amazon gift cards for their time and effort in the entire study.

This includes a \$20 gift card after completing the first study visit, \$50 after completing the second visit, \$25 for each of the third, fourth, and fifth study visits, and \$40 gift card after completing the sixth and final study visit = \$185 total.

We may share your specimens and data with third parties (other researchers/institutions or for profit companies). If there are patents or products that result from the research, the third parties may make money from the research. You will not receive any financial benefit from research done on your specimens or data.

Who is funding this research study?

The Health Resources and Services Administration (HRSA) is providing funding for this study.

Please ask Dr. Dowshen if you have any questions about how this study is funded.

What if you have questions about the study?

If you have questions about the study, call the study doctor, Dr. Dowshen at 215-590-6864. You may also talk to your own doctor if you have questions or concerns.



The Institutional Review Board (IRB) at The Children’s Hospital of Philadelphia has reviewed and approved this study. The IRB looks at research studies like these and makes sure research subjects’ rights and welfare are protected. If you have questions about your rights or if you have a complaint, you can call the IRB Office at 215-590-2830.

Consent for Being Contacted For Future Research (Optional)

Please also indicate whether we may contact you about taking part in future studies by putting your initials next to one of the following choices:

_____ (initials) I do not wish to be contacted about future research.

_____ (initials) I agree to be contacted to take part in future research

Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

Person Obtaining Consent

Signature of Person Obtaining Consent

Date

By signing this form, you are indicating that you have had your questions answered, you agree to take part in this research study and you are legally authorized to consent to your child’s participation. You are also agreeing to let CHOP use and share your child’s health information as explained above. If you don’t agree to the collection, use and sharing of your child’s health information, your child cannot participate in this study. **NOTE: A foster parent is not legally authorized to consent for a foster child’s participation.**

Name of Subject

Signature of Subject

Date

Name of Authorized Representative

Relation to subject:



(if different than subject)

Parent Legal Guardian

Signature of Authorized Representative

Date



Child Assent to Take Part in this Research Study

For children capable of providing assent:

I have explained this study and the procedures involved to _____ in terms he/she could understand and that he/she freely assented to take part in this study.

Person Obtaining Assent

Signature of Person Obtaining Assent

Date

This study has been explained to me and I agree to take part.

Signature of Subject (optional)

Date



Informed Consent Form and HIPAA Authorization

Study Title: Positively Connected For Health (PC4H)
Version Date: May 4, 2018
Consent Name: CHOP TYS Consent: Youth able to consent for themselves

Principal Investigator: Nadia Dowshen, MD Telephone: (215) 590-6864

You may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating.

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In the sections that follow, the word “we” means the study doctor and other research staff.

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We want to test if our workshop and mobile app will help you do a better job in taking your HIV treatment medication.

How many people will take part?

125 people will take part in the study, including about 60 participants from CHOP.

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You will be asked to attend an eHealth¹/mHealth² education workshop, download and use a smartphone app created for the study on your person Android phone or on an Android phone provided to you by the study team³, and fill out surveys. Study team members will also look at your medical and pharmacy records.¹Electronic health (eHealth) is a general term for the use of internet and related technologies in medical care.

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- You may discuss other options available to you with your doctor.

What about privacy, authorization for use of Personal Health Information (PHI) and confidentiality?

As part of this research, health information about you will be collected. This will include information from the study mobile app, workshop, surveys you complete, medical records, and pharmacy records. There are no research laboratory tests for this study, but your regular medical visits that are applicable to the study, such as viral load, CD4 count/percent, and sexually transmitted infection (STI) testing results, will be collected for use in this study. We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

The results of this study may be shown at meetings and published in journals to inform other doctors and health professionals. We will keep your identity private in any publication or presentation.

Several people and organizations may review or receive your identifiable information. They will need this information to conduct the research, to assure the quality of the data, or to analyze the data or samples. These groups include:

- Members of the research team and Data Coordinating Center and other authorized staff at CHOP and Philadelphia FIGHT.
- People from agencies and organizations that perform independent accreditation and/or oversight of research; such as the Department of Health and Human Services, Office for Human Research Protections.
- The Health Resources and Services Administration (HRSA) who is sponsoring this research and the University of California, Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations;
- Public health authorities that are required by law to receive information for the prevention or control of disease, injury or disability.

By law, CHOP is required to protect your health information. The research staff will only allow access to your health information to the groups listed above. By signing this document, you are authorizing CHOP to use and/or release your health information for this research. Some of the organizations listed above may not be required to protect your information under Federal privacy laws. If permitted by law, they may be allowed to share it with others without your permission.

There is no set time for destroying the information that will be collected for this study.



Your permission to use and share the information and data from this study will continue until the research study ends and will not expire. Researchers continue to analyze data for many years and it is not possible to know when they will be completely done.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the Health Resources and Services Administration (HRSA). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing, without your consent, information that they are required by law to disclose to government authorities. For example, researchers must comply with laws requiring the reporting of suspected child abuse and neglect and communicable diseases.

Can you change your mind about the use of personal information?

You may change your mind and withdraw your permission to use and disclose your health information at any time. To take back your permission, it is preferred that you inform the investigator in writing.

Dr. Nadia Dowshen
The Children's Hospital of Philadelphia
The Craig-Dalsimer Division of Adolescent Medicine, 11NW
34th Street and Civic Center Blvd.
Philadelphia, PA 19104

In the letter, state that you changed your mind and do not want any more of your health information collected. The personal information that has been collected already will be used if necessary for the research. No new information will be collected. If you withdraw your permission to use your personal health information, you will be withdrawn from the study.

Additional Information

You will be informed if changes to the study are needed to protect your health. You will be told about any new information that could affect your willingness to stay in the study, such as new risks, benefits or alternative treatments.



Financial Information

While you are in this study, the cost of your usual medical care – procedures, medications and doctor visits – will continue to be billed to you or your insurance.

Will there be any additional costs?

This study involves installation and use of the study's free mobile app and your standard cellular mobile data rates within your plan apply for your personal cell phone. Should you go over the data allowance you have in your personal cellular data plan, these extra charges will not be covered by the research study.

If you do not own an Android smartphone and you are given a smartphone to use only while you are in the study, the phone and the plan will be covered by the research study. You will not be responsible for charges.

Study sponsors, Health Resources and Services Administration (HRSA), is providing financial support and material for this study and the following in research study visits:

- Cost of travel to and from the study visit (2 SEPTA tokens)

The following research procedures will be billed to you or your insurance:

- Your routine medical care with your regular doctor
- Your mobile phone plan monthly bills and any data overage charges

Will you be paid for taking part in this study?

Participants will be paid a total of \$185 in Wawa or Amazon gift cards for their time and effort in the entire study.

This includes a \$20 gift card after completing the first study visit, \$50 after completing the second visit, \$25 for each of the third, fourth, and fifth study visits, and \$40 gift card after completing the sixth and final study visit = \$185 total.

We may share your specimens and data with third parties (other researchers/institutions or for profit companies). If there are patents or products that result from the research, the third parties may make money from the research. You will not receive any financial benefit from research done on your specimens or data.

Who is funding this research study?

The Health Resources and Services Administration (HRSA) is providing funding for this study.

Please ask Dr. Dowshen if you have any questions about how this study is funded.

What if you have questions about the study?

If you have questions about the study, call the study doctor, Dr. Dowshen at 215-590-6864. You may also talk to your own doctor if you have questions or concerns.

The Institutional Review Board (IRB) at The Children's Hospital of Philadelphia has reviewed and approved this study. The IRB looks at research studies like these and makes sure research subjects' rights and welfare are protected. If you have questions about your rights or if you have a complaint, you can call the IRB Office at 215-590-2830.



Consent for Being Contacted For Future Research (Optional)

Please also indicate whether we may contact you about taking part in future studies by putting your initials next to one of the following choices:

_____ (initials) I do not wish to be contacted about future research.

_____ (initials) I agree to be contacted to take part in future research

Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

Person Obtaining Consent

Signature of Person Obtaining Consent

Date

By signing this form, you are indicating that you have had your questions answered, you agree to take part in this research study and you are legally authorized to consent to your own participation. You are also agreeing to let CHOP use and share your health information as explained above. If you don't agree to the collection, use and sharing of your health information, you cannot participate in this study.

Name of Subject

Signature of Subject

Date





Informed Consent Form and HIPAA Authorization

Study Title: Positively Connected For Health (PC4H)

Version Date: May 8, 2018

Consent Name: FIGHT TYS Consent: Youth and Parent

Principal Investigator: Helen Koenig, MD, MPH Telephone: (215) 525-8661

You, or your child, may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating.

If there is anything in this form you do not understand, please ask questions. Please take your time. You do not have to take part in this study if you do not want to. If you take part, you can leave the study at any time. You can read through the consent form yourself or request a study team member to read it to you.

In the sections that follow, the word “we” means the study doctor and other research staff. If you are a parent or legal guardian who is giving permission for a child, please note that the word “you” refers to your child.

Why are you being asked to take part in this study?

You are 14-34 years old, HIV-positive, and newly diagnosed with HIV in the past 12 months, or are aware of your HIV status but have never been engaged in HIV care, or have an unsuppressed viral load and/or have been out of care for at least 6 months within the last 24 months, own an Android or smartphone or are willing to use an Android smartphone provided to you by a study team member if you do not have an Android smartphone, are being treated at Philadelphia FIGHT or The Children’s Hospital of Philadelphia (CHOP), and you are new to or having trouble remembering to take your HIV treatment medication. Please note that Philadelphia FIGHT can only recruit 15-34 year olds for this study.

What is the purpose of this research study?

We want to test if our workshop and mobile app will help you in taking your HIV treatment medication.

How many people will take part?

125 people will take part in the study, including about 65 participants from FIGHT.

What is involved in the study?

FIGHT IRB#: PC4H

Effective Date: 8 May 2018

Expiration Date: N/A

You will be asked to attend an eHealth¹/mHealth² education workshop, download and use a smartphone app created for the study on your personal Android phone or on an Android phone provided to you by the study team³, and fill out surveys. Study team members will also look at your medical and pharmacy records.

¹Electronic health (eHealth) is a general term for the use of internet and related technologies in medical care.

²Mobile health (mHealth) is the use of mobile phones and other wireless technology in medical care.

³If you are provided an Android phone by the study team because you do not own an Android smartphone, you will have to return the phone at the end of your participation in the study or at the request of the study team. Refer to Supplement 1 for guidelines on use of Android phones that are issued by FIGHT.

How long will you be in this study?

If you agree to take part, your participation will last for 18 months and will involve 6 study visits.

What are the study procedures?

The study involves the following tests and procedures.

Workshop:

You will participate in a workshop which will teach you about digital tools to help you manage your HIV care as well as help you install and learn about the study app. This workshop will be conducted with other youth in the study or, at your request, can be a personal session. Before the workshop, you will be asked to complete a survey on your eHealth knowledge. After the workshop, you will be asked to complete a survey on what you liked or disliked about the workshop. Surveys will be completed in a private space.

App Use:

You will be asked to use the study app often (at least once daily) for the first 3 months you are in the study. After the first 3 months, you can use it as much or as little as you want to for the rest of the time you are in the study. You must also let a study team member know if your phone is ever lost, stolen, taken away, broken, or if the phone plan is disconnected while you are in this study. Anything you use or do in the app will be recorded and will be used for the study. The app is investigational and we do not know if it will help you take your medication.

Surveys:

At some of your study visits, you will fill out surveys on your demographics, your health care experiences, your smartphone and internet use, your HIV medication and how well you follow your schedule in taking medication, what you like/dislike about the study app, and your sexual behavior and mental health. You can

choose to fill out surveys alone or with a study team member in a private room.

Chart Review:

A study team member will look at your medical and pharmacy records. These medical records will be those at CHOP or at FIGHT, or an outside clinic if you transition to care outside of CHOP or FIGHT. If your care is outside of CHOP or FIGHT, the study team will ask you to complete a form so that your HIV-related medical records can be sent to the study team. You do not need to be present for this part of the study.

Some of the procedures (medical chart review, surveys) in this study will be repeated several times.

Visit Schedule

The table below provides a brief description of the purpose and duration of each study visit.

Visit	Purpose	Main Procedures	Duration
	Screening visit	<ul style="list-style-type: none"> Informed consent will be reviewed Eligibility criteria confirmed. Future study visits will be scheduled and contact information collected. 	30-45 minutes
1	1 st Study Visit* (APPlify Your Health Workshop)	<ul style="list-style-type: none"> Install study app on smartphone Workshop class Surveys 	135 minutes
2	2 nd Study Visit* (App Baseline Visit)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
3	3 rd Study Visit (3-Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
4	4 th Study Visit (6- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
5	5 th Study Visit (12- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
6	6 th (Final) Study Visit (18- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys 	60-90 minutes

*Note: It is possible for you to do the 1st study visit (APPlify Your Health Workshop) and the 2nd study visit (App Baseline Visit) on the same day.

What are the risks of this study?

Taking part in a research study involves inconveniences and risks. If you have any questions about any of the possible risks listed below, you should talk to your study doctor or your regular doctor.

While in this study, you are at risk for the following:

Risks associated with study app usage, workshop, surveys, and medical/pharmacy chart review:

- Breach of confidentiality
- Feeling embarrassed, uncomfortable, or upset

The study team will not use any study information for any purpose other than conducting the study. The study team are taking precautions to make sure any information collected from you in this study are protected to the best of their ability through password-protected files, conducting study visits in private spaces, and storing files on Philadelphia FIGHT/CHOP secured network drives. We also recommend utilizing the password protection to unlock your phone and/or the study app to further protect your confidentiality.

If you become very upset or any issues come up that you want to discuss during or after your study visits, you will be able to speak with the study team and request to speak with the study doctor or your regular doctor. You may take breaks at any time while answering questions during the study visits. You do not have to answer any questions that make you too uncomfortable.

Are there any benefits to taking part in this study?

The knowledge gained from this study may provide valuable information to the scientific community about how to use mobile technology to help youth living with HIV remember to take their HIV treatment medication.

Participants who take part in the study might benefit from the workshop and by using the app. The app might be useful to help you remember to take your medication. If it does, this might improve your HIV-related health outcomes. However, we cannot guarantee or promise that you will receive any direct benefit by participating in this study.

Do you need to give your consent in order to participate?

If you decide to participate in this study, you must sign this form. A copy will be given to you to keep as a record. Please consider the study time commitments and responsibilities as a research subject when making your decision about participating in this study.

What happens if you decide not to take part in this study?

Participation in this study is voluntary. You do not have to take part in order to receive care at FIGHT.

If you decide not to take part or if you change your mind later there will be no penalties or loss of any benefits to which you are otherwise entitled.

Can you stop your participation in the study early?

You can stop being in the study at any time. You do not have to give a reason. If you wish to stop being in the study, you will need to inform a member of the study team, either in writing or verbally.

Can the study doctor take you out of the study early?

The study doctor may take you off of the study if:

- The study is stopped.
- You cannot meet all the requirements of the study.
- New information suggests taking part in the study may not be in your best interests.

What choices do you have other than this study?

There are options for you other than this study including:

- Not participating in this study.
- You may discuss other options available to you with your doctor.

What about privacy, authorization for use of Personal Health Information (PHI) and confidentiality?

As part of this research, health information about you will be collected. This will include information from the study mobile app, workshop, surveys you complete, medical records, and pharmacy records. There are no research laboratory tests for this study, but your regular medical visits that are applicable to the study, such as viral load, CD4 count/percent, and sexually transmitted infection (STI) testing results, will be collected for use in this study. We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

The results of this study may be shown at meetings and published in journals to inform other doctors and health professionals. We will keep your identity private in any publication or presentation.

Several people and organizations may review or receive your identifiable information. They will need this information to conduct the research, to assure the quality of the data, or to analyze the data or samples. These groups include:

- Members of the research team and Data Coordinating Center and other authorized staff at CHOP and Philadelphia FIGHT;
- People from agencies and organizations that perform independent accreditation and/or oversight of research; such as the Department of Health and Human Services, Office for Human Research Protections.

- The Health Resources and Services Administration (HRSA) who is sponsoring this research and the University of California, Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations;
- Public health authorities that are required by law to receive information for the prevention or control of disease, injury or disability.

By law, FIGHT is required to protect your health information. The research staff will only allow access to your health information to the groups listed above. By signing this document, you are authorizing FIGHT to use and/or release your health information for this research. Some of the organizations listed above may not be required to protect your information under Federal privacy laws. If permitted by law, they may be allowed to share it with others without your permission.

There is no set time for destroying the information that will be collected for this study.

Your permission to use and share the information and data from this study will continue until the research study ends and will not expire. Researchers continue to analyze data for many years and it is not possible to know when they will be completely done.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the Health Resources and Services Administration (HRSA). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing, without your consent, information that they are required by law to disclose to government authorities. For example, researchers must comply with laws requiring the reporting of suspected child abuse and neglect and communicable diseases.

Can you change your mind about the use of personal information?

You may change your mind and withdraw your permission to use and disclose your health information at any time. To take back your permission, it is preferred that you inform the investigator in writing.

Dr. Helen Koenig
Philadelphia FIGHT

1233 Locust Street, 2nd Floor
Philadelphia, PA 19107

In the letter, state that you changed your mind and do not want any more of your health information collected. The personal information that has been collected already will be used if necessary for the research. No new information will be collected. If you withdraw your permission to use your personal health information, you will be withdrawn from the study.

Additional Information

You will be informed if changes to the study are needed to protect your health. You will be told about any new information that could affect your willingness to stay in the study, such as new risks, benefits or alternative treatments.

Financial Information

While you are in this study, the cost of your usual medical care – procedures, medications and doctor visits – will continue to be billed to you or your insurance.

Will there be any additional costs?

This study involves installation and use of the study's free mobile app and your standard cellular mobile data rates within your plan apply for your personal cell phone. Should you go over the data allowance you have in your personal cellular data plan, these extra charges will not be covered by the research study.

If you do not own an Android smartphone and you are given a smartphone to use only while you are in the study, the phone and the plan will be covered by the research study. You will not be responsible for charges.

Study sponsors, Health Resources and Services Administration (HRSA), is providing financial support and material for this study and the following in research study visits:

- Cost of travel to and from the study visit (2 SEPTA tokens)

The following research procedures will be billed to you or your insurance:

- Your routine medical care with your regular doctor
- Your mobile phone plan monthly bills and any data overage charges

Will you be paid for taking part in this study?

Will you be paid for taking part in this study?

Participants will be paid a total of \$185 in Wawa or Amazon gift cards for their time and effort in the entire study.

This includes a \$20 gift card after completing the first study visit, \$50 after completing the second visit, \$25 for each of the third, fourth, and fifth study visits, and \$40 gift card after completing the sixth and final study visit = \$185 total.

We may share your specimens and data with third parties (other researchers/institutions or for profit companies). If there are patents or products that result from the research, the

third parties may make money from the research. You will not receive any financial benefit from research done on your specimens or data.

Who is funding this research study?

The Health Resources and Services Administration (HRSA) is providing funding for this study.

Please ask Dr. Koenig if you have any questions about how this study is funded.

What if you have questions about the study?

If you have questions about the study, call the study doctor, Dr. Koenig at 215-525-8661. You may also talk to your own doctor if you have questions or concerns.

The Institutional Review Board (IRB) at Philadelphia FIGHT has reviewed and approved this study. The IRB looks at research studies like these and makes sure research subjects' rights and welfare are protected. If you have questions about your rights or if you have a complaint, you can call the IRB Office at 215-525-8669.

Consent for Being Contacted For Future Research (Optional)

Please also indicate whether we may contact you about taking part in future studies by putting your initials next to one of the following choices:

_____ (initials) I do not wish to be contacted about future research.

_____ (initials) I agree to be contacted to take part in future research

Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 23 MAY 2018
Expires: NA

FIGHT IRB#: PC4H
Effective Date: 8 May 2018
Expiration Date: N/A

Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

Person Obtaining Consent

Signature of Person Obtaining Consent

Date

By signing this form, you are indicating that you have had your questions answered, you agree to take part in this research study and you are legally authorized to consent to your child's participation. You are also agreeing to let CHOP use and share your child's health information as explained above. If you don't agree to the collection, use and sharing of your child's health information, your child cannot participate in this study. **NOTE: A foster parent is not legally authorized to consent for a foster child's participation.**

Name of Subject

Signature of Subject

Date

Name of Authorized Representative
(if different than subject)

Relation to subject:

Parent Legal Guardian

Signature of Authorized Representative

Date

Philadelphia Children's
Institutional Review Board
Protocol: PC4H
Date Approved: 23 MAY 2018
Expires: N/A

FIGHT IRB#: PC4H
Effective Date: 8 May 2018
Expiration Date: N/A

Child Assent to Take Part in this Research Study

For children capable of providing assent:

I have explained this study and the procedures involved to _____ in terms he/she could understand and that he/she freely assented to take part in this study.

Person Obtaining Assent

Signature of Person Obtaining Assent

Date

This study has been explained to me and I agree to take part.

Signature of Subject (optional)

Date

Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 23 MAY 2018
Expires: N/A



Philadelphia FIGHT
Authorization for Release of Information by Patient
for use in the Positively Connected for Health (PC4H) Study

Information to the study participant: The Privacy Rule under the Health Information Portability and Accountability Act (HIPAA) requires that we obtain your authorization to use information collected about you through your participation in the **Positively Connected for Health (PC4H)** study. This authorization is in addition to the informed consent that you signed to participate in the study. The consent described the study, noted its risks and benefits, explained the study procedures, and informed you of your rights including the right to refuse to participate or to withdraw at any time.

This authorization is your agreement that the medical and health information we collect through doing the study can be disclosed to personnel involved in the study, the study sponsor, and other legally constituted bodies that are described below. Please read the information below before signing. It will explain how personal medical and health information collected about you for the purposes of this study may be used, and by whom.

Medical and health information collected. The medical and health information includes, but is not limited to, information that was collected for entry into the study (such as your medical history) and information that is collected during the study. This might include:

- the results of lab tests
- physical exams
- procedures
- information you give our study personnel about how you are feeling
- or other health and medical information

The purpose of collecting this information is to allow the study staff and the study doctor to conduct the study, to evaluate the study drug, and to analyze the study results. Further detail is provided below.

Your health information is reviewed by the personnel and entities listed above. Your medical and health information may identify you by name, address, telephone number, social security number, health plan number, study number, date of birth, dates relating to various medical procedures, or other identifying information.

Confidentiality. Your study records will be kept confidential as described in the informed consent. Only a number and initials will be used to identify you. You will not be personally identified in any reports or publications that may result from this research study. However, in order to conduct the study, your study records and the medical records from which they are obtained must be available to certain personnel. They include Philadelphia FIGHT study personnel such as your study nurse, and the sponsor of this study. They will need to review the medical information collected from you for use in this study in order to accurately record information for the study. In addition, by law the FDA (the US drug agency), the Philadelphia FIGHT Institutional Review Board, the Data Safety Monitoring Board (DSMB), and other regulatory agencies may review your medical records. These regulatory reviews are performed in order to check the quality of the study, and to make sure the study is being run properly.

What will be done with your health information. If you sign this form and participate in this study, the study personnel at Philadelphia FIGHT will be authorized to use the information described above to carry out the purposes of the research study. The study personnel will also be authorized to disclose some or all of the information described above to the study sponsor, its employees or contractors, the Philadelphia FIGHT IRB, the DSMB, and government agencies as required by law. Once your information is disclosed to the study sponsors, the Philadelphia FIGHT IRB, or the government agencies as described above, there is a potential that it will be re-disclosed and will no longer be protected by US Federal privacy regulations. However, the laws of the state of Pennsylvania provide you with further protection. In Pennsylvania, PA Act 148, the Pennsylvania Confidentiality of HIV Related

Information Act, limits and regulates the disclosure of HIV related information. See the note at the end of this authorization form.

Electronic Medical Records. An Electronic Medical Record (EMR) is an electronic version of the record of your care within a health system. An EMR is simply a computerized version of a paper medical record. If you are receiving care or have received care within Philadelphia FIGHT system, you already have an EMR. If you take part in this study, results of tests and procedures done only because you are in this study may be placed in your existing EMR. Once placed in your EMR, these results may be seen by Philadelphia FIGHT employees that are not part of the research team (for example, doctors you may see in other departments or your primary care provider). Information within your EMR may also be shared with others who are determined by Philadelphia FIGHT to be appropriate to have access to your EMR (e.g. Health Insurance Company, disability provider, etc).

Access to your study records. Under the HIPAA law, you normally would have access to your medical records. However, while the study is in progress, your access to your study records will be temporarily suspended. You will be able to access your information when the research study is completed. You have the right to see and copy the medical information collected from you in the course of the study for as long as that information is maintained by the study personnel and other entities subject to Federal privacy regulation.

Expiration. This authorization has no expiration date. In signing this form, you authorize the use and disclosure of your information for purposes of the study at any time in the future. The purpose of this is to allow the data to be analyzed after the completion of the study. However, only data collected during the study with your consent can be analyzed at a later date.

Right to revoke. You may revoke your authorization at any time by sending a written request to the Philadelphia FIGHT study personnel at 1233 Locust Street, 5th Floor, Philadelphia, PA 19107. If you revoke your authorization, your participation in the study will end and the study personnel will stop collecting medical information from you. In addition, study personnel will stop using your information and will stop disclosing your information to the parties described above, except to the extent study personnel have relied on information that has already been collected from you. For example, the study personnel may need to use or disclose information obtained before you revoked your authorization in order to preserve the scientific integrity of the study. If you revoke your authorization it will not affect your right to treatment.

Authorization:

I, _____ authorize the disclosure and use of my individually identifiable health and medical information in the **Positively Connected for Health (PC4H)** Study to:

Philadelphia FIGHT, CHOP, and the Data Coordinating Center Study personnel; Helen Koenig, MD; Nadia Dowshen, MD and the study teams; the study sponsor - HRSA (the Health Resources and Services Administration; The Philadelphia FIGHT IRB; the DSMB; Drexel University (app developers); Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations; and to Federal agencies as required by law.

Information to be released: All medical and health information collected to screen and enroll me in, and to conduct the **Positively Connected for Health (PC4H)** Study.

This protected health information is disclosed for the following purposes: to conduct, collect data related to, and analyze the **Positively Connected for Health (PC4H)** Study.

Special authorizations (check if applicable):

I understand that the following information will not be released unless the statements below are checked.

- I agree _____ to release information **related to HIV.**
- I agree _____ to release information **related to substance abuse.**
- I agree _____ to release information **related to mental health.**

I understand that I have the right to:

- **Receive a signed copy of this authorization.**
- **Refuse to sign this authorization** and that my refusal will not affect my right to treatment. However if I refuse to sign this authorization I will be withdrawn from the study.
- **I understand and agree** _____ that this authorization has no expiration date.
- I have been given the opportunity to review Philadelphia FIGHT's Notice of Privacy Practices. I understand that I have the right to revoke this authorization by sending written notification to the Philadelphia FIGHT Research Department at 1233 Locust St. 5th Floor, Philadelphia PA 19107 or by contacting Karam Mounzer, MD at 1233 Locust St. 5th Floor, Philadelphia PA 19107. I understand that a revocation is not effective to the extent that the Philadelphia FIGHT has relied on my authorization to disclose protected health information.
- I understand that under HIPAA, information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient, and may no longer be protected by Federal or state law.
- However, I understand that HIV related information is protected by Pennsylvania law (see notice below).

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative.

Description of Personal Representative's authority to sign for patient _____
Notice to recipients of protected health information: This information has been disclosed to you from records protected by Pennsylvania Law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

Template Version: 22/OCT/2014
Site Version: 28/SEP/2016

Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 28-SEP-2016
Expires: N/A



Informed Consent Form and HIPAA Authorization

Study Title: Positively Connected For Health (PC4H)
Version Date: May 8, 2018
Consent Name: FIGHT TYS Consent: Youth able to consent for themselves

Principal Investigator: Helen Koenig, MD, MPH Telephone: (215) 525-8661

You may be eligible to take part in a research study. This form gives you important information about the study. It describes the purpose of this research study, and the risks and possible benefits of participating.

If there is anything in this form you do not understand, please ask questions. Please take your time. You do not have to take part in this study if you do not want to. If you take part, you can leave the study at any time. You can read through the consent form yourself or request a study team member to read it to you.

In the sections that follow, the word “we” means the study doctor and other research staff.

Why are you being asked to take part in this study?

You are 14-34 years old, HIV-positive, and newly diagnosed with HIV in the past 12 months, or are aware of your HIV status but have never been engaged in HIV care, or have an unsuppressed viral load and/or have been out of care for at least 6 months within the last 24 months, own an Android or smartphone or are willing to use an Android smartphone provided to you by a study team member if you do not have an Android smartphone, are being treated at Philadelphia FIGHT or The Children’s Hospital of Philadelphia (CHOP), and you are new to or having trouble remembering to take your HIV treatment medication. . Please note that Philadelphia FIGHT can only recruit 15-34 year olds for this study.

What is the purpose of this research study?

We want to test if our workshop and mobile app will help you in taking your HIV treatment medication.

How many people will take part?

125 people will take part in the study, including about 65 participants from FIGHT.

What is involved in the study?

You will be asked to attend an eHealth¹/mHealth² education workshop, download and use a smartphone app created for the study on your personal Android phone or on an Android

phone provided to you by the study team³, and fill out surveys. Study team members will also look at your medical and pharmacy records.

¹Electronic health (eHealth) is a general term for the use of internet and related technologies in medical care.

²Mobile health (mHealth) is the use of mobile phones and other wireless technology in medical care.

³If you are provided an Android phone by the study team because you do not own an Android smartphone, you will have to return the phone at the end of your participation in the study or at the request of the study team. Refer to Supplement 1 for guidelines on use of Android phones that are issued by FIGHT.

How long will you be in this study?

If you agree to take part, your participation will last for 18 months and will involve 6 study visits.

What are the study procedures?

The study involves the following tests and procedures.

Workshop:

You will participate in a workshop which will teach you about digital tools to help you manage your HIV care as well as help you install and learn about the study app. This workshop will be conducted with other youth in the study or, at your request, can be a personal session. Before the workshop, you will be asked to complete a survey on your eHealth knowledge. After the workshop, you will be asked to complete a survey on what you liked or disliked about the workshop. Surveys will be completed in a private space.

App Use:

You will be asked to use the study app often (at least once daily) for the first 3 months you are in the study. After the first 3 months, you can use it as much or as little as you want to for the rest of the time you are in the study. You must also let a study team member know if your phone is ever lost, stolen, taken away, broken, or if the phone plan is disconnected while you are in this study. Anything you use or do in the app will be recorded and will be used for the study. The app is investigational and we do not know if it will help you take your medication.

Surveys:

At some of your study visits, you will fill out surveys on your demographics, your health care experiences, your smartphone and internet use, your HIV medication and how well you follow your schedule in taking medication, what you like/dislike about the study app, and your sexual behavior and mental health. You can

choose to fill out surveys alone or with a study team member in a private room.

Chart Review:

A study team member will look at your medical and pharmacy records to get information on your HIV health outcomes and medication. These medical records will be those at CHOP or at FIGHT, or an outside clinic if you transition to care outside of CHOP or FIGHT. If your care is outside of CHOP or FIGHT, the study team will ask you to complete a form so that your HIV-related medical records can be sent to the study team. You do not need to be present for this part of the study.

Some of the procedures (medical chart review, surveys) in this study will be repeated several times.

Visit Schedule

The table below provides a brief description of the purpose and duration of each study visit.

Visit	Purpose	Main Procedures	Duration
	Screening visit	<ul style="list-style-type: none"> Informed consent will be reviewed Eligibility criteria confirmed. Future study visits will be scheduled and contact information collected. 	30-45 minutes
1	1 st Study Visit* (APPlify Your Health Workshop)	<ul style="list-style-type: none"> Install study app on smartphone Workshop class Surveys 	135 minutes
2	2 nd Study Visit* (App Baseline Visit)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
3	3 rd Study Visit (3-Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
4	4 th Study Visit (6- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
5	5 th Study Visit (12- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys Confirm next study visit date 	60-90 minutes
6	6 th (Final) Study Visit (18- Month Follow up)	<ul style="list-style-type: none"> Study team member will check the study app to make sure it is working. Surveys 	60-90 minutes

*Note: It is possible for you to do the 1st study visit (APPlify Your Health Workshop) and the 2nd study visit (App Baseline Visit) on the same day.

What are the risks of this study?

Taking part in a research study involves inconveniences and risks. If you have any questions about any of the possible risks listed below, you should talk to your study doctor or your regular doctor.

While in this study, you are at risk for the following:

Risks associated with study app usage, workshop, surveys, and medical/pharmacy chart review:

- Breach of confidentiality
- Feeling embarrassed, uncomfortable, or upset

The study team will not use any study information for any purpose other than conducting the study. The study team are taking precautions to make sure any information collected from you in this study are protected to the best of their ability through password-protected files, conducting study visits in private spaces, and storing files on Philadelphia FIGHT/CHOP secured network drives. We also recommend utilizing the password protection to unlock your phone and/or the study app to further protect your confidentiality.

If you become very upset or any issues come up that you want to discuss during or after your study visits, you will be able to speak with the study team and request to speak with the study doctor or your regular doctor. You may take breaks at any time while answering questions during the study visits. You do not have to answer any questions that make you too uncomfortable.

Are there any benefits to taking part in this study?

The knowledge gained from this study may provide valuable information to the scientific community about how to use mobile technology to help youth living with HIV remember to take their HIV treatment medication.

Participants who take part in the study might benefit from the workshop and by using the app. The app might be useful to help you remember to take your medication. If it does, this might improve your HIV-related health outcomes. However, we cannot guarantee or promise that you will receive any direct benefit by participating in this study.

Do you need to give your consent in order to participate?

If you decide to participate in this study, you must sign this form. A copy will be given to you to keep as a record. Please consider the study time commitments and responsibilities as a research subject when making your decision about participating in this study.

What happens if you decide not to take part in this study?

Participation in this study is voluntary. You do not have to take part in order to receive care at FIGHT.

If you decide not to take part or if you change your mind later there will be no penalties or loss of any benefits to which you are otherwise entitled.

Can you stop your participation in the study early?

You can stop being in the study at any time. You do not have to give a reason. If you wish to stop being in the study, you will need to inform a member of the study team, either in writing or verbally.

Can the study doctor take you out of the study early?

The study doctor may take you off of the study if:

- The study is stopped.
- You cannot meet all the requirements of the study.

- New information suggests taking part in the study may not be in your best interests.

What choices do you have other than this study?

There are options for you other than this study including:

- Not participating in this study.
- You may discuss other options available to you with your doctor.

What about privacy, authorization for use of Personal Health Information (PHI) and confidentiality?

As part of this research, health information about you will be collected. This will include information from the study mobile app, workshop, surveys you complete, medical records, and pharmacy records. There are no research laboratory tests for this study, but your regular medical visits that are applicable to the study, such as viral load, CD4 count/percent, and sexually transmitted infection (STI) testing results, will be collected for use in this study. We will do our best to keep your personal information private and confidential. However, we cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law.

The results of this study may be shown at meetings and published in journals to inform other doctors and health professionals. We will keep your identity private in any publication or presentation.

Several people and organizations may review or receive your identifiable information. They will need this information to conduct the research, to assure the quality of the data, or to analyze the data or samples. These groups include:

- Members of the research team and Data Coordinating Center and other authorized staff at CHOP and Philadelphia FIGHT;;
- People from agencies and organizations that perform independent accreditation and/or oversight of research; such as the Department of Health and Human Services, Office for Human Research Protections.
- The Health Resources and Services Administration (HRSA) who is sponsoring this research and the University of California, Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations;
- Public health authorities that are required by law to receive information for the prevention or control of disease, injury or disability.

By law, FIGHT is required to protect your health information. The research staff will only allow access to your health information to the groups listed above. By signing this document, you are authorizing FIGHT to use and/or release your health information for this research. Some of the organizations listed above may not be required to protect your information under Federal privacy laws. If permitted by law, they may be allowed to share it with others without your permission.

There is no set time for destroying the information that will be collected for this study.

Your permission to use and share the information and data from this study will continue until the research study ends and will not expire. Researchers continue to analyze data for many years and it is not possible to know when they will be completely done.

To help us protect your privacy, we have obtained a Certificate of Confidentiality from the Health Resources and Services Administration (HRSA). With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you, except as explained below.

The Certificate cannot be used to resist a demand for information from personnel of the United States Government that is used for auditing or evaluation of Federally funded projects or for information that must be disclosed in order to meet the requirements of the federal Food and Drug Administration (FDA).

You should understand that a Certificate of Confidentiality does not prevent you or a member of your family from voluntarily releasing information about yourself or your involvement in this research. If an insurer, medical care provider, or other person obtains your written consent to receive research information, then the researchers will not use the Certificate to withhold that information.

The Certificate of Confidentiality does not prevent the researchers from disclosing, without your consent, information that they are required by law to disclose to government authorities. For example, researchers must comply with laws requiring the reporting of suspected child abuse and neglect and communicable diseases.

Can you change your mind about the use of personal information?

You may change your mind and withdraw your permission to use and disclose your health information at any time. To take back your permission, it is preferred that you inform the investigator in writing.

Dr. Helen Koenig
Philadelphia FIGHT
1233 Locust Street, 2nd Floor
Philadelphia, PA 19107

In the letter, state that you changed your mind and do not want any more of your health information collected. The personal information that has been collected already will be used if necessary for the research. No new information will be collected. If you withdraw your permission to use your personal health information, you will be withdrawn from the study.

Additional Information

You will be informed if changes to the study are needed to protect your health. You will be told about any new information that could affect your willingness to stay in the study, such as new risks, benefits or alternative treatments.

Financial Information

While you are in this study, the cost of your usual medical care – procedures, medications and doctor visits – will continue to be billed to you or your insurance.

Will there be any additional costs?

This study involves installation and use of the study's free mobile app and your standard cellular mobile data rates within your plan apply for your personal cell phone. Should you go over the data allowance you have in your personal cellular data plan, these extra charges will not be covered by the research study.

If you do not own an Android smartphone and you are given a smartphone to use only while you are in the study, the phone and the plan will be covered by the research study. You will not be responsible for charges.

Study sponsors, Health Resources and Services Administration (HRSA), is providing financial support and material for this study and the following in research study visits:

- Cost of travel to and from the study visit (2 SEPTA tokens)

The following research procedures will be billed to you or your insurance:

- Your routine medical care with your regular doctor
- Your mobile phone plan monthly bills and any data overage charges

Will you be paid for taking part in this study?

Will you be paid for taking part in this study?

Participants will be paid a total of \$185 in Wawa or Amazon gift cards for their time and effort in the entire study.

This includes a \$20 gift card after completing the first study visit, \$50 after completing the second visit, \$25 for each of the third, fourth, and fifth study visits, and \$40 gift card after completing the sixth and final study visit = \$185 total.

We may share your specimens and data with third parties (other researchers/institutions or for profit companies). If there are patents or products that result from the research, the third parties may make money from the research. You will not receive any financial benefit from research done on your specimens or data.

Who is funding this research study?

The Health Resources and Services Administration (HRSA) is providing funding for this study.

Please ask Dr. Koenig if you have any questions about how this study is funded.

What if you have questions about the study?

If you have questions about the study, call the study doctor, Dr. Koenig at 215-525-8661. You may also talk to your own doctor if you have questions or concerns.

The Institutional Review Board (IRB) at Philadelphia FIGHT has reviewed and approved this study. The IRB looks at research studies like these and makes sure research subjects' rights and welfare are protected. If you have questions about your rights or if you have a complaint, you can call the IRB Office at 215-525-8669.

Consent for Being Contacted For Future Research (Optional)

Please also indicate whether we may contact you about taking part in future studies by putting your initials next to one of the following choices:

_____ (initials) I do not wish to be contacted about future research.

_____ (initials) I agree to be contacted to take part in future research

Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 23 MAY 2018
Expires: N/A

Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

Person Obtaining Consent

Signature of Person Obtaining Consent

Date

By signing this form, you are indicating that you have had your questions answered, you agree to take part in this research study and you are legally authorized to consent to your own participation. You are also agreeing to let FIGHT use and share your health information as explained above. If you don't agree to the collection, use and sharing of your health information, you cannot participate in this study.

Name of Subject

Signature of Subject

Date

Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 23 MAY 2018
Expires: N/A



Philadelphia FIGHT
Authorization for Release of Information by Patient
for use in the Positively Connected for Health (PC4H) Study

Information to the study participant: The Privacy Rule under the Health Information Portability and Accountability Act (HIPAA) requires that we obtain your authorization to use information collected about you through your participation in the **Positively Connected for Health (PC4H)** study. This authorization is in addition to the informed consent that you signed to participate in the study. The consent described the study, noted its risks and benefits, explained the study procedures, and informed you of your rights including the right to refuse to participate or to withdraw at any time.

This authorization is your agreement that the medical and health information we collect through doing the study can be disclosed to personnel involved in the study, the study sponsor, and other legally constituted bodies that are described below. Please read the information below before signing. It will explain how personal medical and health information collected about you for the purposes of this study may be used, and by whom.

Medical and health information collected. The medical and health information includes, but is not limited to, information that was collected for entry into the study (such as your medical history) and information that is collected during the study. This might include:

- the results of lab tests
- physical exams
- procedures
- information you give our study personnel about how you are feeling
- or other health and medical information

The purpose of collecting this information is to allow the study staff and the study doctor to conduct the study, to evaluate the study drug, and to analyze the study results. Further detail is provided below.

Your health information is reviewed by the personnel and entities listed above. Your medical and health information may identify you by name, address, telephone number, social security number, health plan number, study number, date of birth, dates relating to various medical procedures, or other identifying information.

Confidentiality. Your study records will be kept confidential as described in the informed consent. Only a number and initials will be used to identify you. You will not be personally identified in any reports or publications that may result from this research study. However, in order to conduct the study, your study records and the medical records from which they are obtained must be available to certain personnel. They include Philadelphia FIGHT study personnel such as your study nurse, and the sponsor of this study. They will need to review the medical information collected from you for use in this study in order to accurately record information for the study. In addition, by law the FDA (the US drug agency), the Philadelphia FIGHT Institutional Review Board, the Data Safety Monitoring Board (DSMB), and other regulatory agencies may review your medical records. These regulatory reviews are performed in order to check the quality of the study, and to make sure the study is being run properly.

What will be done with your health information. If you sign this form and participate in this study, the study personnel at Philadelphia FIGHT will be authorized to use the information described above to carry out the purposes of the research study. The study personnel will also be authorized to disclose some or all of the information described above to the study sponsor, its employees or contractors, the Philadelphia FIGHT IRB, the DSMB, and government agencies as required by law. Once your information is disclosed to the study sponsors, the Philadelphia FIGHT IRB, or the government agencies as described above, there is a potential that it will be re-disclosed and will no longer be protected by US Federal privacy regulations. However, the laws of the state of Pennsylvania provide you with further protection. In Pennsylvania, PA Act 148, the Pennsylvania Confidentiality of HIV Related

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Information Act, limits and regulates the disclosure of HIV related information. See the note at the end of this authorization form.

Electronic Medical Records. An Electronic Medical Record (EMR) is an electronic version of the record of your care within a health system. An EMR is simply a computerized version of a paper medical record. If you are receiving care or have received care within Philadelphia FIGHT system, you already have an EMR. If you take part in this study, results of tests and procedures done only because you are in this study may be placed in your existing EMR. Once placed in your EMR, these results may be seen by Philadelphia FIGHT employees that are not part of the research team (for example, doctors you may see in other departments or your primary care provider). Information within your EMR may also be shared with others who are determined by Philadelphia FIGHT to be appropriate to have access to your EMR (e.g. Health Insurance Company, disability provider, etc).

Access to your study records. Under the HIPAA law, you normally would have access to your medical records. However, while the study is in progress, your access to your study records will be temporarily suspended. You will be able to access your information when the research study is completed. You have the right to see and copy the medical information collected from you in the course of the study for as long as that information is maintained by the study personnel and other entities subject to Federal privacy regulation.

Expiration. This authorization has no expiration date. In signing this form, you authorize the use and disclosure of your information for purposes of the study at any time in the future. The purpose of this is to allow the data to be analyzed after the completion of the study. However, only data collected during the study with your consent can be analyzed at a later date.

Right to revoke. You may revoke your authorization at any time by sending a written request to the Philadelphia FIGHT study personnel at 1233 Locust Street, 5th Floor, Philadelphia, PA 19107. If you revoke your authorization, your participation in the study will end and the study personnel will stop collecting medical information from you. In addition, study personnel will stop using your information and will stop disclosing your information to the parties described above, except to the extent study personnel have relied on information that has already been collected from you. For example, the study personnel may need to use or disclose information obtained before you revoked your authorization in order to preserve the scientific integrity of the study. If you revoke your authorization it will not affect your right to treatment.

Authorization:

I, _____ authorize the disclosure and use of my individually identifiable health and medical information in the **Positively Connected for Health (PC4H)** Study to:

Philadelphia FIGHT, CHOP, and the Data Coordinating Center Study personnel; Helen Koenig, MD; Nadia Dowshen, MD and the study teams; the study sponsor - HRSA (the Health Resources and Services Administration; The Philadelphia FIGHT IRB; the DSMB; Drexel University (app developers); Los Angeles's (UCLA) Evaluation and Technical Assistance Center (ETAC) hired by HRSA to conduct cross-site evaluations; and to Federal agencies as required by law.

Information to be released: All medical and health information collected to screen and enroll me in, and to conduct the **Positively Connected for Health (PC4H)** Study.

This protected health information is disclosed for the following purposes: to conduct, collect data related to, and analyze the **Positively Connected for Health (PC4H)** Study.

Special authorizations (check if applicable):

I understand that the following information will not be released unless the statements below are checked.

- I agree _____ to release information **related to HIV.**
- I agree _____ to release information **related to substance abuse.**
- I agree _____ to release information **related to mental health.**

I understand that I have the right to:

- **Receive a signed copy of this authorization.**
- **Refuse to sign this authorization** and that my refusal will not affect my right to treatment. However if I refuse to sign this authorization I will be withdrawn from the study.
- **I understand and agree _____** that this authorization has no expiration date.
- I have been given the opportunity to review Philadelphia FIGHT's Notice of Privacy Practices. I understand that I have the right to revoke this authorization by sending written notification to the Philadelphia FIGHT Research Department at 1233 Locust St. 5th Floor, Philadelphia PA 19107 or by contacting Karam Mounzer, MD at 1233 Locust St. 5th Floor, Philadelphia PA 19107. I understand that a revocation is not effective to the extent that the Philadelphia FIGHT has relied on my authorization to disclose protected health information.
- I understand that under HIPAA, information used or disclosed pursuant to this authorization may be subject to redisclosure by the recipient, and may no longer be protected by Federal or state law.
- However, I understand that HIV related information is protected by Pennsylvania law (see notice below).

Signature of Patient or Personal Representative

Date

Name of Patient or Personal Representative.

Description of Personal Representative's authority to sign for patient _____
Notice to recipients of protected health information: This information has been disclosed to you from records protected by Pennsylvania Law. Pennsylvania law prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or is authorized by the Confidentiality of HIV-related Information Act. A general authorization for the release of medical or other information is not sufficient for this purpose.

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Philadelphia FIGHT
Institutional Review Board
Protocol: PC4H
Date Approved: 28-SEP-2016
Expires: N/A

Study Title: Positively Connected For Health (PC4H)

Purpose of Study: To test if our workshop and mobile app will help youth living with HIV do a better job in taking their HIV treatment medication in an 18 month period.

Who is eligible?

- Age 14 to 34 years old
- HIV-positive
- Own an Android smartphone or if they own another type of smartphone, is willing to use an Android smartphone loaned to them by the study team
- Treated at CHOP or Philadelphia FIGHT
- Have an unsuppressed viral load (VL \geq 200) and/or have been out of care for at least 6 months within the past 24 months at study enrollment and/or have been diagnosed within the past 12 months at study enrollment
- About to start or restart HIV medication, recently started taking HIV medication, or having trouble taking HIV medication
- Ability to understand both written and spoken English

Incentives: An Amazon or Wawa gift card depending on participant's preference and 2 SEPTA Tokens per study visit.

Visit #	Visit Type	Gift Card Amount
1	APPLify Your Health Workshop Visit	\$20
2-5	Baseline, 3-, 6-, 12-month Visit	\$25 per visit
6	18-month Visit	\$40
TOTAL		\$160

What the study entails:

Participation is 18 months consisting of six study visits: (1) APPLify Your Health Workshop visit, (2) a Baseline visit, (3) a 3-month follow up visit, (4) a 6-month follow up visit, (5) a 12-month follow up visit, and (6) an 18-month study visit. **The APPLify workshop visit can last up to 135 minutes, and other study visits will last approximately 60-90 minutes.** Participants will be required to use the study app at least once daily for the first 3 months.

1st Study Visit (APPLify Your Health Workshop)

- App Installation on Participant's Phone: A member of the study team will help participant install the study application on their Android smartphone and test its functionality. All non-Android users will be provided with a CHOP issued Android smartphone for 12 months with an unlimited texting/calling phone plan.
- Workshop: The workshop will teach the participant about digital tools to help them manage their HIV care and learn about the study app. It will be conducted with other youth in the study or, at their request, can be a personal session.
- Surveys: The participant will fill out surveys on their eHealth knowledge and a workshop satisfaction survey.

Study Visits 2-6 (Baseline study visit, 3-, 6-, 12-, and 18-month study visits)

- Surveys: Participant will fill out electronic surveys on their demographics, their past health care experiences, their smartphone and internet use, their HIV medication and how well they follow their schedule in taking medication, what they like/dislike about the study app, and their sexual behavior and mental health.

Outside of Study Visits (Study participant does not need to be present):

Medical chart review will be completed and pharmacy refill data obtained

TRY OUR Mobile Health APP!

Our HEALTH APP was designed to help HIV+ youth remember to take their HIV medication.

JOIN OUR STUDY, USE THE APP, AND TELL US WHAT YOU THINK!

Are you between the ages of 14-34?

Do you own an Android, or would you be willing to use an Android provided by the study team?

Are you HIV+?

Are you about to start or having trouble remembering to take your HIV medication?



Call [redacted] and reference the Positively Connected for Health (PC4H) study. Eligible participants will be compensated for their time.



TRY OUR Mobile Health APP!

Our HEALTH APP was designed to help HIV+ youth remember to take their HIV medication.

JOIN OUR STUDY, USE THE APP, AND TELL US WHAT YOU THINK!

Are you between the ages of 15-34?

Do you own an Android, or would you be willing to use an Android provided by the study team?

Are you HIV+?

Are you about to start or having trouble remembering to take your HIV medication?



Call [redacted] and reference the Positively Connected for Health (PC4H) study. Eligible participants will be compensated for their time.



Positively Connected for Health (PC4H): Recruitment, Informed Consent, Screening Checklist

Materials Needed for Recruitment, ICF, and Screening Visits

- | | | |
|--|---|--|
| <input type="checkbox"/> Study phone + phone charger | <input type="checkbox"/> Study flyer | <input type="checkbox"/> Hard copy REDCap “Contact, Eligibility, Scheduling Info” Survey (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Laptop + laptop charger | <input type="checkbox"/> Hard copy Informed Consent forms (3 copies: 1 for study team, 1 for participant, 1 extra for mistakes) | <input type="checkbox"/> Pen(s) (blue or black) |
| <input type="checkbox"/> Internet access | | |
| <input type="checkbox"/> Information card | | |

Recruitment

Note: Study team member can only have 1-way communication with youth before consent is received

- Introduce yourself and hand out flyer, information card, and/or consent form
- Give brief summary of study procedures and inclusion/exclusion criteria (see protocol Section 3.4)

If youth expresses interest in participating, begin Informed Consent Form Process.

Informed Consent Form (ICF) Process (must be done prior to collecting any info from potential participant)

- Select your institution’s correct ICF Form
 - Use “Youth and Parent Form” for youth under 18 with legal guardian at medical appointments. If youth alone, use “Youth Only Form.” If youth was <18 and consented with “Youth and Parent Form” but turned 18 during study, **MUST** re-consent with “Youth only Form” before study procedures can continue; FIGHT can only enroll participants 14-34 years old.
- Offer participant time to read over ICF on their own or with study team member before study team member reviews and summarized major study points with potential participant.

If youth is NOT ready to consent:

- Study team member gives them a blank ICF and flyer with their name and tells potential participant to contact them when they’ve made a decision.

If youth is ready to consent, on two copies of the appropriate consent form:

- Study Team Member signs and dates ICF signature page
- Youth signs ICF signature page and initials and dates every page of ICF at bottom right corner
- Study team member checks ICF for signature and initials
- Give one completed ICF to youth, study team member keeps second copy for study records
- Schedule Screening Visit (if not conducted on same day as ICF process)

Screening

- Assign random subject ID from PC4H Subject ID excel sheet and *complete columns as appropriate (comment notes are in each column header)
- Study team member collects information from participant and enters in “Contact, Eligibility, Scheduling Info” form in “PC4H: TYS” REDCap Project
- Confirm if youth is eligible or ineligible
 - If youth ineligible, study team member thanks them for their time and that they’ll be kept in mind for future studies.
- Confirm that youth owns Android phone. If not, inform youth that study may be able to provide a CHOP-issued Android phone for 12 months.
- Schedule study visit date for APPlify Workshop date, and if possible, schedule Baseline visit (to be completed within 1 week of APPlify if not on same day)

If screening is not conducted directly after ICF process with the participant, do the below steps immediately following ICF process/participant departure.

- Fill out row in PC4H Subject ID excel sheet that could not be completed previously (See *asterisk above)
- Scan ICF using naming convention: **Study ID #_ICF** (e.g. TYS1000_ICF.pdf) and save as a PDF to network drives.
- Upload scanned ICF to “Contact, Eligibility, Scheduling Info” form within “consent form” field in REDCap.
- Mark form “Complete” in “Contact, Eligibility, Scheduling Info” (only if all fields are filled) and click “Save Record.”

Positively Connected for Health (PC4H): Recruitment, Informed Consent, Screening Checklist

File hard copy ICF in the locked cabinet in Office 3061 (see protocol Section 9.2)

Note: If a youth is not enrolled within a month of providing consent or an updated ICF is released that impacts their eligibility for the study or study procedures change significantly, then the participant must be re-consented on the newest IRB approved ICF. If more than one ICF is signed, rename files by version number Study ID #_ICF v1.pdf (e.g. TYS 1000_ICF v1.pdf), Study ID #_ICF v2.pdf (e.g. TYS 1000_ICF v2.pdf). ICF hard copies should be saved in study team's locked cabinet in a locked office. ICF uploads to REDCap should be combined into a single file, saved as Study ID #_ICF combined.pdf (e.g. TYS1000_ICF combined.pdf), and uploaded to the consent section of the screening form (replace prior version).

Follow the **“In Between Visits Checklist”** regarding contact with youth until the **APPlify Your Health Workshop**

Positively Connected for Health (PC4H) Checklist:

APPlify Your Health Workshop Study Visit (Group or Individual)

Materials Needed for APPlify Your Health Workshop Study Visit

*Only applicable to participants receiving a CHOP-issued Android study phone

- | | |
|---|--|
| <input type="checkbox"/> Study phone + phone charger | Information,” “eHEALS” Survey, “ETAC Intervention Exposure Form,” and “APPlify Your Health Workshop Satisfaction Survey” (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Laptop + laptop charger | <input type="checkbox"/> TYS community guidelines |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> TYS quick start guide |
| <input type="checkbox"/> Information card | <input type="checkbox"/> Android phone usage guidelines* |
| <input type="checkbox"/> Study flyer | <input type="checkbox"/> Incentives (\$20 Wawa/Amazon Gift Card + 2 SEPTA tokens) |
| <input type="checkbox"/> Pen(s) (blue or black) | <input type="checkbox"/> Incentives logs (“APPlify Your Health Workshop Study Visit” and “CHOP Android Phone Distribution/Return Log”*) |
| <input type="checkbox"/> Android study phone* | |
| <input type="checkbox"/> Hard copies of REDCap “Visit | |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” and “ETAC Intervention Exposure Form” in REDCap
- Study team member launches “eHEALS” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and let study team member know when they’re done.
- Participant completes “eHEALS” survey in REDCap
- Study team member reviews participant’s answers in “eHEALS” REDCap to make sure no questions were skipped
 - If questions skipped, could be due to comfort level or by accident so address appropriately.
 - Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.

For participants who borrow an Android Study Phone*:

- Study team member distributes CHOP-issued Android study phone
 - Study team member completes “CHOP Android Phone Distribution/Return Log” and follows “PC4H Android Study Phone Checklist_092517.pdf”

- Install TYS app on participant’s personal smartphone (see “Google Play Developer Console Instructions_071917.docx”).
- Study team member collects participants’ username and records it in “Visit Information” REDCap instrument under “APPlify Your Health Workshop” (see “PC4H General/REDCap Instructions.pdf”).
- Study team member distributes “TYS quick start guide_072817.pdf” and “TYS Community Guidelines_031517.pdf”
- Study team member conducts group or individual “APPlify Your Health” Workshop
- Study team member launches “APPlify Your Health Workshop Satisfaction Survey” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and let study team member know when they’re done.
- Participant completes “APPlify Your Health Workshop Satisfaction Survey” in REDCap
- Study team member reviews participant’s answers in “APPlify Your Health Workshop Satisfaction Survey” REDCap to make sure no questions were skipped
 - If questions skipped, could be due to comfort level or by accident so address appropriately.
 - Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.
- Confirm Baseline Visit (update in REDCap “Contact, Eligibility, Scheduling Info” if not prescheduled and different than APPlify Visit).
 - TYS Baseline must take place within 7 days of APPlify Your Health Workshop.
- Give participant information card and study flyer
- Complete “APPlify Your Health Workshop Study Visit” incentive log
- Pay participant with Wawa or Amazon \$20 gift card and 2 SEPTA tokens for study visit completion.

If APPlify Workshop and Baseline Visit conducted on the same day, proceed to “Baseline Study Visit” checklist

Follow the **“In Between Visits Checklist”** regarding contact with youth until the Baseline Study Visit

Positively Connected for Health (PC4H) Checklist: Baseline Study Visit

Materials Needed for Baseline Study Visit

*Only applicable to participants receiving a CHOP-issued Android phone

- | | |
|--|---|
| <input type="checkbox"/> Study phone + phone charger | <input type="checkbox"/> Hard copy REDCap “Visit Information,” “ETAC Intervention Exposure Form,” “ART Regimen at Study Visit,” and “Local Site Only Questions” Surveys (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Laptop with QDS + laptop charger | <input type="checkbox"/> TYS community guidelines |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> TYS quick start guide |
| <input type="checkbox"/> Information card | <input type="checkbox"/> Android phone usage guidelines* |
| <input type="checkbox"/> Study flyer | <input type="checkbox"/> Incentives (\$25 Wawa/Amazon Gift Card + 2 SEPTA tokens) |
| <input type="checkbox"/> Pen(s) (blue or black) | <input type="checkbox"/> Incentives logs (“Baseline Study Visit”) |
| <input type="checkbox"/> Hard copy QDS national (ETAC SocialMedia En 2016-09-14.RTF) (In case QDS software is nonfunctional) | |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” form in REDCap
- Study team member completes “ETAC Intervention Exposure Form” form in REDCap
- Study team member checks app on participant’s phone to make sure it’s working properly, and answers any questions about the app the participant may have on features. Remind participant that app must be used at least once daily for the first 3 months participant is in the study.
- Study team member distributes “TYS quick start guide_072817.pdf” and “TYS Community Guidelines_031517.pdf”

For participants who borrowed an Android Study Phone*:

- Study team member checks that participant has all four borrowed items from CHOP (Android phone, phone charger, phone case, and screen protector) and confirms that they are in good, working condition.
 - If borrowed equipment is broken/stolen, follow procedure outlined in “PC4H Android Study Phone Checklist_092517.pdf”
- Study team member confirms phone PIN
 - If participant has changed PIN, record new PIN in “Distributed Phones” tab in the CHOP Subject ID Excel file (PC4H CHOP Subject ID.xlsx)
- Study team member distributes “Guidelines for participants using study phones FINAL.pdf” as necessary

- Study team member types in information discussed with participant in question “Does participant have any questions, concerns, comments?” in the “Visit Information” form in REDCap.
- Study team member launches “ART Regimen at Study Visit” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant when they reach the last page, they should click on the “submit” button at the bottom of the page and it will take them to the next survey (“Local Site Only Questions”). After they push the last “submit” button, the participant should let the study team member know when they’re done.
- Participant completes “ART Regimen at Study Visit” and “Local Site Only Questions” surveys in REDCap.
- Study team member reviews participant’s answers in “ART Regimen at Study Visit” and “Local Site Only Questions” to make sure no questions were skipped. If questions skipped, could be due to comfort level or by accident so address appropriately.
 - Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.
- Participant completes the QDS national (ETAC_SocialMedia En.qsi) (See † in “PC4H General QDS/REDCap Instructions.pdf”)

Positively Connected for Health (PC4H) Checklist: Baseline Study Visit

- Set up or confirm 3-month follow-up study visit date (update in REDCap “Contact, Eligibility, Scheduling Info” if not prescheduled and different date than previously listed). Note: ETAC recruitment cutoff is end of Feb. 2018
- Give participant information card and study flyer
- Complete “Baseline Study Visit” incentive log
- Pay participant with Wawa or Amazon \$25 gift card and 2 SEPTA tokens for study visit completion.

Chart Reviews (Participant does not need to be present while study team member does chart review abstraction)

- Complete “Pharmacy Rx” form in REDCap for Baseline Event
- Complete “Clinical Outcomes” form in REDCap for Baseline Event with participant’s lab results conducted around the time of this Baseline study visit
- Complete “Missed Clinical Visits” form in REDCap for any missed clinical visit dates that were not rescheduled from APPlify to present day.
- Complete ETAC Medical Chart review (PC4H medical abstractions for ETAC_Wave#_date.xlsx)
- Complete CHOP coder tracking file (Coder Tracking.xlsx) for ETAC Medical Chart review

Follow the **“In Between Visits Checklist”** until the 3-Month Study Visit

Positively Connected for Health (PC4H) Checklist: 3-Month Study Visit

Materials Needed for 3-Month Study Visit

*Only applicable to participants receiving a CHOP-issued Android phone

- | | |
|--|---|
| <input type="checkbox"/> Study phone + phone charger | Exposure Form,” “eHEALS,” “ART Regimen at Study Visit,” “TYS |
| <input type="checkbox"/> Laptop + laptop charger | App Satisfaction Survey,” and “Local Site Only Questions” Surveys |
| <input type="checkbox"/> Internet access | (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Information card | <input type="checkbox"/> TYS community guidelines |
| <input type="checkbox"/> Study flyer | <input type="checkbox"/> TYS quick start guide |
| <input type="checkbox"/> Pen(s) (blue or black) | <input type="checkbox"/> Android phone usage guidelines* |
| <input type="checkbox"/> Hard copy REDCap “Visit Information,” | <input type="checkbox"/> Incentives (\$25 Wawa/Amazon Gift Card + 2 SEPTA tokens) |
| “ETAC Intervention | <input type="checkbox"/> Incentive logs (“3-Month Study Visit”) |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” form in REDCap
- Study team member completes “ETAC Intervention Exposure Form” form in REDCap
- Study team member checks app on participant’s phone to make sure it’s working properly, and answers any questions about the app the participant may have on features.
- Study team member distributes “TYS quick start guide_072817.pdf” and “TYS Community Guidelines_031517.pdf,” as necessary

For participants who borrowed an Android Study Phone*:

- Study team member checks that participant has all four borrowed items from CHOP (Android phone, phone charger, phone case, and screen protector) and confirms that they are in good, working condition.
 - If borrowed equipment is broken/stolen, follow procedure outlined in “PC4H Android Study Phone Checklist_092517.pdf”
- Study team member confirms phone PIN
 - If participant has changed PIN, record new PIN in “Distributed Phones” tab in the CHOP Subject ID Excel file (PC4H CHOP Subject ID. xlsx)
- Study team member distributes “Guidelines for participants using study phones FINAL.pdf” as necessary

- Study team member types in information discussed with participant in question “Does participant have any questions, concerns, comments?” in the “Visit Information” form in REDCap.
- Study team member launches “ART Regimen at Study Visit” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and let study team member know when they’re done.
- Study team member launches “eHEALS” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and let study team member know when they’re done.
- Participant completes “eHEALS” survey in REDCap
- Study team member launches “ART Regimen at Study Visit” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and it will take them to the next 2 surveys (“TYS App Satisfaction Survey” and “Local Site Only Questions”). After they push the last “submit” button, the participant should let the study team member know when they’re done.
- Participant completes “ART Regimen at Study Visit,” “TYS App Satisfaction Survey,” and “Local Site Only Questions” surveys in REDCap.

Positively Connected for Health (PC4H) Checklist:

3-Month Study Visit

- Study team member reviews participant's answers in "eHEALS," "ART Regimen at Study Visit," "TYS App Satisfaction Survey," and "Local Site Only Questions" to make sure no questions were skipped. If questions skipped, could be due to comfort level or by accident so address appropriately.
 - o Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.
- Set up or confirm 6-month follow-up study visit date (update in REDCap "Contact, Eligibility, Scheduling Info" if not prescheduled and different date than previously listed).
- Give participant information card
- Complete "3-Month Study Visit" incentive log
- Pay participant with Wawa or Amazon \$25 gift card and 2 SEPTA tokens for study visit completion.

Chart Reviews (Participant does not need to be present while study team member does chart review abstraction)

- Complete "Pharmacy Rx" form in REDCap for 3-Month Study Visit
- Complete "Clinical Outcomes" form in REDCap for 3-Month Follow-Up Event with participant's lab results conducted around the time of this 3-Month study visit
- Continue adding any missed clinical appointment dates in the "Missed Clinical Visits" form in REDCap for any missed clinical visit dates that were not rescheduled from Baseline to present day.

Follow the "**In Between Visits Checklist**" until the 6-Month Study Visit

Positively Connected for Health (PC4H) Checklist: 6-Month Study Visit

Materials Needed for 6-Month Study Visit

*Only applicable to participants receiving a CHOP-issued Android phone

- | | |
|--|---|
| <input type="checkbox"/> Study phone + phone charger | <input type="checkbox"/> Hard copy REDCap “Visit Information,” “ETAC Intervention Exposure Form,” “ART Regimen at Study Visit,” and “Local Site Only Questions” Surveys (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Laptop with QDS + laptop charger | <input type="checkbox"/> TYS community guidelines |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> TYS quick start guide |
| <input type="checkbox"/> Information card | <input type="checkbox"/> Android phone usage guidelines* |
| <input type="checkbox"/> Study flyer | <input type="checkbox"/> Incentives (\$25 Wawa/Amazon Gift Card + 2 SEPTA tokens) |
| <input type="checkbox"/> Pen(s) (blue or black) | <input type="checkbox"/> Incentives logs (“6-Month Study Visit”) |
| <input type="checkbox"/> Hard copy 6-month follow up QDS ACASI national (ETAC_SocialMedia_6M En v3.QSI) (In case QDS is nonfunctional) | |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” form in REDCap
- Study team member completes “ETAC Intervention Exposure Form” form in REDCap
- Study team member checks app on participant’s phone to make sure it’s working properly, and answers any questions about the app the participant may have on features.
- Study team member distributes “TYS quick start guide_072817.pdf” and “TYS Community Guidelines_031517.pdf” as necessary

For participants who borrowed an Android Study Phone*:

- Study team member checks that participant has all four borrowed items from CHOP (Android phone, phone charger, phone case, and screen protector) and confirms that they are in good, working condition.
 - If borrowed equipment is broken/stolen, follow procedure outlined in “PC4H Android Study Phone Checklist_092517.pdf”
- Study team member confirms phone PIN
 - If participant has changed PIN, record new PIN in “Distributed Phones” tab in the CHOP Subject ID Excel file (PC4H CHOP Subject ID. xlsx)
- Study team member distributes “Guidelines for participants using study phones FINAL.pdf” as necessary

- Study team member types in information discussed with participant in question “Does participant have any questions, concerns, comments?” in the “Visit Information” form in REDCap.
- Study team member launches “ART Regimen at Study Visit” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and it will take them to the next survey (“Local Site Only Questions”). After they push the last “submit” button, the participant should let the study team member know when they’re done.
- Participant completes “ART Regimen at Study Visit” and “Local Site Only Questions” surveys in REDCap
- Study team member reviews participant’s answers in “ART Regimen at Study Visit” and “Local Site Only Questions” REDCap to make sure no questions were skipped
 - If questions skipped, could be due to comfort level or by accident so address appropriately.
 - Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.
- Participant completes the 6-month follow up QDS ACASI national (ETAC_SocialMedia_6M En v3.QSI) (See † in “PC4H General QDS/REDCap Instructions.pdf”)
- Set up or confirm 12-month follow-up study visit date (update in REDCap “Contact, Eligibility, Scheduling Info” if not prescheduled and different date than previously listed).
- Give participant information card and study flyer

Positively Connected for Health (PC4H) Checklist: 6-Month Study Visit

- Complete “6-Month Study Visit” incentive log
- Pay participant with Wawa or Amazon \$25 gift card and 2 SEPTA tokens for study visit completion.

Chart Reviews (Participant does not need to be present while study team member does chart review abstraction)

- Complete “Pharmacy Rx” form in REDCap for 6-Month Study Visit
- Complete “Clinical Outcomes” form in REDCap for 6-Month Study Visit Event with participant’s lab results conducted around the time of this 6-Month Study Visit
- Continue adding any missed clinical visit dates in the “Missed Clinical Visits” form in REDCap that were not rescheduled from 3-Month Study Visit to present day.
- Complete ETAC Medical Chart review (PC4H medical abstractions for ETAC_Wave#_date.xlsx)
- Complete CHOP coder tracking file (Coder Tracking.xlsx) for ETAC Medical Chart review

Follow the **“In Between Visits Checklist”** until the 12-Month Study Visit

Positively Connected for Health (PC4H) Checklist: 12-Month Study Visit

Materials Needed for 12-Month Study Visit

*Only applicable to participants receiving a CHOP-issued Android phone

- | | |
|--|---|
| <input type="checkbox"/> Study phone + phone charger | <input type="checkbox"/> Hard copy REDCap “Visit Information,” “ETAC Intervention Exposure Form,” “ART Regimen at Study Visit,” “TYS App Satisfaction,” and “Local Site Only Questions” Surveys (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Laptop with QDS + laptop charger | <input type="checkbox"/> TYS community guidelines |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> TYS quick start guide |
| <input type="checkbox"/> Information card | <input type="checkbox"/> Android phone usage guidelines* |
| <input type="checkbox"/> Study flyer | <input type="checkbox"/> Incentives (\$25 Wawa/Amazon Gift Card + 2 SEPTA tokens) |
| <input type="checkbox"/> Pen(s) (blue or black) | <input type="checkbox"/> Incentives logs (“12-Month Study Visit” and “CHOP Android Phone Distribution/Return”* Logs) |
| <input type="checkbox"/> Hard copy QDS national follow-up (RTF file name TBD by ETAC) (In case QDS is nonfunctional) | |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” form in REDCap
- Study team member completes “ETAC Intervention Exposure Form” form in REDCap
- Study team member checks app on participant’s phone to make sure it’s working properly, and answers any questions about the app the participant may have on features.
- Study team member distributes “TYS quick start guide_072817.pdf” and “TYS Community Guidelines_031517.pdf,” as necessary

For participants who borrowed an Android Study Phone*:

- Follow section “Returning Android Study Phones” in “Android Study Phone Checklist_092517.pdf.”
- If participant has changed PIN, record new PIN in “Phones for iOS” tab in the CHOP Subject ID Excel file (PC4H CHOP Subject ID. xlsx)

- Study team member types in information discussed with participant in question “Does participant have any questions, concerns, comments?” in the “Visit Information” form in REDCap.
- Study team member launches “ART Regimen at Study Visit” REDCap instrument in survey mode (see “PC4H General QDS/REDCap Instructions.pdf”) and tells participant that when they reach the last page, they should click on the “submit” button at the bottom of the page and it will take them to the next survey “TYS App Satisfaction Survey”. After they push the 2nd “submit” button, it will take them to the next survey “Local Site Only Questions.” After they push the final “submit” button, the participant should let the study team member know when they’re done.
- Participant completes “ART Regimen at Study Visit,” “TYS App Satisfaction Survey,” and “Local Site Only Questions” surveys in REDCap
- Study team member reviews participant’s answers in “ART Regimen at Study Visit,” “TYS App Satisfaction Survey,” and “Local Site Only Questions” surveys in REDCap to make sure no questions were skipped.
 - If questions skipped, could be due to comfort level or by accident so address appropriately.
 - Note: If participant skipped questions unrelated to comfort level, study team member should ask participant the questions, manually edit responses, and state reason for changes in REDCap.
- Participant completes the 12-month QDS national follow up survey (.qsi file name TBD by ETAC) (See † in “PC4H General QDS/REDCap Instructions.pdf”)
- Set up or confirm 18-month follow-up study visit date (update in REDCap “Contact, Eligibility, Scheduling Info” if not prescheduled and different date than previously listed).
- Give participant information card
- Fill out “12-Month Study Visit” incentive log
- Pay participant with Wawa or Amazon \$25 gift card and 2 SEPTA tokens for study visit completion.

Positively Connected for Health (PC4H) Checklist: 12-Month Study Visit

Chart Reviews (Participant does not need to be present while study team member does chart review abstraction)

- Complete “Pharmacy Rx” form in REDCap for 12-Month Study Visit
- Complete “Clinical Outcomes” form in REDCap for 12-Month Study Visit Event with participant’s lab results conducted around the time of this 12-Month Study Visit
- Continue adding any missed clinical visit dates in the “Missed Clinical Visits” form in REDCap that were not rescheduled from 6-Month Study Visit to present day (12-month study visit date).
- Complete ETAC Medical Chart review (PC4H medical abstraction for ETAC_Wave#.xlsx)
- Complete CHOP coder tracking file (Coder Tracking.xlsx) for ETAC Medical Chart review

Follow the **“In Between Visits Checklist”** until the 18-Month Study Visit

Positively Connected for Health (PC4H) Checklist: 18-Month (FINAL) Study Visit

Materials Needed for 18-Month Study Visit

- | | |
|---|--|
| <input type="checkbox"/> Study phone + phone charger | <input type="checkbox"/> Hard copy QDS national follow-up for 18-month (.RTF file name TBD by ETAC) (In case QDS is nonfunctional) |
| <input type="checkbox"/> Laptop with QDS + laptop charger | <input type="checkbox"/> Hard copy REDCap “Visit Information,” “ETAC Intervention Exposure Form” Surveys (In case internet/REDCap mobile inaccessible) |
| <input type="checkbox"/> Internet access | <input type="checkbox"/> Incentives (\$40 Wawa/ Amazon Gift Card + 2 SEPTA tokens) |
| <input type="checkbox"/> Information card | <input type="checkbox"/> Incentives logs (“18-Month Study Visit”) |
| <input type="checkbox"/> Study flyer | |
| <input type="checkbox"/> Pen(s) (blue or black) | |

Study Visit Activities with Participants

- Study team member takes participant to private area
- Study team member completes “Visit Information” form in REDCap
- Study team member completes “ETAC Intervention Exposure Form” form in REDCap
- Study team member checks app on participant’s phone to make sure it’s working properly, and answers any questions about the app the participant may have on features and if they would like to be given the opportunity to keep the app following the study conclusion
- Study team member types in information discussed with participant in question “Does participant have any questions, concerns, comments?” in the “Visit Information” form in REDCap.
- Participant completes the QDS national follow up survey (.qsi file name TBD by ETAC) (See † in “PC4H General QDS/REDCap Instructions.pdf)
- Give participant information card
- Pay participant with Wawa or Amazon \$40 gift card and 2 SEPTA tokens for study visit completion.
- Thank the youth for their time and effort in this study and ask them if there’s anything else they would like to share with you and the study team before ending the final study visit (record in “Visit Information”)

Chart Reviews (Participant does not need to be present while study team member does chart review abstraction)

- Complete ETAC Medical Chart review (PC4H medical abstraction for ETAC_Wave#.xlsx)
- Complete CHOP coder tracking file (Coder Tracking.xlsx) for ETAC Medical Chart review

Positively Connected for Health (PC4H) Checklist: In Between Study Visits

File Saving/Sharing

Daily (when study visits are scheduled)

- Save QDS files using naming convention to institution's network drives
 - .QAD file (Data): **Site_language_follow-up_month_device #_date (MMDDYY)**
 - CHOP_English_m00_DEV1_100416.qad
 - FIGHT_English_m00_DEV2_100416.qad
 - **Note:** FIGHT has multiple laptops, so DEV1, DEV2, DEV3, etc.
 - .RTF file (data in survey response form): **Subject ID #_follow-up_month_device #_date (MMDDYY)**
 - CHOP: TYS1000_m00_DEV1_100416.rtf
 - FIGHT: TYS2000_m00_DEV2_100416.rtf
 - .LOG file (interviewer comments, if any): **Subject ID #_follow-up_month_device #_date (MMDDYY)**
 - CHOP: TYS1000_m00_DEV1_100416.log
 - FIGHT: TYS2000_m00_DEV2_100416.log

Weekly

- Upload QDS files to UCLA ETAC Web portal using your ETAC assigned username, password, DUO app
- Upload QDS files to CHOP Sharefile
(FIGHT Only)

QDS References

From ETAC:

- ETAC website
- DUO PowerPoint (SocialMediaETAC_Data Portal_DUO_authentication_guide.pptx) ETAC Program officer emailed 10/05/16
- QDS Quick Start Guide (Social_Media_SPNS_ACASI_Quick_Start_Guide_v01.pdf)
- QDS Daily Saving, Naming, Backup, and Weekly Uploads
(Social_Media_ETAC_ACASI_Files_DailySavWeeklyUp_1sheet.pdf)

From CHOP (REDCap/QDS):

- PC4H General QDS/REDCap Instructions.pdf
- REDCap general use training resources on CHOP REDCap webpage

Contact with Youth (only once youth are enrolled)

- Complete "ETAC Intervention Exposure Form" form in REDCap whenever study team member and participant have any contact/interaction.
- Call/Text youth once monthly until next Follow-up Visit to ask how using the app is going/experiencing any problems
- Call/Text youth 1 week before scheduled study visit to remind them of their appointment
 - If participant is unable to keep the scheduled study visit, reschedule date/time as soon as possible.
- Call/Text youth 1 day before and day of study visit date to confirm attendance.
 - If participant is unable to keep the scheduled study visit, reschedule date/time as soon as possible.
- If youth contacts study team member about phone disruption, complete "Participant Phone Disruptions" and "ETAC Intervention Exposure Form" forms in REDCap.
- If youth contacts study team member about a broken, stolen, or lost CHOP-issued study phone, immediately schedule a time for the youth to return the phone and follow the procedure outlined in "PC4H Android Study Phone Checklist_092517.pdf"

Positively Connected for Health (PC4H):

Android Study Phone Checklist

Ordering Android Study Phones

- Notify study coordinator when 1-2 Android phones remain
- Check the “Phones for iOS” tab in the CHOP Subject ID excel file ([PC4H CHOP Subject ID.xlsx](#)) and note the next unclaimed email addresses in the sequence
- Study coordinator places Android study phone order with CHOP IS
 - Email CHOP Information Systems (IS) Analyst contact to request number of Samsung Galaxy J3 Eclipse phones. CC, Nadia Dowshen on this communication
 - Phones will arrive and be ready to be picked up from Michael in 1-2 weeks
 - Once Michael has the phones he will email; arrange a time to meet him to pick up phones
 - Request that Michael send over:
 - Phone emails
 - Gmail password, birthday, and gender for email login
 - PIN
 - Date phone plan was activated
- Save Android study phone information to Phone pw and info folder
- Notify study manager to order phone cases and screen protectors when Android phones have been ordered by study coordinator:
 - Android Study Phone: Samsung Galaxy J3 Eclipse (Black)
 - Screen Protectors: [Glass 3 Pack](#)
 - Phone Cases: [Incipio DualPro \(Red\)](#)
- Collect Android study phones, phone cases, and screen protectors from study coordinator/manager and store in locked equipment cabinet
- Record email address, date of plan activation, and PIN for each Android study phone in “Distributed Phones” tab in the CHOP Subject ID excel file (PC4H CHOP Subject ID.xlsx)

Assembling Android Study Phones

- Place Android study phone in phone case and add screen protector
- Collect phone number and serial number from Android study phone
 - To collect phone number, go to Settings > About Phone > My Phone Number
 - To collect serial number, go to Settings > About Phone > Status > Serial Number.
- Record phone number and serial number in in “Distributed Phones” tab in the CHOP Subject ID excel file (PC4H CHOP Subject ID.xlsx)
- Refer to beta tester instructions ([Google Play Developer Console Instructions_071917.docx](#)) document for downloading TYS app onto Android study phone
- Create a shortcut to TYS app from home screen
 - Go to Apps icon at bottom of home screen
 - Hold down on TYS icon
 - A shortcut will immediately be created from the home screen
- Save Citrix Secure Hub icon to a separate folder
 - Hold down on Citrix Secure Hub icon on home screen
 - Move icon to “Remove Shortcut” icon at top of screen
 - Open Apps icon at bottom of home screen
 - Click on Email icon and log out of TYS email account
 - Press menu at top of screen and select edit
 - Press Citrix Secure Hub icon and place over Email icon to create a folder
 - Label folder “CHOP-DO NOT DELETE”
- Scan Verizon receipt from Samsung Galaxy J3 Eclipse packaging and save as PDF e.g. (TYSphone#_date.pdf) to receipts folder ([Verizon Receipts](#))
- Store hard copy of Verizon receipt in folder labeled “Verizon Receipts” in locked file cabinet
- Repeat process for any additional Android study phones obtained
- Return Android study phones and extra screen protectors and phone cases to locked equipment cabinet keeping track of TYS Gmail phone order (so they are distributed to participants in the order they were received from CHOP IS)

Positively Connected for Health (PC4H): Android Study Phone Checklist

Distributing Android Study Phones

- Distribute Android study phone to participant
- Complete the Android study phone log (Participant Android-CHOP Phone Log) in locked file cabinet
- Fill in appropriate columns in “Distributed Phones” tab in the CHOP Subject ID excel file (PC4H CHOP Subject ID.xlsx)
 - Subject ID
 - Subject’s initials
 - Date subject received
 - CHOP lender’s name
- Confirm phone number and passcode with participant
 - Note: Ask participant to notify study research assistant prior to changing passcode. To change passcode, go to Settings > Lock Screen and Security > Screen Lock Type > Pin and enter new passcode. Record new passcode in “Distributed” tab in the CHOP Subject ID excel file (PC4H CHOP Subject Id.xlsx)
- Inform participant that only study research assistants can download extra apps onto phone because it is linked to a CHOP-issued Gmail account
- Download any free, requested apps onto phone for participant using Google Play Store
- Tell participant to not enter folder labeled “CHOP-DO NOT DELETE”
- Set up participants’ personal Gmail account
 - Note: If participant does not have a personal Gmail account, create new Gmail account. To create a new Gmail account, go to Gmail icon > Add Another Email Address > Enter Passcode > Create a New Account > Enter First and Last Name of Participant > Enter Birthday and Gender > Create a Password > Confirm Password. Add new Gmail account to “Contact, Eligibility, Scheduling Info” REDCap instrument (see “PC4H General QDS/REDCap Instructions.pdf”).
- Distribute Android study phone documents and review during APPlify Workshop ([Guidelines for participants using study phones FINAL.pdf](#))
- Return Android study phone box to locked equipment cabinet

Returning Android Study Phones

- Study team member collects four borrowed items from CHOP (Android phone, phone charger, phone case, and screen protector) and returns items to locked equipment cabinet
- Study team member checks that participant has all four borrowed items from CHOP (Android phone, phone charger, phone case, and screen protector) and confirms that they are in good, working condition.
 - If borrowed equipment is broken/stolen, follow procedure outlined in “Android Study Phone Disruptions” section below
- Study team member confirms phone PIN
 - If participant has changed PIN, record new PIN in “Distributed Phones” tab in the CHOP Subject ID Excel file (PC4H CHOP Subject ID. xlsx)
- Study team member fills out “CHOP Android Phone Distribution/Return Log”
- Study team member notifies study coordinator/manager when all borrowed equipment has been returned

Android Study Phone Disruptions

- If any borrowed equipment is damaged, study team member collects damaged equipment and immediately notifies study coordinator/manager. Phone charger, phone case, and screen protector will be replaced, pending availability. If Android study phone is damaged, study coordinator/manager contacts CHOP IS Analyst to set up a time to drop off Android study phone. If CHOP IS cannot fix Android study phone, a new phone will be provided to participant, pending availability
- If any borrowed equipment is reported stolen or lost, study team member immediately notifies study coordinator/manager. Study coordinator/manager contacts CHOP IS Analyst. CHOP IS will wipe stolen phone and new equipment will be provided to the participant, pending availability.

Follow all other PC4H Study Visit or “In Between Study Visits” checklists with this checklist as appropriate

Positively Connected for Health (PC4H): General QDS/REDCap Instructions

National QDS Surveys (Needed for Baseline, 6-month visit, 12-month visit, 18-month visit only)

- Study team member opens the national QDS survey (ETAC_SocialMedia En.qsi). Enter your interviewer ID number and answer the initial questions to confirm participant's HRSA eligibility.
- Study team member enters participant's PC4H subject ID number (e.g. TYS1000)
- Show participant how to increase/decrease or mute computer volume for survey audio component.
- Study team member tells participant that they will leave them alone to answer questions (national QDS survey) privately, but will be right outside of the room if they need help or have questions.
- Study team member clicks "Next Question" to begin ACASI portion of survey. Study team member tells participant to call them back into the room when the survey is completed.
- Participant completes national survey
 - **Note:** If participant does not want to answer a question and calls study team member into the room, press and hold the left and right mouse buttons simultaneously in upper right corner of screen to make "Refuse to Answer" option appear. This may vary pending computer model (See Social_Media_SPNS_ACASI_Quick_Start_Guide_v01.pdf)
- †End the survey (Enter "1234" in the pop-up End Interview Dialogue Box).
- Three files are generated for the national survey (.QAD file, .LOG file, .RTF file). Name files according to naming conventions listed in "In Between Study Visit" checklist.
 - QDS Daily Saving, Naming, Backup, and Weekly Uploads
 - UCLA ETAC Web portal
 - CHOP Sharefile for FIGHT files

REDCap Surveys

- Go to [CHOP REDCap webpage](#)
- To add a new subject ID, open the "PC4H: TYS" REDCap project, click on "Add/Edit Records," enter subject ID number and click on the appropriate form in the correct event for the specified study visit.
 - **Note:** Once record has been added to REDCap, do not enter subject ID, but click on the drop down menu and select the subject ID record where you need to edit/add information.
 - See "PC4H REDCap Events 080217.pdf"
 - REDCap Event is the visit type. (column headers)
 - REDCap Instruments are the forms/surveys the study team member/participant fills out within a REDCap Event. (row headers)
- For surveys that must be completed by the participant, click "Open Survey" link button on top right hand side of the page, which will open up survey in a separate window.
- Close the study team member's REDCap page so that the participant cannot access other participants' files.
- Study team member logs back into CHOP's REDCap and opens the "PC4H: TYS" REDCap project and reviews survey(s) for completion. If participant did not answer a question or they want to change their answer, edit their response manually and record the reason for the edit.

Follow all other **PC4H Study Visit** or "**In Between Study Visits**" checklists with this checklist as appropriate

Contact, Eligibility, Scheduling Info

Subject ID	<hr/> (e.g. TYS1000)
Is the participant a CHOP or FIGHT patient?	<input type="radio"/> CHOP <input type="radio"/> FIGHT
Consent Date	<hr/> (Should match date on ICF. MM/DD/YYYY Format)
Consent form	
Name (First and Last; preferred)	<hr/> (John Smith; JoJo)
Mobile Phone Number	<hr/>
Secondary Phone Number (Optional)	<hr/> (Only if participating in study and is comfortable in sharing other contact information in the event their primary mobile phone number is disrupted)
Email Address (Optional)	<hr/> (Only if participating in study and is comfortable in sharing other contact information in the event their primary mobile phone number is disrupted)
Facebook User ID (Optional)	<hr/> (Only if participating in study and is comfortable in sharing other contact information in the event their primary mobile phone number is disrupted)
What is your ZIP code?	<hr/> (e.g. 19104)
Screening Date	<hr/> (MM-DD-YYYY Format)
Date of Birth	<hr/> (MM-DD-YYYY Format)
Age of Participant at Screening	<hr/> (auto calculated. Overall: 14-34 years old. Note: FIGHT cannot recruit age 14, CHOP will likely not have anyone over 24 years)
HIV Status	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Don't know
Are you currently taking Antiretroviral Therapy (ART)?	<input type="radio"/> Yes <input type="radio"/> No, but will be soon <input type="radio"/> No
Do you own a smartphone?	<input type="radio"/> Yes <input type="radio"/> No

What type of smartphone do you own?

- Apple (iOS)
 Android*
 Blackberry
 Windows Phone
 Other

If smartphone type "other", please specify

_____ (Please check to make the phone is not one of the previous options given before choosing "other" for a smart phone operating system)

Willing to use Android smartphone provided by study team?

- Yes
 No
 Not applicable, owns compatible Android

Is participant virally unsuppressed (≥ 200)?

- Yes
 No

Was out of care for at least a 6-month period sometime in the last 24 months?

- Yes
 No

Was participant newly diagnosed with HIV in the past 12 months?

- Yes
 No

Ability to understand both written and spoken English

- Yes
 No

Participant is ELIGIBLE

Participant is NOT eligible

Is the participant eligible?

- Yes
 No
 (Check protocol for details on eligibility and ineligibility criteria)

Would the participant like to do APPlify alone or with others?

- Individual APPlify Your Health session
 Group APPlify Your Health session

Scheduled APPlify Your Health Workshop Visit

_____ ((Date/Time M-D-Y H:M))

Scheduled Baseline Study Visit

_____ (No more than 7 days after APPlify (Date/Time M-D-Y H:M))

Scheduled 3-Month Follow-Up Study Visit

_____ (3 months after baseline study visit (Date/Time M-D-Y H:M))

Scheduled 6-Month Follow-Up Study Visit

_____ (6 months after baseline study visit (Date/Time M-D-Y H:M))

Scheduled 12-Month Follow-Up Study Visit

_____ (12 months after baseline study visit (Date/Time M-D-Y H:M))

Scheduled 18-Month Follow-Up Study Visit

_____ (18 months after baseline study visit (Date/Time M-D-Y H:M))

Visit Information

Date of when Study Visit was conducted

(MM/DD/YYYY)

Name of Study Team Member conducting study visit

(First and Last Name)

Age at Visit

(Age in years)

Does participant have any questions, concerns, comments?

eHEALS

I would like to ask you for your opinion and about your experience using the Internet for health information. For each statement, tell me which response best reflects your opinion and experience right now.

How useful do you feel the Internet is in helping you in making decisions about your health?

- Not useful at all
 Not useful
 Unsure
 Useful
 Very Useful

How important is it for you to be able to access health resources on the Internet?

- Not important at all
 Not important
 Unsure
 Important
 Very important

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
I know what health resources are available on the Internet	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to find helpful health resources on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to find helpful health resources on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to use the Internet to answer my questions about health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know how to use the health information I find on the Internet to help me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the skills I need to evaluate the health resources I find on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can tell high quality health resources from low quality health resources on the Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident in using information from the Internet to make health decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APPlify Your Health Workshop Satisfaction Survey

About the Class

Please pick the option that best represents your response to the statements below now that you have completed the APPlify Your Health workshop.

I feel proficient with operating all components of the TreatYourSelf app, including:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The avatar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medication reminder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The calendar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The leaderboard / forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I identified strategies for navigating the social and emotional challenges that the app may address in each component, including:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
The avatar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The medication reminder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The calendar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The leaderboard / forum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I will use TreatYourSelf more now because of this workshop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found what I learned important and relevant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the handouts useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What were the most useful parts of the course information for you?

(Please write a short response)

What were the least useful parts of the course (if any)?

(Please write a short response)

About the Instructor:

Please pick the option that best represents your response to the statements below.

The instructor

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Knows the subject well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was clear and understandable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was organized.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Answered my questions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provided feedback during exercises.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What did you like about the way the instructor taught the course?

(Please write a short response)

What did you dislike about the way the instructor taught the course?

(Please write a short response)

Final Thoughts

Is there anything else you would like the instructor to know about your experience in the course?

ART Regimen at Study Visit

Are you currently taking antiretroviral therapy (HIV medicine)?

- Yes
- No

What is your antiretroviral (ART) medication regimen?

- Atripla
- Combivir/Kaletra
- Complera
- Genvoya
- Norvir/Truvada/Darunavir
- Reyataz/Norvir/Truvada
- Stribild
- Triumeq
- Truvada/Evotaz
- Truvada/Parezcobix
- Other

(If ART or ART combination is not listed, select other and specify drug or drug combination.)

If current antiretroviral medication "other," please specify

How many pills do you take for your ART per dose?

What is the date you first ever started taking ART?

(MM/DD/YYYY; the date you took your first HIV medication pills)

TYS App Satisfaction Survey

Today's Date

Did you receive all daily scheduled reminders?

-
- Yes
 No

How often did you read your messages?

- Always
 Often
 Sometimes
 Never

Did you find the messages or app functions intrusive or bothersome?

- Always
 Often
 Sometimes
 Never

Did the messages respect your privacy?

- Very much
 Somewhat
 Not much
 Not at all

Do you think the app helped you miss fewer doses of your meds?

- Very much
 Somewhat
 Not much
 Not at all
 N/A Not on ART at this time

Why do you think the app did not help you miss fewer doses of your meds?

Do you think the app will make you more likely to call your health care provider if you have questions about your meds or anything else?

- Very much
 Somewhat
 Not much
 Not at all

Would you prefer to be able to use the app in addition to your regular medical care rather than regular care without the app?

- Yes
 No

Would you continue using the app after the study is over?

- Yes
 No

How helpful do you think it was to get reminders for medication refills?

- Very much
 Somewhat
 Not much
 Not at all

How helpful do you think it would be to get reminders for medical appointments?

- Very much
 Somewhat
 Not much
 Not at all

How helpful was it to see how well you were doing taking your meds on the app?

- Very much
 Somewhat
 Not much
 Not at all
 N/A Not on ART at this time

What features of the app did you find most helpful?

What features of the app did you find least helpful?

Do you have any suggestions for how the app could be improved?

Local Site Only Questions

How old are you today?

_____ (Age in years)

Smartphone

What kind of smartphone do you currently use?

- Android
 Apple (iOS)
 Other
 (Choose one answer only)

Please specify the type of smartphone you use, if you chose "other"

How many hours do you use your phone in one day on average?

_____ (Cannot exceed 24 hours because 1 day=24 hours)

When Wi-Fi is available, how many hours a day do you use Wi-Fi?

_____ (Cannot exceed 24 hours because 1 day=24 hours)

How many times has your mobile phone service been interrupted in the past year? (Choose one answer)

- None
 1 time
 2 times
 3 times
 4 times
 5 or more times
 (Note: Interruptions include disconnecting your phone because it was stolen, confiscated or lost, phone plan was too expensive / you could not afford it)

ART Adherence

Were you on ART at all in the past month (last 4 weeks)?

- Yes
 No

Place the slider on the line at the point showing how much of your HIV antiretroviral medications you have taken in the past 4 weeks (1 month)

0% 50% 100%



(Place a mark on the scale above)

During the past 4 days, on how many days have you missed taking all your doses?

- None
 One day
 Two days
 Three days
 Four days

When was the last time you missed any of your medications?

- Within the past week
 1-2 weeks ago
 2-4 weeks ago
 1-3 months ago
 More than 3 months ago
 Never skip medications

How many times have you given sex for money, drugs, food, or a place to stay (housing) in the past 3 months? (if none, enter 0)

In the last 3 months, with how many partners have you had anal sex? (if none, enter 0)

In the last 3 months, with how many partners have you had vaginal sex? (if none, enter 0)

Of the times you had any sex in the past 3 months, how often did you or your partner use condoms/latex protection? (check one)

- Never
- Some of the time
- Half of the time
- More than half of the time
- Every time
- N/A, did not have sex in past 3 months

Have you ever talked to your partner(s) about using pre-exposure prophylaxis (PrEP) which is taking one pill a day to prevent from getting infected with HIV? (check one)

- Yes
- No

Pharmacy Rx

Has the subject filled their ART prescription (first bottle)?

- Yes
 - No
- (If answered "yes" previously in other visits, copy same info from other visit)

What is the date their ART prescription was filled (first bottle)?

_____ (MM/DD/YYYY)

If the subject has filled their ART prescription (first bottle, have they ever refilled their prescription since baseline?

- Yes
- No
- N/A, this is baseline visit

The following questions will ask you about the participant's prescription refill dates since their last visit (N/A if baseline visit).

ART Prescription Refill 1 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 2 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 3 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 4 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 5 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 6 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 7 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 8 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 9 Date

_____ (MM/DD/YYYY)

ART Prescription Refill 10 Date

_____ (MM/DD/YYYY)

Clinical Outcomes

CHOP Medical Record Number	_____
	(Skip if a FIGHT patient)
FIGHT Medical Record Number	_____
	(Skip if a CHOP patient)
Date of CD4 Lab	_____
	(If none, leave blank)
CD4 percent	_____
	(Enter number. Enter 'NA' if not tested.)
CD4 count	_____
	(Enter number. Enter 'NA' if not tested.)
Date of Viral Load Lab	_____
	(If none, leave blank)
Indicate if HIV-1 RNA quantitation is	<input type="radio"/> = (equal to) <input type="radio"/> < (less than) <input type="radio"/> Not tested (< sign means virus was undetectable)
HIV-1 RNA quantitation (viral load)	_____
	(Enter number. No commas.)
Date of Gonorrhea/Chlamydia urine test	_____
	(If none, leave blank)
Gonorrhea, urine	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Chlamydia, urine	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Date of Gonorrhea/Chlamydia rectal test	_____
	(If none, leave blank)
Gonorrhea, rectal	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Chlamydia, rectal	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Date of Gonorrhea/Chlamydia oropharyngeal test	_____
	(If none, leave blank)
Gonorrhea, oropharyngeal	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Chlamydia, oropharyngeal	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not tested
Date of Gonorrhea/Chlamydia vaginal test	_____
	(If none, leave blank)

Gonorrhea, vaginal

- Positive
 - Negative
 - Not tested
- (Answer if sex at birth = female)

Chlamydia, vaginal

- Positive
 - Negative
 - Not tested
- (Answer if sex at birth = female)

Date of Gonorrhea/Chlamydia cervical test

(If none, leave blank)

Gonorrhea, cervical

- Positive
 - Negative
 - Not tested
- (Answer if sex at birth = female)

Chlamydia, cervical

- Positive
 - Negative
 - Not tested
- (Answer if sex at birth = female)

Missed Clinical Visits

Missed Clinical/Medical Appointment 1	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 2	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 3	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 4	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 5	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 6	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 7	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 8	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 9	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 10	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 11	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 12	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 13	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 14	<hr/> (Only record missed clinical visits that occurred during the PC4H study)
Missed Clinical/Medical Appointment 15	<hr/> (Only record missed clinical visits that occurred during the PC4H study)

ETAC Intervention Exposure Form

Staff ID _____

Site Name Philadelphia FIGHT / CHOP

Date _____

Type of contact (Check all that apply)

- In-person
- Phone/voice
- E-mail
- Facebook
- Text messaging from cell phone or computer
- Other

(Check all that apply)

Please specify other types of contact _____

Location of in-person contact

- Medical office
- Non-medical office
- Outside (e.g., on the street, at an event)

Who initiated contact?

- Staff
- Participant

Total number of messages sent today _____

Total number of messages received today _____

Topics discussed (Check all that apply)

- Regular check-in
- Following up on previous conversation
- Appointment reminder
- Missed appointment
- Retention in care
- Viral suppression
- Prescription reminder
- Medication adherence
- Participant seeking information
- Problem-solving / overcoming barriers to care
- Utilization of support services
- Health literacy
- Skills building
- Social support
- Enrollment in project
- Other

(Check all that apply)

Please specify other topics discussed _____

Other Notes _____

Participant Phone Disruptions

Date phone/phone plan disruption reported to study team

Participant's phone disrupted during study period due to

- Physical smartphone
- Mobile phone plan
- Study mobile app problem/glitch

Phone use disrupted because smartphone was

- Lost
- Stolen
- Confiscated
- Broken/Damaged
- Other

If smartphone disruption "other", please specify

Phone plan interrupted because

- Changed cellular providers/plan
- Could not afford cost of monthly phone plan
- Smartphone lost, stolen, or confiscated and plan was put on hold by user.
- Other

If mobile phone plan interrupted "other", please specify

Phone Disruption Additional Notes:

(Cover any other important information for phone disruption here)

TYS Account

Smartphone ownership

- Participant's Android
- CHOP issued CHOP Android
- CHOP issued FIGHT Android
- FIGHT issued FIGHT Android

(Check all that apply. If you check more than one, make sure explanation is given in "Visit Information" and/or "Phone Disruption" as appropriate)

TYS Phone Pin

_____ ((only for CHOP/FIGHT distributed phones))

Phone Number

_____ (Phone with TYS app)

TYS Email Address

_____ (Email address used to set up TYS account)

TYS Username

_____ (TYS app username (PHI is NOT allowed))

TYS Password

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

APPlify Your Health Workshop Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
11				\$20		2		
12				\$20		2		
13				\$20		2		
14				\$20		2		
15				\$20		2		
16				\$20		2		
17				\$20		2		
18				\$20		2		
19				\$20		2		
20				\$20		2		

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

Baseline Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
11				\$25		2		
12				\$25		2		
13				\$25		2		
14				\$25		2		
15				\$25		2		
16				\$25		2		
17				\$25		2		
18				\$25		2		
19				\$25		2		
20				\$25		2		

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

3-Month Follow-Up Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
1				\$25		2		
2				\$25		2		
3				\$25		2		
4				\$25		2		
5				\$25		2		
6				\$25		2		
7				\$25		2		
8				\$25		2		
9				\$25		2		
10				\$25		2		

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

6-Month Follow-Up Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
1				\$25		2		
2				\$25		2		
3				\$25		2		
4				\$25		2		
5				\$25		2		
6				\$25		2		
7				\$25		2		
8				\$25		2		
9				\$25		2		
10				\$25		2		

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

12-Month Follow-Up Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
1				\$25		2		
2				\$25		2		
3				\$25		2		
4				\$25		2		
5				\$25		2		
6				\$25		2		
7				\$25		2		
8				\$25		2		
9				\$25		2		
10				\$25		2		

Positively Connected For Health (PC4H) Study
CHOP IRB#: 16-012937
Study Participant Payment Log

18-Month Follow-Up Study Visit

Entry #	Date Received (MM/DD/YY)	Study Team Member (First and Last Name Printed)	Study Team Member (First and Last Name Signature)	Gift Card Amount Received	Gift Card Type (Amazon.com/Wawa)	SEPTA Tokens (2/visit)	Study Subject (First and Last Name Printed)	Study Subject (First and Last Name Signature)
1				\$40		2		
2				\$40		2		
3				\$40		2		
4				\$40		2		
5				\$40		2		
6				\$40		2		
7				\$40		2		
8				\$40		2		
9				\$40		2		
10				\$40		2		

APPLIFY YOUR HEALTH FOR YOUTH LIVING WITH HIV

Workshop Curriculum

APPlify Youth Health is an e-health/m-health literacy workshop that aims to encourage participants to use digital tools to manage their HIV care. This iteration of APPlify Your Health is being tailored for the “TreatYourSelf” application for this study. Workshops will engage youth in small groups and allow them to become familiar with the various functions of the “TreatYourSelf” app.

The workshop outline below is assuming little to no prior knowledge on the components of the app or topics of discussion these components might bring up. If at any time during the workshop, the facilitator senses strong prior knowledge about one of the points of discussion, the facilitator may use their discretion to skip certain questions or topics. Additionally, there is room for the instructor to spend extra time on a particular part of the workshop if needed.

WORKSHOP PEDAGOGICAL PHILOSOPHY

More than simply a tutorial of how to use an app, APPlify your Health is designed to prepare youth to be community members when it comes to the “social” parts of TreatYourSelf and encourage them to embrace the app as a tool that they will want to engage with in managing their care. To achieve this, this APPlify curriculum was designed carefully with a guiding pedagogical philosophy. The three main tenants of this philosophy are as follows:

1. **Harm reduction** – The app and this workshop are designed to support youth, even when youth disclose engaging behaviors that may not be in their best interest (medically, socially, mentally, etc.). These behaviors can include pressing the ignore button or snoozing too many times with medication reminders or discussing risky sex behavior during the workshop. It’s not the job of the instructor(s) to chastise participants or speak to them with an overly authoritative tone when these topics arise. Rather, instructors should guide participants to specific app features or outside resources that may help further support youth as they navigate choices related to their help and well-being.
2. **Youth-centered** – In this iteration of APPlify Your Health for the TreatYourSelf app, instructors are working specifically to engage youth to use the app. This means the tone and approach of the APPlify workshop should be youth focused. The accompanying PowerPoint (if used) is minimalistic enough to allow instructors to use their preferred methods and expertise to engage with youth.
3. **Youth as knowers of their own experience** – A conscious effort was made to design the workshop to be highly participatory; rather than a direct instruction model, where participants are merely receiving information, the workshop is designed to be guided by the youth who are present so that they may take ownership of the app and discussions around it. There are essential pieces of information that the instructor(s) should be sure to include for each component, but other than this, the participants should be able to discuss the topics and concerns that they have.

WORKSHOP LEARNING OUTCOMES

By the end of this workshop, participants will:

- Be proficient with all components of the “TreatYourSelf” app

- Brainstorm and identify strategies for navigating the social and emotional challenges that the app may address
- Collaborate to generate best practices for behavior in online spaces in order to support their health goals
- Name (or list) additional mobile-technology resources (apps & mobile sites) to support their health goals and manage their HIV care

WORKSHOP SETUP

MATERIALS NEEDED

- Participants will need a personal smartphone, preloaded with the TreatYourSelf app
- Either a computer and PowerPoint presentation or large pad of paper, easel, and markers to display and record participant discussion questions and answers
- Projector and device to demonstrate app. Instructors have several options for displaying the app:
 - If the projector allows, plug both the computer used to display the accompanying presentation and device into the projector, and switch inputs as needed
 - Bring a second projector to project the app
 - Using screen mirroring software, mirror the app screen as a separate window on the computer
- White (or other neutral-color) wall to project app onto
- Laptops or desktops for digital surveys: eHEALS and Workshop Evaluation

EQUIPMENT SETUP

- Study team members will set up the projector and demonstration device in the room where the workshop will take place. The eHEALS questionnaire will be set up in another, private location (see below).

BEFORE THE WORKSHOP

PRE-WORKSHOP EVALUATION (eHEALS)

Before the start of the workshop session, participants will be asked to complete an e-health literacy questionnaire called eHEALS.

INSTALL THE APP

After participants complete the eHEALS evaluation, add their email address to the list of beta testers for the app and instruct them to navigate to the app store to download TYS.

WORKSHOP PROCEDURE

The discussion questions and activities listed in this document are what appear on the accompanying PowerPoint presentation. If using poster paper and a marker, the instructor may write these questions out ahead of time or during the course of the workshop.

There are many questions for discussion during the course of the workshop. For each discussion question, read the question aloud, allow participants time to formulate their answers, and have them share. For individual or small

groups, jumping straight into a discussion is okay. For larger groups of four or more participants, a Think, Pair, Share method is recommended to facilitate discussion; students should first spend time thinking about the question and develop some answers independently. Then, they split into pairs to compare answers with a partner. Finally, the group comes back together as a whole where everyone can hear from each other. As participants share their answers, the instructor should record these answers either on the projector or on a pad of poster paper.

There are notes under each set of discussion questions for the instructor(s) to help moderate or elicit specific ideas from the discussion. The discussion should develop organically, but keying in on issues that the app could help address will help transition into the next sections of the workshop.

Finally, throughout all of the discussions, it's important for instructors to both validate that the barriers they are sharing are real and to create the space for the students themselves to develop solutions.

INTRODUCTION/ ICEBREAKER

As workshop participants get settled in, the instructor should introduce themselves and welcome the participants to the workshop.

Next, the instructor should have workshop participants start by answering an icebreaker question. This will help workshop participants loosen up and get ready to participate in discussions. One icebreaker question could be: "If you could choose any way to become famous, which would you pick?"

WORKSHOP AGREEMENTS

Take some time to set ground rules for respectful dialogue during the workshop.

COMMON ISSUES WITH MANAGING HEALTH

After introductions but before diving into the app itself, participants should have a discussion about topics related to managing their health. Below are three suggested topics for discussion, as well as the general ideas the instructor(s) should guide participants should take away from their discussion. See the notes below each discussion question for specific topics that should be brought up.

WHAT ARE SOME CHALLENGES WHEN IT COMES TO MANAGING YOUR HEALTH?

- Forgetting to take medication
- Missing appointments
- Struggling with stigma
- Not having a person to contact in times of need

WHAT COULD HELP YOU NAVIGATE THE CHALLENGES YOU IDENTIFIED?

- A way to record when I've taken my medication, both for that day and for an extended period of time (calendar)
- Reminders to take my medication (reminders)
- A place to share my struggles with my care, and get some help if necessary (forum)
- A way to reach out to a trusted person in a time of need (emergency contact)

WHAT DIGITAL TOOLS DO YOU USE TO HELP MANAGE YOUR CARE NOW, IF ANY?

Have the participants discuss how they currently use digital tools to manage their care. This question gets participants accustomed to the idea that a smartphone can help manage their care if they haven't thought this way already, either by pulling from the discussion in the last section or hearing from other participants in this section.

The other takeaway is that one could use multiple apps to manage their care (one app to set reminders, another to chat with folks, etc.), which for some tasks could be a bit cumbersome. In the next sections of the workshop, the instructor can show that participants can do many of these things, all with the convenience of one app.

THE TREATYOURSELF APP

After a general introduction to the app, the workshop will focus on its main components. First, participants will be walked through the basic operation of the component. After participants are proficient with the component, they will discuss how it pertains to managing their care. They will brainstorm the benefits and challenges that they may face when using the component. Finally, they will complete a short activity to practice the component.

GENERAL OVERVIEW

At this point, instruct participants to open the app on their phone. Give a brief introduction to the app, for example,

“Treat Your Self is a mobile health app designed to help you remember to take your medication (and earn stuff for doing so), and get social support when you need it. It includes the following components:

- A customizable Avatar
- A Calendar to track medication adherence over time
- A feature to set and respond to reminders
- A way to make confidential appointments
- A leaderboard to track points against other participants
- Forum and instant messaging capabilities
- Additional resources to support care

We'll spend time during this workshop jumping into each one of these components in detail and explore the possible concerns that might come with them.”

Remind participants what this app isn't: A hookup app, a meetup app, etc. This is a health app to support folks going through similar challenges in managing their care.

LOGIN SCREEN

Participants will need a username and password to log in to the app. This is so other folks who have access to the phone can't see anything participants want to keep private.

Participants won't be able to change their username, but they may change their password. To do this, they may call a study team member and ask to reset their password.

AVATAR

COMPONENT OVERVIEW

- From the main app screen, click on the face to access the avatar.

- In this feature, participants are able to customize the look of their avatar. They can change things including skin tone, hairstyle, facial features, facial hair, and makeup.
- As participants earn more points by using the app, they can use the points they earn to unlock new features for their avatar.

ACTIVITY

After finishing the component overview, ask participants to now customize their avatar. After allowing time for avatar creation, ask if anyone would like to share their avatar.

DISCUSSION QUESTIONS

After participants have time to customize their avatar, proceed to the following discussion question, using the same discussion format as described earlier in the workshop. See the notes below the question to help guide the discussion.

DID YOU MAKE THE AVATAR LOOK LIKE YOU?

- The avatar will be shown in many parts of the app including the leaderboard which will be discussed in more detail in a later section. In short though, other people will be able to see the face of the avatar as well as the name the participant has chosen. Participants should think carefully if they want other people using the app to make this information public. Only they can control what is shared about themselves; once their information is posted publicly, they lose some degree of control over whom this information is shared with.
- Privacy is an important part of medical care, especially HIV care, and this idea of how comfortable participants are sharing information about themselves will come up again in the workshop.
- Also, making your avatar look like you might be an important way to own your experience, your health, and be a strategy for dealing with stigma.

MEDICATION REMINDER

COMPONENT OVERVIEW

- With this component, participants will set reminders for themselves, and then control how to respond to their reminders from the home screen.
- To set or edit a reminder:
 - Click on the Menu Button > “Reminders”
 - The behavior of the app’s reminders will function much like the built in alarm settings that the platform uses (i.e. iOS or Android alarm app).
 - Add a new reminder by tapping the blue button at the bottom. Participants may also set a location to trigger the reminder.
 - **Smart Reminders** function as a combination of both the time and location component. Participants may set a timer for at a certain time, or when a location is reached. The reminder will go off based on whichever event is triggered first.
- Responding to reminders:
 - From the home screen, there is an indicator of when the next reminder will send a notification. Participants will be prompted in the app either by the timer counting down to zero, reaching a set location, or by tapping the timer

- Participants have three options here:
 - Tap “Took Meds” when they have taken their medication. This is the way a participant earns points
 - As participants take their meds for multiple days in a row, they can earn more points per check-in. The number of points per check-in increases every 5 days
 - Participants also have the option of taking a picture of their medication before checking it in as taken
 - Tap “Snooze” if they need to snooze their medication
 - Snooze by a unit of time, or by a location
 - Participants may snooze indefinitely for 24 hours until the next occurrence of the reminder. If they don’t confirm taking the medication within this timeframe, they’ll break the streak that they’re on
 - Tap “Did not take meds” to skip the reminder
- Reiterate to participants: their health is more important than the points gained from maintaining a streak! They should only check in their medication if they actually take it.

DISCUSSION QUESTIONS

After the overview of the Medication Reminder, proceed to the following discussion questions, using the same discussion format as described earlier in the workshop. See the notes below the questions to help guide the discussion.

WHY MIGHT YOU SNOOZE MEDICATION REMINDERS?

- Not a good time to take it—e.g. in public or doing something else. Could be a good opportunity to discuss setting a time that works every day (or most days) as the time to take meds.

WHICH DO YOU THINK YOU’LL USE MORE OFTEN: REMINDERS BASED ON LOCATION, OR TIME?

- This question is less discussion and more “show of hands.” It’s an opportunity for participants to think through the advantages and disadvantages of each.

THOUGH THE SNOOZE BUTTON CAN BE USEFUL WHEN YOU NEED TO USE IT, WHAT DO YOU FIND IS THE BEST WAY TO REMEMBER TO TAKE YOUR MEDS? HOW CAN THE APP HELP?

- Encourage a routine to help remember.

A NOTE ABOUT THE IGNORE BUTTON:

- It’s okay to use it – it was included for a reason. Remind participants what will happen in the app when they press ignore though. Have participants think about times when they might want to use the ignore button.
- Many participants will be aware of this, but it doesn’t hurt to reiterate:

When you skip doses or stop taking a prescribed medication, you may develop strains of HIV that are resistant to the medications you are taking and even to some medications you haven't taken yet. This may result in fewer treatment options should you need to change treatment regimens in the future.¹

ACTIVITY

¹ <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm164616.htm#hiv>

After finishing the discussion questions, have participants practice setting a reminder. Check with each participant to ensure they successfully did so.

MEDICATION REFILL

COMPONENT OVERVIEW

Menu Button > “Refill”

- Give the medication a name
- Automatically sets a reminder for 30 days in the future.

DISCUSSION QUESTIONS

No discussion questions for this component.

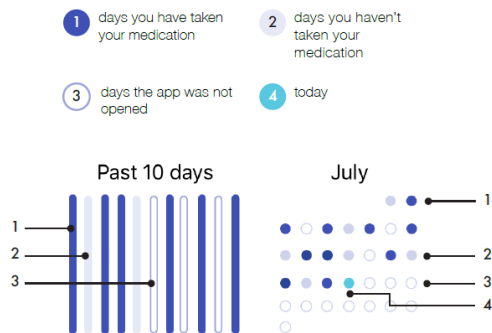
ACTIVITY

Have participants set a medication refill reminder.

CALENDAR

COMPONENT OVERVIEW

- From the home screen, participants can see their past medication check-ins at a glance.



- Tap on either calendar to access week/ month view
 - Also add an appointment from this view
- Medication adherence is all or nothing. If participants have to manage multiple medications and forget or skip one, they aren't “adherent” for that day.

DISCUSSION QUESTIONS

After the overview of the Calendar, proceed to the following discussion questions, using the same discussion format as described earlier in the workshop. See the notes below the questions to help guide the discussion.

SO YOU SEE A FEW EMPTY SPOTS IN YOUR CALENDAR . . . WHAT NOW?

- Check yourself
- Who do I need to talk to?
- Strategize to get back on track

ACTIVITY

No activity for this section.

LEADERBOARD/ FORUM

These are the two components that facilitate the “chat” functionality of the app, with the leaderboard including the points the participant has within the app.

COMPONENT OVERVIEW: LEADERBOARD

Access the leaderboard by tapping it on the home screen or by using the menu button. These are the main components of the leaderboard:

- Points
 - See other study participants and their points
 - See how long they’ve been on their current streak
- Swipe left on a name to access a private message with the participant
 - Looks like a regular chat for the operating system the app is on
 - Can’t block or mute individual chats
- Kudos / Thumbs Up
 - Swipe right on a name to give someone a kudos or thumbs up.

COMPONENT OVERVIEW: FORUM

Access the forum by tapping the Menu button > Forums

- There are preset topics in the forum, or participants can set their own
- Tap on a topic to participate
- Works like a group chat for the operating system the app is used on (i.e. iOS or Android)

PURPOSE OF THE APP

Remind users that this app has a specific purpose: to help manage health, and help others are doing the same. This isn’t a “hookup” app, or a pure “social media” app. In the same way a LinkedIn profile has a separate persona than a Facebook profile, so should users have a different persona for this app from their other social media apps. Discuss this topic with workshop participants

A NOTE ABOUT IN-APP COMMUNICATION

Remind participants that chats and forum posts will be monitored by the study team regularly for violations of the community standards, as well as receive communications about breaches of the agreements. While participants’ chats and personal health information will stay between themselves and the study team, the study team has an obligation to monitor communication to ensure everyone has a positive experience using the app.

COMMUNITY GUIDELINES

At this point, distribute the community agreements document to have participants review acceptable and non-acceptable communication within the app.

DISCUSSION QUESTIONS

After the overview of the Leaderboard/Forum, proceed to the following discussion questions, using the same discussion format as described earlier in the workshop. See the notes below the questions to help guide the discussion.

THIS FORUM IS VISIBLE TO EVERYONE USING THE APP. WHAT ISSUES OF PRIVACY MIGHT BE BROUGHT UP, BOTH FOR YOURSELF AND OTHERS?

- As touched on earlier in the Avatar section of the workshop, participants should be encouraged to think carefully about how much personal information they want shared about themselves. It's best to assume whatever is shared in the app will be shared publically, and plan accordingly. This rule of thumb is good practice for all online spaces.
- While participants (thinking about themselves or others using the app) decide to share information inside the app, this doesn't mean they want this information being shared outside the app. As such, participants should be strongly encouraged to leave the discussion within the app, in the app. Sharing other participants' personal information is a breach of privacy (and trust) that could be potentially damaging.

WHAT TOPICS WOULD BE A GREAT USE OF THE FORUM TO DISCUSS? WHICH MIGHT BE THE BEST?

- In addition to the topics discussed throughout this workshop, have participants refer to the Community Guidelines document to see what may not be discussed. This includes:
 - real names
 - phone numbers
 - address
 - other social media names

WHAT CONFLICTS HAVE YOU EXPERIENCED/BEEN PART OF ONLINE? HOW WILL YOU HANDLE SIMILAR CONFLICTS IF THEY'RE BROUGHT UP IN THIS APP?

- Facilitator should listen to the responses and work to create a list. Can add digital literacy names for experiences, like "trolling" or "flaming" etc. Refer back to this list when discussing the results of these experiences and ways to create community.
- The forum feature of the app is a great way for participants to talk with others who are going through similar experiences. But like in all online social spaces, there are potentials for conflict. These include "trolling" (being intentionally mean-spirited or uninformed in an offensive way for the sole purpose of upsetting others). The forum will be monitored to ensure it is being utilized properly, but as a community, participants can help set the standards of decorum. Encourage them to do so. Brainstorm ways in which they might do this.

WHAT SHOULD YOU DO IF YOU SEE A MESSAGE THAT VIOLATES COMMUNITY GUIDELINES?

- Let a study team member know. Remind participants about ways to contact the study team. Refer them to the study flyers, informed consent form, contact card, or the listed phone number in the FAQ section of the app.
- Respond as a community – but don't fuel the fire. People who troll feed on getting a reaction out of someone

ACTIVITY

Have participants practice using the forum. The instructor should make a post in the forum, and workshop participants can respond. Make sure every participant responds.

APPOINTMENTS

COMPONENT OVERVIEW

Use the appointments feature to set appointments for events that you may want to keep private. This could be a meeting with a doctor, case manager, or anything else a participant might want to add to the calendar

- To access Appointments
 - Tap Menu > Appointments
 - From within the Calendar, tap the +appointments button
- To set Appointments:
 - Setting appointments will function like the built-in tool for the operating system the app is being used on (i.e. Android or iOS)

DISCUSSION QUESTIONS

No discussion questions for this component

ACTIVITY

Have participants practice setting an appointment. If they have an actual appointment in mind that they can add, encourage them to do so. Otherwise, have them schedule a fake appointment. Check with participants to see that they successfully did so.

“MY SUPPORT” HEART CONTACTS

COMPONENT OVERVIEW

This is a list of “favorite” contacts that you can reach out to in a time of need.

Add them by tapping the Menu Button > Care Providers

For each contact, set a category the contact falls into (e.g. friend, care provider)

- Encourage participants to pick someone who:
 - Can be contacted reliably. This contact is meant to be a person who can be called upon in times of need. Have them think about who they’ve relied on in the past in this manner, and who might not be the best choice. A medical provider or case manager might be a good choice
 - Gives you their permission. Encourage participants to discuss making a person their My Support Heart contact with the person before doing so. Some people might not want or have time for such a responsibility
- Encourage participants to think about what ground rules they might have to set with their contact. Between which times, and on which days will it be okay to contact their My Support Contacts?

DISCUSSION QUESTIONS

No discussion questions for this component

ACTIVITY

- Have participants spend 5 minutes brainstorming potential people who might be good My Support Heart Contacts.
- Also have them set the study phone number as a My Support Heart contact. They can delete the number if they don’t want it; this is just to practice.

RESOURCES

COMPONENT OVERVIEW

The resources section is a listing of additional online tools to explore topics related to participants' health

- Access the list by tapping the Menu Button > Resources
- Resources are accessed with an in-app browser and will not be recorded in the phone's browser history

DISCUSSION QUESTIONS

None for this component

ACTIVITY

Have participants explore the list of resources

PHONE SETTINGS RELATED TO THE APP

While many parts of the app have been intentionally designed to keep its components private, some degree of "communication" outside of the app is necessary. End the workshop with a discussion of privacy concerns participants may have while using the app and how to control these features.

NOTIFICATIONS

Encourage participants to explore the app notification settings of their phones to determine how they want notifications from the app displayed. Do they want banner notifications? Notifications on the app screen?

LOCATION SETTINGS

The app requests access to participants GPS location for the reminder component. While the app development team doesn't keep a record of participants' location data, some people don't like to have their GPS on. Location services aren't needed for the app to function, but they are needed for Smart Reminders.

POST WORKSHOP

SATISFACTION SURVEY

Following the workshop, participants will be asked to complete a satisfaction survey of the workshop.

INCENTIVE PAYMENT AND THANK YOU

Finally, the participants will be thanked for their time and receive their study incentives.

APPLIFY YOUR HEALTH FOR YOUTH LIVING WITH HIV

Workshop Curriculum 1:1 version

APPlify Youth Health is an e-health/m-health literacy workshop that aims to encourage the participant to use digital tools to manage their HIV care. This iteration of APPlify Your Health is being tailored for the “TreatYourSelf” application for this study. This will allow them to become familiar with the various functions of the “TreatYourSelf” app. This version of the curriculum is intended for youth who elected to have an individual tutorial rather than a group workshop.

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WORKSHOP PEDAGOGICAL PHILOSOPHY

More than simply a tutorial of how to use an app, APPlify your Health is designed to prepare youth to be community members when it comes to the “social” parts of TreatYourSelf and encourage them to embrace the app as a tool that they will want to engage with in managing their care. To achieve this, this APPlify curriculum was designed carefully with a guiding pedagogical philosophy. The three main tenants of this philosophy are as follows:

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3. **Youth as knowers of their own experience** – A conscious effort was made to design the workshop to be highly participatory; rather than a direct instruction model, where participants are merely receiving information, the workshop is designed to be guided by the youth who are present so that they may take ownership of the app and discussions around it. There are essential pieces of information that the instructor(s) should be sure to include for each component, but other than this, the participants should be able to discuss the topics and concerns that they have.

WORKSHOP LEARNING OUTCOMES

By the end of this workshop, the participant will:

- Be proficient with all features of the “TreatYourSelf” app

- Brainstorm and identify strategies for navigating the social and emotional challenges that the app may address
- Collaborate to create a list of best practices for behavior in online spaces in order to support their health goals
- Name (or list) additional mobile-technology resources (apps & mobile sites) to support their health goals and manage their HIV care

WORKSHOP SETUP

MATERIALS NEEDED

- The participant will need a personal smartphone, preloaded with the TreatYourSelf app
- Projector and device to demonstrate app
- White (or other neutral-color) wall to project app onto
- Laptop or desktop for digital surveys: eHEALS and Workshop Evaluation

EQUIPMENT SETUP

- Study team members will set up the projector and demonstration device in the room where the workshop will take place. The eHEALS questionnaire will be set up in another, private location (see below).

PRE-WORKSHOP EVALUATION (EHEALS)

Before the start of the workshop, the participant will be asked to complete an e-health literacy questionnaire called eHEALS.

When the participant is done taking the eHEALS workshop, the facilitator should install the app on the participant's phone.

WORKSHOP PROCEDURE

While the curriculum for the group workshop utilizes a discussion-based format, this individual version will take the shape of a tutorial session. Under each feature below, there are notes to help elicit specific ideas that will pertain to that feature.

INTRODUCTION

As the participant gets settled in, the instructor should introduce themselves and welcome them to the workshop.

COMMON ISSUES WITH MANAGING HEALTH

After introductions, but before diving into the app itself, ask the participant to recount how they currently manage their health and what problems they face. Questions like:

WHAT ARE SOME CHALLENGES WHEN IT COMES TO MANAGING YOUR HEALTH?

- Forgetting to take medication
- Missing appointments

- Struggling with stigma
- Not having a person to contact in times of need

WHAT COULD HELP YOU NAVIGATE THE CHALLENGES YOU IDENTIFIED?

- A way to record when I've taken my medication, both for that day and for an extended period of time (calendar)
- Reminders to take my medication (reminders)
- A place to share my struggles with my care, and get some help if necessary (forum)
- A way to reach out to a trusted person in a time of need (emergency contact)

WHAT DIGITAL TOOLS DO YOU USE TO HELP MANAGE YOUR CARE NOW, IF ANY?

Have the participant discuss how they currently use digital tools to manage their care. This question gets the participant accustomed to the idea that a smartphone can help manage their care if they haven't thought this way already, either by pulling from the discussion in the last section or hearing from other the participant in this section.

The other takeaway is that one could use multiple apps to manage their care (one app to set reminders, another to chat with folks, etc.), which for some tasks could be a bit cumbersome. In the next sections of the workshop, the instructor can show that the participant can do many of these things, all with the convenience of one app.

THE TREATYOURSELF APP

After a general introduction to the app, the workshop will focus on its main features. First, the participant will be walked through the basic operation of the feature. After the participant is proficient with the feature, the instructor will have them think about how it pertains to managing their care. They will brainstorm the benefits and challenges that they may face when using the feature. Finally, they will complete a short activity to practice the feature.

GENERAL OVERVIEW

At this point, instruct the participant to open the app on their phone. Give a brief introduction to the app, for example,

"Treat Your Self is a mobile health app designed to help support you in taking your medication. It includes the following features:

- A customizable Avatar
- A Calendar to track medication adherence over time
- A feature to set and respond to reminders
- A way to make confidential appointments
- A leaderboard to track points against other the participant
- Forum and instant messaging capabilities
- Additional resources to support care

We'll spend time during this workshop jumping into each one of these features in detail, and explore the possibilities and possible concerns that might come with it."

Remind the participant what this app isn't: A hookup app, a meetup app, etc. This is a health app to support folks going through similar challenges in managing their care.

LOGIN SCREEN

The participant will need a username and password to log in to the app. This is so other folks who have access to the phone can't see anything that the participant wants to keep private. Username cannot be real name or easily identifiable nickname.

The participant won't be able to change their username once it is set, but they may change their password. To do this, they may call a study team member and ask to reset their password.

AVATAR

FEATURE OVERVIEW

- Click on the face to access the avatar.
- In this feature, the participant is able to customize the look of their avatar. They can change things including skin tone, hairstyle, facial features, facial hair, and makeup.
- As the participant earns more points by using the app, they can use the points they earn to unlock new features for their avatar.

ACTIVITY

After finishing the feature overview, ask the participant to now customize their avatar.

THINGS TO NOTE:

After the participant has time to customize their avatar, discuss some of the following topics that pertain to the Avatar:

- The avatar will be shown in many parts of the app including the leaderboard which will be discussed in more detail in a later section. In short though, other people will be able to see the face of the avatar as well as the name the participant has chosen. The participant should think carefully if they want other people using the app to make this information public. Only they can control what is shared about themselves; once their information is posted publicly, they lose some degree of control over whom this information is shared with.
- Privacy is an important part of medical care, especially HIV care, and this idea of how comfortable the participant is sharing information about themselves will come up again in the workshop.
- Also, making your avatar look like you might be an important way to own your experience, your health, and be a strategy for dealing with stigma.

MEDICATION REMINDER

FEATURE OVERVIEW

- With this feature, the participant will set reminders for themselves, and control how to respond to their reminders from the home screen.
- To set or edit a reminder:
 - Click on the Menu Button > "Reminders"
 - The behavior of the app's reminders will function much like the built in alarm settings that the platform uses (i.e. iOS or Android alarm app).
 - Add a new reminder by tapping the blue button at the bottom. The participant may also set a location to trigger the reminder.

- **Smart Reminders** function as a combination of both the time and location feature. The participant may set a timer for at a certain time, or when a location is reached. The reminder will go off based on whichever event is triggered first.
- Responding to reminders:
 - From the home screen, there is an indicator of when the next reminder will send a notification. The participant will be prompted in the app either by the timer counting down to zero, reaching a set location, or by tapping the timer
 - The participant has three options here:
 - Tap “Took Meds” when they have taken their medication. This is the way a user earns points
 - As the participant takes their meds for multiple days in a row, they can earn more points per check-in. The number of points per check-in increases every 5 days. The point total resets to 0 every month.
 - The participant also has the option of taking a picture of their medication before checking it in as taken.
 - Tap “Snooze” if they need to snooze their medication.
 - Snooze by a unit of time, or by a location.
 - The participant may snooze indefinitely for 24 hours until the next occurrence of the reminder. If they don’t confirm taking the medication within this timeframe, they’ll break the streak that they’re on.
 - Tap “Did not take meds” to skip the reminder.
- Reiterate to the participant: their health is more important than the points gained from maintaining a streak! They should only check in their medication if they actually take it.

THINGS TO NOTE

Discuss some of the following topics that pertain to the Medication Reminder:

- Though the snooze button can be useful when you need to use it, it’s helpful to stick to a routine when taking your meds; it helps maintain routine and avoid a slippery slope of more and more frequent snoozes.
- If the participant finds themselves using the ignore button often, maybe it’s time to talk with their primary contact or chat in the forum for some support, depending on what the problem is.
- The participant may be aware of this, but it doesn’t hurt to reiterate:

When you skip doses or stop taking a prescribed medication, you may develop strains of HIV that are resistant to the medications you are taking and even to some medications you haven't taken yet. This may result in fewer treatment options should you need to change treatment regimens in the future.¹

ACTIVITY

After finishing the discussion questions, have the participant practice setting a reminder. Check with the participant to ensure they successfully did so.

MEDICATION REFILL

¹ <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm164616.htm#hiv>

FEATURE OVERVIEW

Menu Button > “Refill”

- Give the medication a name
- Automatically sets a reminder for 30 days later.

ACTIVITY

Have the participant set a medication refill reminder

CALENDAR

FEATURE OVERVIEW

- From the home screen, the participant can see their past medication check-ins at a glance.
- Tap on either calendar to access week/ month view
 - Also add an appointment from this view
- Medication adherence is all or nothing. If you have to manage multiple medications and forget or skip one, you aren't “adherent” for that day.

THINGS TO NOTE

Discuss some of the following topics that pertain to the Calendar:

- The calendar is a visual representation of the participant's progress. Encourage them to reflect after a week, and after a month. Are there some empty spots? How many? Can they remember why those spots are there?
- If the participant notices a few empty spots on their calendar, they might want to:
 - Check themselves
 - Figure out: who do they need to talk to, if anyone?
 - Strategize to get back on track

LEADERBOARD/ FORUM

FEATURE OVERVIEW

These are the two apps that facilitate the “chat” functionality of the app, with the leaderboard including the points the user has within the app.

LEADERBOARD

Access the leaderboard by tapping it on the home screen or by using the menu button. These are the main features of the leaderboard:

- Points
 - See other study the participant and their points
 - See how long they've been on their current streak
- Swipe left on a name to access a private message with the user
 - Looks like a regular chat for the operating system the app is on
 - Can't block or mute individual chats
- Kudos / Thumbs Up
 - Swipe right on a name to give someone a kudos or thumbs up.

FORUM

Access the forum by tapping the Menu button > Forums

- There are preset topics in the forum, or the participant can set their own
- Tap on a topic to participate
- Works like a group chat for the operating system the app is used on (i.e. iOS or Android)

A NOTE ABOUT IN-APP COMMUNICATION

Remind the participant that chats and forum posts will be monitored by the study team regularly for violations of the community standards, as well as receive communications about breaches of the agreements. While the participant's chats and personal health information will stay between themselves and the study team, the study team has an obligation to monitor communication to ensure everyone has a positive experience using the app.

THINGS TO NOTE:

After the overview of the Medication Reminder, discuss some of the following topics that pertain to this feature:

- As touched on earlier in the Avatar section of the workshop, the participant should be encouraged to think carefully about how much personal information they want shared about themselves. It's best to assume whatever is shared in the app will be shared publically, and plan accordingly. This rule of thumb is good practice for all online spaces.
- The participant should be strongly encouraged to leave the discussion within the app, in the app. Sharing other participants' personal information is a breach of privacy (and trust) that could be potentially damaging.
- In addition to the topics discussed throughout this workshop, have the participant refer to the Community Guidelines document to see what may not be discussed. This includes:
 - real names
 - phone numbers
 - address
 - other social media names
- The forum feature of the app is a great way for the participant to talk with others who are going through similar experiences. But like in all online social spaces, there are potentials for conflict. These include "trolling" (being intentionally mean-spirited or uninformed in an offensive way for the sole purpose of upsetting others). The forum will be monitored to ensure it is being utilized properly, but as a part of the community, the participant can help set the standards of decorum. Encourage them to do so. Brainstorm ways in which they might do this.
- If the participant sees something that violates study guidelines, tell them to let a study team member know. Remind the participant about ways to contact the study team. Refer them to the study flyers, informed consent form, contact card, or the listed phone number in the FAQ section of the app.
- Encourage the participant to respond to things that they feel violate community standards – but don't fuel the fire. People who troll feed on getting a reaction out of someone

ACTIVITY

Have the participant practice using the forum. The instructor should make a post in the forum, and the participant can respond.

APPOINTMENTS

FEATURE OVERVIEW

Use the appointments feature to set appointments for events that you may want to keep private. This could be a meeting with a doctor, case manager, or anything else a user might want to add to the calendar

- To access Appointments
 - Tap Menu > Appointments
 - From within the Calendar, tap the +appointments button
- To set Appointments:
 - Setting appointments will function like the built-in tool for the operating system the app is being used on (i.e. Android or iOS)

ACTIVITY

Have the participant practice setting a reminder. If they have an actual appointment in mind that they can add, encourage them to do so. Otherwise, have them schedule a fake appointment.

“MY SUPPORT” HEART CONTACTS

FEATURE OVERVIEW

This list of “favorites” can be people who you would like to reach in a time of need.

Add them by tapping the Menu Button > Care Providers

For each contact, set a category the contact falls into (e.g. friend, care provider)

- Encourage the participant to pick someone who:
 - Can be contacted reliably. This contact is meant to be a person who can be called upon in times of need. Have them think about who they’ve relied on in the past in this manner, and who might not be the best choice. A medical provider or case manager might be a good choice
 - Gives you their permission. Encourage the participant to discuss making a person their My Support Heart contact with the person before doing so. Some people might not want or have time for such a responsibility

Encourage the participant to think about what ground rules they might have to set with their contact. Between which times, and on which days will it be okay to contact their My Support Heart contacts?

ACTIVITY

Have the participant spend 5 minutes brainstorming potential people who might be good My Support Heart contacts

RESOURCES

FEATURE OVERVIEW

The resources section is a listing of additional online tools to explore topics related to the participant’ health

- Access the list by tapping the Menu Button > Resources
- Resources are accessed with an in-app browser and will not be recorded in the phone’s browser history

DISCUSSION QUESTIONS

None for this feature

ACTIVITY

Have the participant explore the list of resources

PHONE SETTINGS RELATED TO THE APP

While many parts of the app have been intentionally designed to keep its features private, some degree of “communication” outside of the app is necessary. End the workshop with a discussion of privacy concerns the participant may have while using the app and how to control these features.

NOTIFICATIONS

Encourage the participant to explore the app notification settings of their phones to determine how they want notifications from the app displayed. Do they want banner notifications? Notifications on the app screen?

LOCATION SETTINGS

The app requests access to the participant’s GPS location for the reminder feature. While the app development team doesn’t keep a record of the participant’s location data, some people don’t like to have their GPS on. Location services aren’t needed for the app to function, but they are needed for Smart Reminders.

POST WORKSHOP

SATISFACTION SURVEY

Following the workshop, the participant will be asked to complete a satisfaction survey of the workshop.

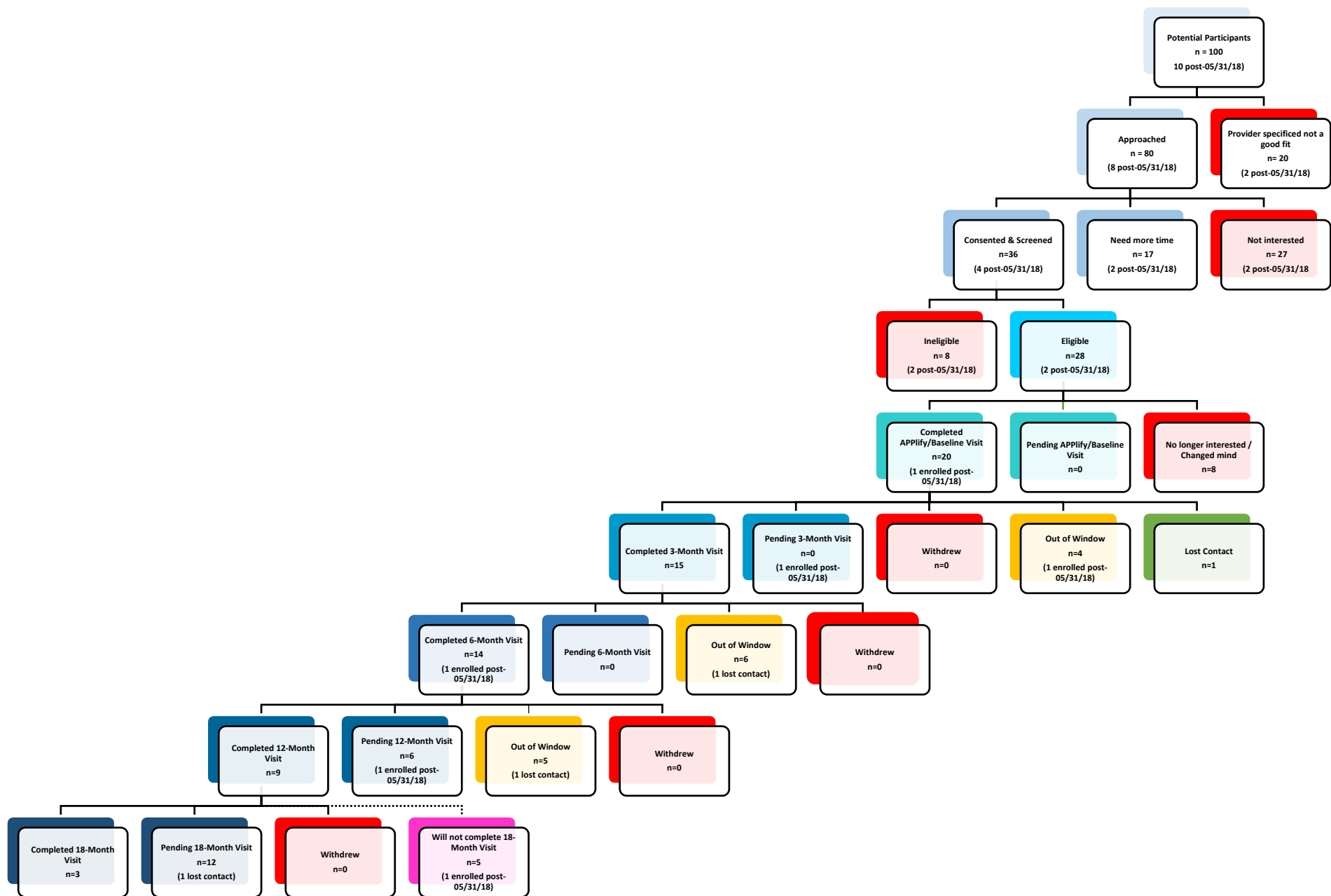
INCENTIVE PAYMENT AND THANK YOU

Finally, the participant will be thanked for their time and receive their study incentives.

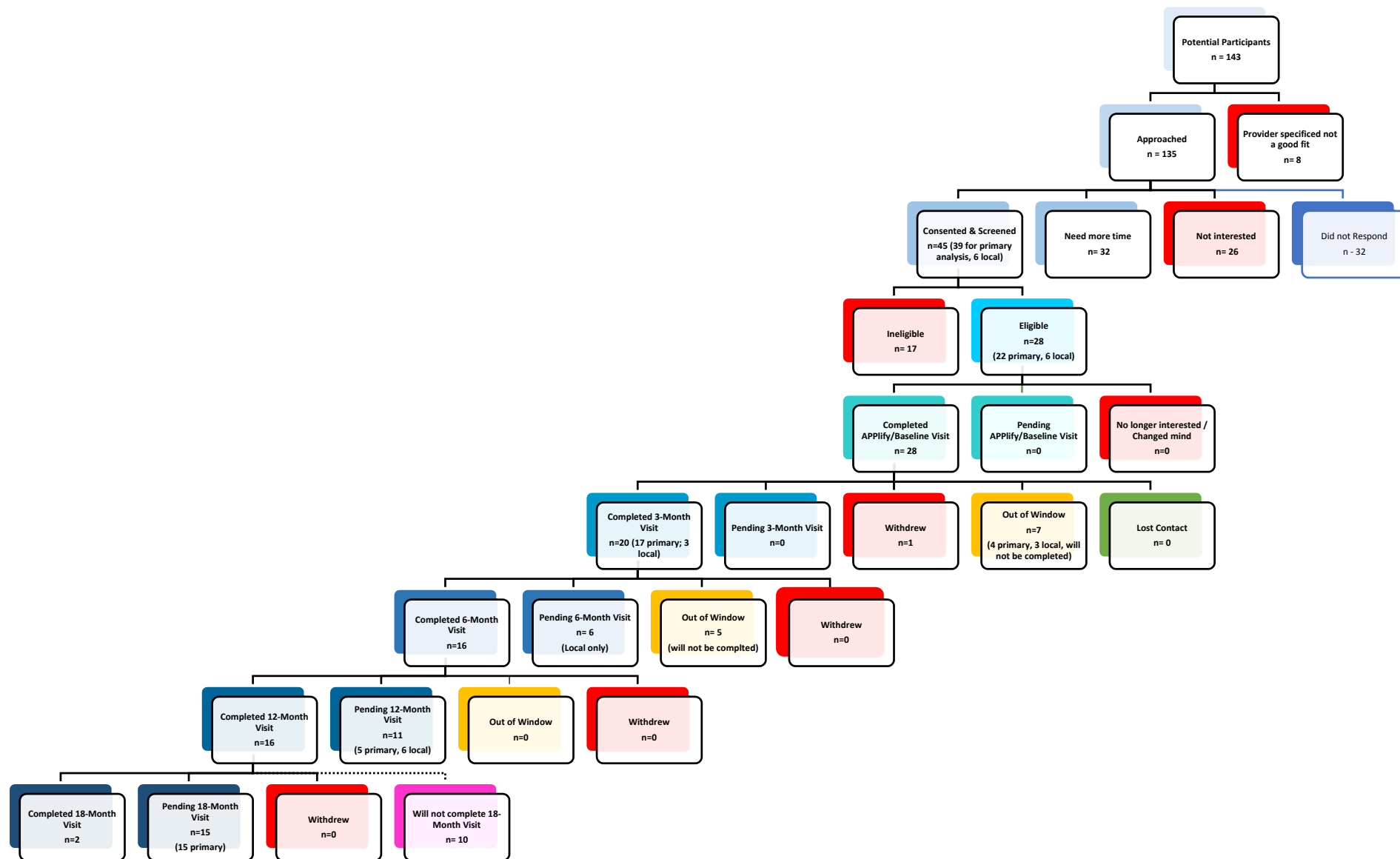
OPTIONAL: CONTINUE TO BASELINE

If the participant was scheduled or is available to continue to the baseline visit of the study, they may do so after the completion of the APPlify training.

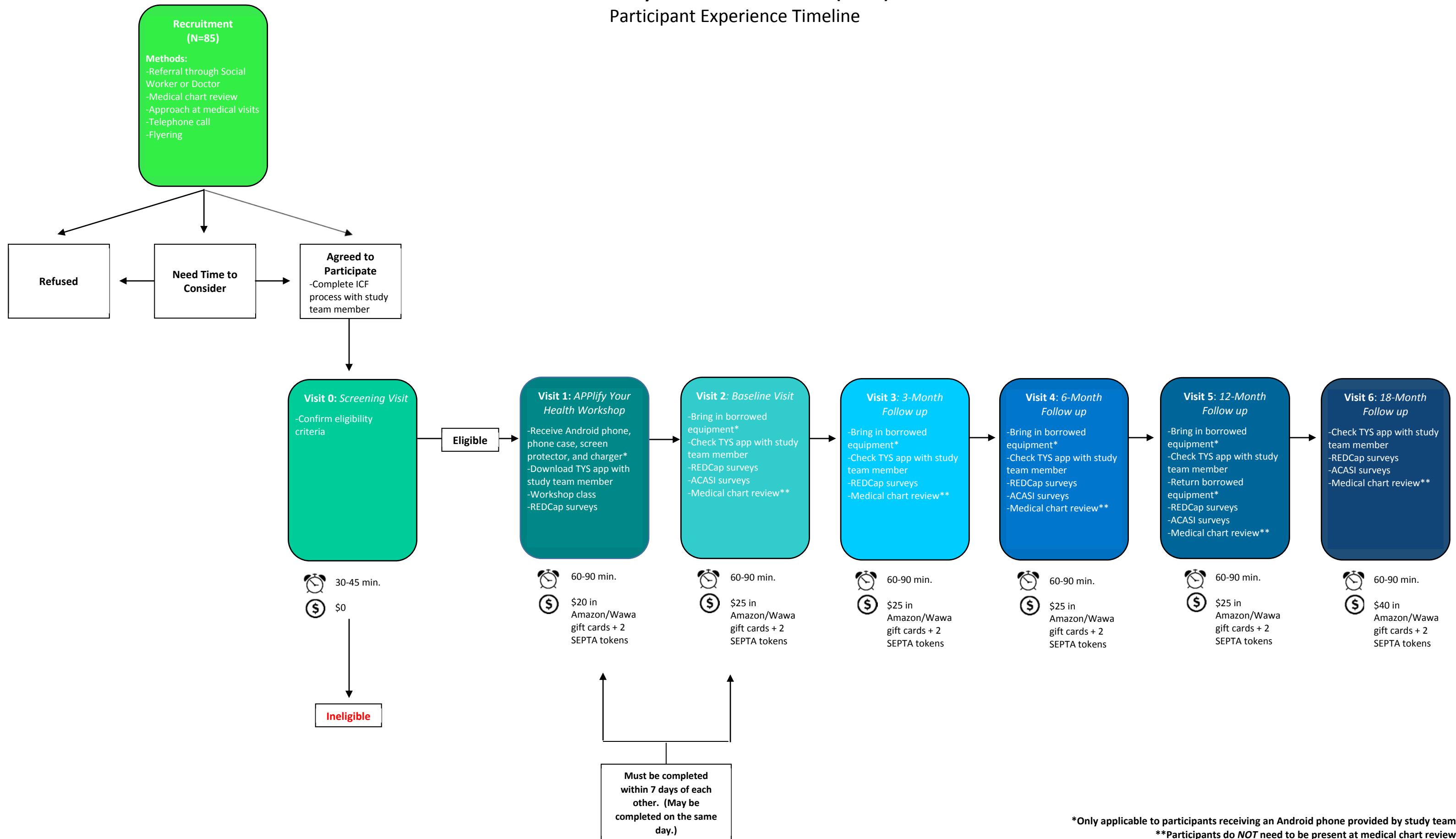
CHOP Participant Recruitment: Total As of 02/25/19



FIGHT Participant Recruitment and Retention: Total
 Updated: 19 Feb 2019



Positively Connected for Health (PC4H): Participant Experience Timeline



*Only applicable to participants receiving an Android phone provided by study team
**Participants do NOT need to be present at medical chart review

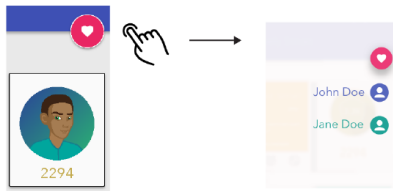


Quick Start Guide

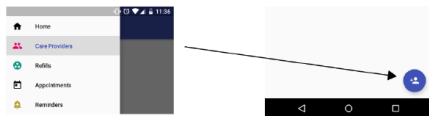
Android Version

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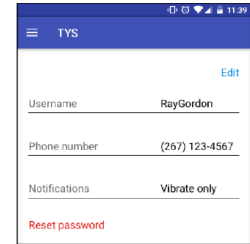
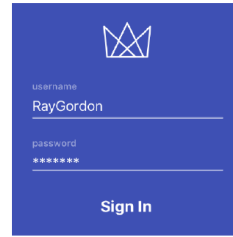
My Support Heart Contacts



Access the Support Contacts by tapping the icon in the top right corner. Exit by tapping outside the menu or by tapping the icon. My Support Contacts can be added/edited by selecting "Care Providers" from the button.



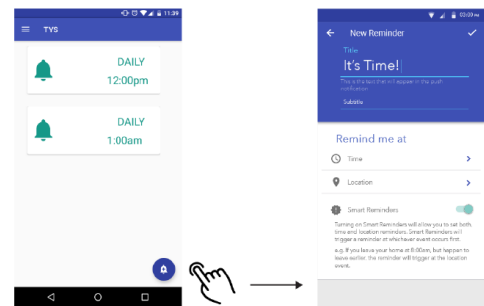
Username and Password



Open the app and enter your username and password.

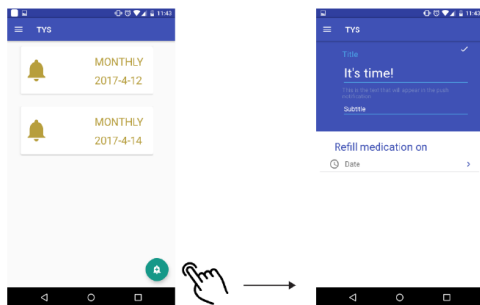
You can edit your account information by selecting "Privacy & Account" from the button.

Medication Reminders



Medication reminders can be reached by selecting "Reminders" from the button. Add a new reminder by tapping the icon.

Refill Reminders

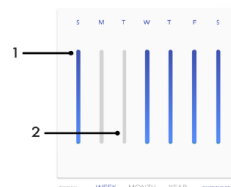


Refill Reminders can be reached by selecting "Refills" from the button. Add a new refill reminder by tapping the icon and inputting the date you refilled your medication. To view a medication refill date, tap one of the listed options.

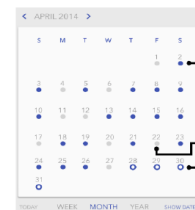
Calendar

- 1 days you have taken your medication
- 2 days you haven't taken your medication
- 3 days the app was not opened

Past 10 days

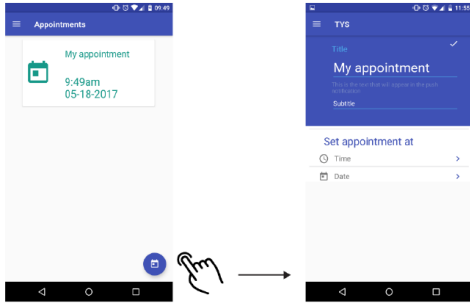


April

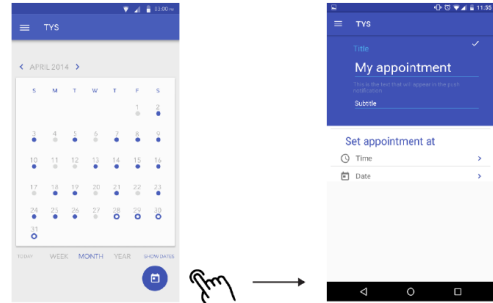


Recent Medication can be viewed from the home screen. The detailed view can be accessed by either pressing on the section from the home screen, or from the button.

Appointments



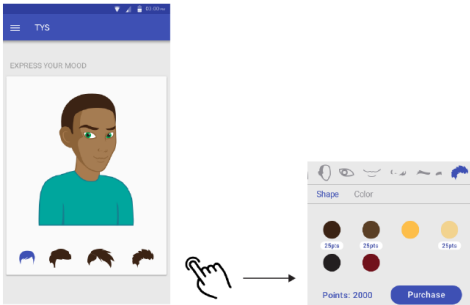
View your scheduled appointments by selecting "Appointments" from the  button. To add a new appointment, tap the  icon.




To add a new appointment on the calendar screen, tap the  button and enter the date and time of your appointment. You can also reach the "Appointments" screen from the  button.

View your activity on a weekly or monthly basis by switching through the two buttons.

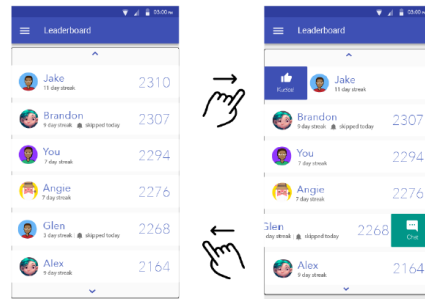
Avatar and Avatar Store




Your personal avatar can be edited by tapping "edit" under your avatar on the home screen, or by selecting "Avatar" from the  button.

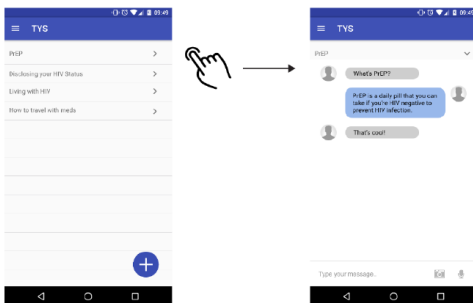
To buy a feature, tap the desired feature once, and then again to confirm the purchase.


Leaderboard



The leaderboard can be reached by selecting "Leaderboard and Messages" from the  button. To give another user a "kudos" point, swipe to the right on the user of your choice. To start or view a conversation, swipe to the left.

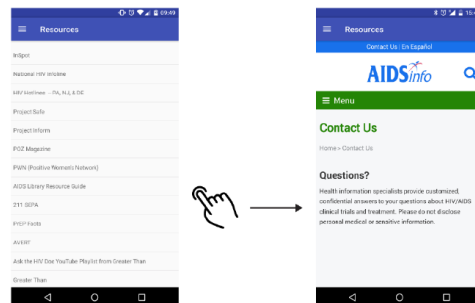
Forums



The Forums can be reached by selecting "Forums" from the  button. To view a forums thread, select one of the topics listed.

Create a new thread by tapping the  button.

Resources



The Resources can be reached by selecting "Resources" from the  button.

To view one of the resources, tap one of the options listed. You will then be moved to an external site.

TYS Community Guidelines

As a study participant, TreatYourSelf app user, and member of this community, you agree to:

Use the App

- Do create personalized medication reminders (e.g. “It’s time! Take your meds.”)
- Do record that you took your meds to get points. Only record that you took your meds in the app if you actually took them. Your health is much more valuable than TYS’s points!
- Do set your My Support Heart contacts so that you may quickly contact them within the app
- Do use the Refill feature to set a reminder for your next refill date
- Do use the Calendar to see how well you did in taking your meds
- Do use the Resources links to learn more about how to take control of your health. (e.g. iknowUshould2 website)
- Do support other TYS app users via forum posts (e.g. “How’re you feeling today?”)
- Do give other app users kudos (thumbs up) for their medication streaks!
- Do contact a study team member if the TYS app is not working properly or if you have any questions about the app or project
- Do contact the study doctor or your regular healthcare provider with any medical questions

Be Respectful of Other People’s Opinions and Experiences When Posting in the App

- We are all in this together!
- Respect means supporting others
- Respect means avoiding language that can be bullying, hateful, or hurtful
- Respect means listening when other people set boundaries
- Only use the app for its intended use. Don’t attempt to sell stuff or post spam

Don’t Share Personal Information – Protect Yours and Everyone Else’s Privacy

- Explore the privacy settings of the app and your phone (notifications, location services, etc.)
- Don’t share your username and password with anyone in the app—if you need to change your password, please follow the steps from the FAQ
- Don’t share personal info like real names, phone numbers, address, and other social media names
- Keep any info about other users that they have shared with you private
- Don’t use the app to meet up in person with other users in the app

Help Uphold the Community Agreements

- Remind others of these agreements if you notice harassment, threats, or privacy violations
- Contact a study team member if you notice violations of the community agreement

A Note on Violating Community Agreements

The study team reviews all posts and messages in the app as part of this study. Violating these community agreements can result in:

- Other community members calling you out
- Being contacted by the study team for a 1:1 conversation
- Removal from the study

Android Phone Usage Guidelines

You have been provided a Children's Hospital of Philadelphia (CHOP) issued **Samsung Galaxy J3 Eclipse** smartphone to participate in the Positively Connected for Health (PC4H) study to use the study app. This phone is yours to use for the first 12 months you are in the study, but must be returned after 12 months or at the request of the study team. In addition to the phone, you will also receive a phone charger, a screen protector, an Incipio DualPro Hard Shell phone case, and a voice/text/data plan unlimited data.

THINGS TO REMEMBER:

- Use the study TYS app! This phone was given to you so you can use the app as much as possible.
- CHOP will be monitoring cellular device usage.
- This phone should not be used for criminal/illegal activities. Remember, CHOP is monitoring usage!
- Please **do not** delete CHOP's Secure Hub app or factory rest the phone---this is for your protection!
- Please **do not** alter the phone's operating system. This may damage the phone and the TYS app!

As a recipient of a CHOP phone, you agree to the following guidelines:

WHAT HAPPENS IF THE PHONE IS BROKEN?

1. Contact a study team member as soon as possible
2. Schedule a time to meet with a study team member to return the phone so that CHOP can attempt to fix the phone
3. If the phone can be fixed, you will be given the original phone back. If the phone CANNOT be fixed, you may receive a new phone pending availability



WHAT DO I DO IF THE PHONE IS LOST OR STOLEN?

1. Contact a study team member as soon as possible and tell them that the phone was lost or stolen
2. The study team member will have the phone wiped
3. You might receive a new phone pending availability—the old phone number and plan will be added to a new phone

*If any of the accessories (e.g., charger or case) get broken, lost, or stolen please contact a study team member as soon as possible. We might be able to give you a replacement.

WHEN DO I NEED TO RETURN THE CHOP PHONE?

You will need to return the CHOP phone because it's the end of your 12-month usage, because the study is over, a study team member requests it from you, or if you withdraw from the study):

1. A study team member will contact you or you may contact the study team to schedule a time to meet
2. You will meet with a study team member and return the phone and all accessories (charger, case, screen protector)
3. The phone will be wiped (everything on the phone will be erased) after it is returned

Have additional questions or need to contact a CHOP study team member? Call or text [\(267\)-414-9432](tel:267-414-9432)

Privacy Policy

Last updated: 5/6/2017

Children's Hospital of Philadelphia operates the **TreatYourSelf** mobile application.

This page informs you of our policies regarding the collection, use and disclosure of Personal Information when you use our Service.

We will not use or share your information with anyone except as described in this Privacy Policy.

We use your Personal Information for providing and improving the Service. By using the Service, you agree to the collection and use of information in accordance with this policy. Unless otherwise defined in this Privacy Policy, terms used in this Privacy Policy have the same meanings as in our Terms and Conditions.

Information Collection And Use

While using our Service, we may ask you to provide us with certain personally identifiable information that can be used to contact or identify you. Personally identifiable information may include, but is not limited to, your email address, name, phone number, postal address, and other information ("Personal Information").

We collect this information for the purpose of providing the Service, identifying and communicating with you, responding to your requests/inquiries and improving our services.

Log Data

When you access the Service by or through a mobile device, we may collect certain information automatically, including, but not limited to, the type of mobile device you use, your mobile device unique ID, the IP address of your mobile device, your mobile operating system, the type of mobile Internet browser you use and other statistics ("Log Data").

In addition, we may use third party services such as Google Analytics that collect, monitor and analyze this type of information in order to increase our Service's functionality. These third party service providers have their own privacy policies addressing how they use such information.

Please see the section regarding Location Information below regarding the use of your location information and your options.

Location Information

We may use and store information about your location depending on the permissions you have set on your device. We use this information to provide features of our Service, to improve and customize our Service. You can enable or disable location services when you use our Service at anytime, through your mobile device settings.

Service Providers

We may employ third party companies and individuals to facilitate our Service, to provide the Service on our behalf, to perform Service-related services and/or to assist us in analyzing how our Service is used.

These third parties have access to your Personal Information only to perform specific tasks on our behalf and are obligated not to disclose or use your information for any other purpose.

Compliance With Laws

We will disclose your Personal Information where required to do so by law or subpoena or if we believe that such action is necessary to comply with the law and the reasonable requests of law enforcement or to protect the security or integrity of our Service.

Security

The security of your Personal Information is important to us, and we strive to implement and maintain reasonable, commercially acceptable security procedures and practices appropriate to the nature of the information we store, in order to protect it from unauthorized access, destruction, use, modification, or disclosure.

However, please be aware that no method of transmission over the internet, or method of electronic storage is 100% secure and we are unable to guarantee the absolute security of the Personal Information we have collected from you.

Links To Other Sites

Our Service may contain links to other sites that are not operated by us. If you click on a third party link, you will be directed to that third party's site. We strongly advise you to review the Privacy Policy of every site you visit.

We have no control over, and assume no responsibility for the content, privacy policies or practices of any third party sites or services.

Children's Privacy

Only persons between the ages of 14 and 34 have permission to access our Service. Our Service does not address anyone under the age of 13 ("Children").

We do not knowingly collect personally identifiable information from children under 13. If you are a parent or guardian and you learn that your Children have provided us with Personal Information, please contact us. If we become aware that we have collected Personal Information from a child under age 13 without verification of parental consent, we take steps to remove that information from our servers.

Changes To This Privacy Policy

This Privacy Policy is effective as of **5/6/2017** and will remain in effect except with respect to any changes in its provisions in the future, which will be in effect immediately after being

posted on this page.

We reserve the right to update or change our Privacy Policy at any time and you should check this Privacy Policy periodically. Your continued use of the Service after we post any modifications to the Privacy Policy on this page will constitute your acknowledgment of the modifications and your consent to abide and be bound by the modified Privacy Policy.

If we make any material changes to this Privacy Policy, we will notify you either through the email address you have provided us, or by placing a prominent notice on our website.

Contact Us

If you have any questions about this Privacy Policy, please contact us.

Legal

The Children's Hospital of Philadelphia

Office of General Counsel

3401 Civic Center Boulevard

Philadelphia, PA 19104

Phone: (267) 426-6148

Site administration

AUTH TOKEN		
Tokens	+ Add	Change

AUTHENTICATION AND AUTHORIZATION		
Groups	+ Add	Change
Users	+ Add	Change

CORE		
Action types	+ Add	Change
Appointments	+ Add	Change
Care provider activitys	+ Add	Change
Care provider types	+ Add	Change
Care providers	+ Add	Change
In app notifications	+ Add	Change
Kudos activitys	+ Add	Change
Questions	+ Add	Change
Refills	+ Add	Change
Reminder activitys	+ Add	Change
Reminders	+ Add	Change
Resources	+ Add	Change

FORUM		
Posts	+ Add	Change
Responses	+ Add	Change
Topics	+ Add	Change

Recent actions

My actions

None available

Positively Connected for Health (PC4H): Regulatory Approval Timeline

Institution	Activity	Date
CHOP	IRB Approval	9/9/2016
FIGHT	IRB Approval	9/28/2016
CHOP	IRB Amendment 1 Approval	10/19/2016
FIGHT	IRB Amendment 1 Approval	12/7/2016
Drexel	IRB Approval	12/19/2016
CHOP	IRB Amendment 2 Approval	12/28/2016
Drexel	IRB Amendment 1 Approval	1/24/2017
FIGHT	IRB Amendment 2 Approval	1/25/2017
CHOP	Philadelphia Local Site HRSA CoC Approval	3/2/2017
CHOP	IRB Amendment 3 Approval	3/27/2017
CHOP	IRB Amendment 4 Approval	4/12/2017
CHOP/ETAC	Data Use Agreement Executed	5/4/2017
CHOP	IRB Amendment 5 Approval	5/31/2017
CHOP	IRB Amendment 6 Approval	6/19/2017
FIGHT	IRB Amendment 3 Approval	6/21/2017
Drexel	IRB Amendment 2 Approval	7/13/2017
CHOP	IRB Amendment 7 Approval	7/14/2017
FIGHT/ETAC	Data Use Agreement Executed	7/21/2017
CHOP	IRB Continuing Review 1 Approval	8/4/2017
ETAC	SPNS Multi-Site CoC Approval	8/24/2017
FIGHT	IRB Amendment 4 Approval	9/5/2017
CHOP	IRB Amendment 8 Approval	10/2/2017
CHOP	Philadelphia Local Site HRSA CoC Amendment 1 Approval	10/24/2017
CHOP	IRB Amendment 9 Approval	11/22/2017
FIGHT	IRB Amendment 5 Approval	11/25/2017
Drexel	IRB Continuing Review 1 Approval	12/18/2017
CHOP	IRB Amendment 10 Approval	1/25/2018
FIGHT	IRB Amendment 6 Approval	2/1/2018
CHOP	IRB Amendment 11 Approval	3/13/2018
ETAC	Qualitative Interview IRB Approval	4/10/2018
CHOP	IRB Amendment 12 Approval	5/3/2018
CHOP	IRB Amendment 13 Approval	5/15/2018
FIGHT	IRB Amendment 7 Approval	5/23/2018
CHOP	IRB Amendment 14 Approval	6/6/2018
Drexel	PI Change Approval	6/19/2018
CHOP	IRB Continuing Review 2 Approval	6/27/2018
FIGHT	IRB Amendment 8 Approval	9/6/2018
CHOP	IRB Amendment 15 Approval	11/20/2018
CHOP	IRB Amendment 16 Approval	11/28/2018
Drexel	IRB Continuing Review 2 Approval	12/17/2018
CHOP	IRB Amendment 17 Approval	2/20/2019
CHOP	IRB Amendment 18 Approval	03/20/2019
CHOP	IRB Continuing Review 3 Approval	6/21/2019
FIGHT	IRB Progress Report and Continuing Review Approval	10/24/2019

ETAC = Evaluation Technical Assistance Center (University of California, Los Angeles)

CHOP = Children's Hospital of Philadelphia

FIGHT = Philadelphia FIGHT

Drexel = Drexel University, College of Computing and Informatics

CoC = Certificate of Confidentiality

Letter of Agreement between Philadelphia FIGHT and Drexel University

Philadelphia FIGHT, through the Health Resources and Service Administration (HRSA) Special Projects of National Significance (SPNS) Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative proposal will work with Drexel University as a sub-recipient to provide high risk HIV-negative or unknown status and HIV-positive youth participants ages 14-34 with a social media and mobile app intervention called Positively Connected for Health (PC4H) in order to connect them to care and to help them adhere to their medications. 80-125 participants will be involved in the project over a 4-year period from **September 2015 through August 2019:**

This document constitutes the agreement between Philadelphia FIGHT (hereafter "FIGHT") and Drexel University (hereafter "Drexel"), under which Drexel shall perform the work defined below as the Statement of Work, to enable to FIGHT complete its obligation under Award #5 H97HA288940200 entitled "Positively Connected for Health (PC4H)" funded by the Health Resources and Service Administration (HRSA). All terms and conditions of this Agreement are subject to applicable federal law and regulations and to the provisions of the Prime Award.

1. STATEMENT OF WORK

1.1 Drexel's work shall conform to the following activities in Statement of Work approved by FIGHT below:

Development Services. Drexel's Department of Computing and Informatics will partner with Nadia Dowshen, MD and her team at the Craig-Dalsimer Division of Adolescent Medicine at the Children's Hospital of Philadelphia (CHOP) and Helen Koenig, MD and her team at Philadelphia FIGHT to design and develop a mobile health application to address the medicine adherence needs of HIV+ patients 14-34 years old.

For Year 2, Drexel shall provide CHOP and FIGHT teams with the Android application that was started in Year 1 of the grant according to CHOP and FIGHT's specifications outlined in the statement of work below. These features were developed in conjunction with Drexel in Year 1 and in Year 2 they are to be fully realized in a working application. Each feature will be tested thoroughly by the CHOP, FIGHT, and Drexel teams to identify bugs and determine functionality. The Drexel team will provide bug fixes that fall within the parameters identified in the Ongoing Maintenance section of this agreement. Drexel will provide project updates via an Asana board that can be accessed by the FIGHT and CHOP teams. Each week leading up to September 30th,

2017, Drexel will report to CHOP and FIGHT on updates, changes, and problems encountered and demonstrate the progress of the application. Drexel will complete and deliver the application by September 30th, 2017.

The final deliverable will include a fully functioning Android application that will be compatible with the majority of Android devices that support Android Operating System Version 5.0 (lollipop). A fully functional Android application will have the following agreed upon features below:

TreatYourSelf (TYS) App Functions

Homepage (4 Quadrants: Reminder Countdown, Avatar, Calendar, and Leaderboard)

- **Reminder Countdown:** clock shows time left until next medication reminder
 - Reminders are time (See Reminders in Sidebar section)
 - Icons for taking meds, snoozing medication reminder, and dismissing medication reminder appear in this quadrant (checkmark, alarm clock, no symbol).
 - User can record medication adherence by selecting an icon when the push notification for the medication reminder goes off (see Reminders in Sidebar section).
- **Avatar:** created by user to represent them within the app
 - Avatar can be selected from the homepage, which takes the user to the Avatar customization screen.
 - User's points are displayed in this quadrant
 - Users will be able to select from predefined Avatar images
- **Calendar:** used to track user's recorded medication adherence
 - Calendar can be selected from the homepage.
 - Dots underneath each day in the calendar indicate medication adherence
 - Purple = recorded meds taken
 - Grey = recorded meds not taken
 - White = app wasn't opened, med adherence wasn't recorded
 - Different views are available: Week, Month, Year
 - Appoint reminders can be added via "+ appointments"
- **Leaderboard:** displays all users and their point totals
 - Leaderboard can be selected from homepage
- **My Support Heart:** contacts inputted by user
 - Clicking on the pink heart opens a list of inputted contacts. User can call or text these contacts by clicking on the respective phone and message icons.
 - Contact labels (Family, Friend, Care Provider, Other) appear with each contact.

Sidebar (11 Submenus: Home, Care Providers, Refills, Appointments, Reminders, Avatar, Privacy and Account, Forum, Leaderboard and Messages, Resources, FAQ)

- Home: clicking on this takes user back to the homepage
- Care Providers

- User inputs their My Support Heart contacts' information
- User can call or text these contacts by clicking on the respective phone and message icons.
- Contact labels (Family, Friend, Care Provider, Other) appear with each contact.
- Each My Support contact can be edited and/or deleted
- Refills
 - Refill reminder title and subtitle can be customized and appear in the push notification.
 - Refill push notification appears 30 days from the date of the last refill date inputted by the user
 - Refill reminder can be edited and/or deleted
- Appointments
 - Appointment reminder title and subtitle can be customized and appear in the push notification.
 - Appointment reminder goes off on the appointment date/time inputted by the user.
 - Appointment reminder can be edited and/or deleted
- Reminders
 - Medication reminder title and subtitle can be customized and appear in the push notification.
 - Reminder push notification contains medication adherence options (Take Meds, Snooze, Did Not Take Meds)
 - If a user indicates that they Took Meds then the appropriate points will be accumulated and added to this account.
 - If a user indicates that they did not take their meds then no points will be awarded and the activity will be recorded.
 - If the user snoozes the notification the notification will be displayed again in 15 minutes from the time the notification was snoozed.
 - Medication reminder can be edited and/or deleted
 - Points are accrued when the user records that they took their meds. Each user starts at 10 points per day for recording they took their meds. For every 5-day streak (user taking their meds for 5 days in a row), the daily point total increases by 5 points. When the user's streak of recording they took their meds in a row ends, the user goes back to receiving 10 points per day until they build their streak again.
 - Day 1-5: 10 points per day
 - Day 6 -10: 15 points per day
 - Day 11- 15: 20 points per day
 - Day 16-20: 25 points per day
 - Day 20-25: 30 points per day, etc.
- Avatar
 - Users will be able to select from a predefined list of avatar images
- Privacy

- Privacy policy appears here.
 - Forum
 - Create a new forum topic by tapping the “+” icon in the bottom right corner of the page
 - Users can add to a forum thread by selecting their desired forum topic and typing in the message box at the bottom of their screen.
 - Leaderboard and Messages
 - List of users order by point accumulation for the current calendar month
 - Resources
 - Resources are listed. Clicking on a resource opens an in-app browser window.
 - FAQ
 - User can get the most frequently asked questions answered in this side menu.
 - Account Creation
 - Username and password are created on this screen. Once username is created, the user can’t change it. The password can be changed by the user by selecting “Reset password.”
 - Account
 - User can view their current account information such as username, phone number and currently selected avatar.
 - Users can edit their information with the exception of the username, this cannot be changed
-
- **App Usage Data Collection and Reports.** The application sends data to an API which is to be hosted in an Amazon EC2 instance that will be created and maintained by CHOP. CCI is responsible for providing a suitable deployment script and deploying the application to this environment. CCI has provided CHOP with a detailed data dictionary which identifies the data that will be collected by the API. This data can be exported by CHOP users via the API admin interface.

Schedule of Completion of App Features

The following chart outlines the features to be worked on and completed during year two from September 1, 2016-August 31st, 2017 and that will have a final completion date of 9/30/2017. The final completion date is in Year 3 and will be paid for through funds allocated in Year 3. The payment schedule is outlined in EXHIBIT A with tasks and hours outlined here:~

To Be Completed By 9/30/2017

TYS		
Feature	Task	Hours
User Account		
	User Login Form with password reset option	4

	Request Password Reset Form	3
	Password Reset Form	4
	Profile Update Form	6
Reminder		
	Action icons on home screen	10
	Points Accumulation Notification	20
Leader Board		
	Leaderboard List View	5
Forum		
	Add user info to Forum posts	4
Deployment Tasks		
	Deployment Script and migration	16
Avatar		
	Select Avatar from predefined list	8
	Avatar tile on home screen to display selected avatar and point total	8
Tushar NTP Paperwork/Training		15
API		
	Additional api endpoints for added features	15
Admin Backend for Reporting		40
Sub Total		158
Project Management/Administrative Duties including Meetings		6
Testing		15.8
Total Estimated Hours		179.8
Margin of Error		20%
Total Hours Including Margin of Error		215.76
Hours per		30

week		
Weeks To Completion		7.192

Drexel agrees to an F&A of 20% for this project.

Ongoing Maintenance

The TYS application is comprised of an Android application which communicates with a web based API which will be hosted in an Amazon EC2 instance. Ongoing maintenance applies to both the Android application as well as the web based API.

After app deployment, Drexel will provide bug fixes for the lifetime of the grant period for the front end app and for the backend user data that is collected by the CHOP research team.

A bug is defined as a coding error which has caused the application to become unstable and prevents the regular user of the application. These bug fixes will be provided to CHOP and FIGHT at no additional cost.

Bugs that are related to devices or operating systems outside of the scope of devices covered previously in this document are not considered bugs, and requests to fix these “bugs” will be considered as an enhancement. This also applies to other factors outside of Drexel’s control (e.g. hardware and hosting.) Drexel can be contracted to address issues that fall outside of this agreement at an agreed upon rate for the duration of this contract. Should CHOP, FIGHT, or Drexel team members identify a problem with the app, Drexel agrees to diagnose the cause of the problem to determine whether it is caused by a bug or from a reason unrelated to the code. If the problem is related to a source outside the scope of this agreement, Drexel will present the CHOP and FIGHT team with an invoice within 5 business days that includes the cost for fixing the issue and a timeline.

Communication

Drexel agrees to meet weekly with CHOP and FIGHT staff for a regular app development meeting. These meetings will only occur when there is active application development underway. These meetings will either be via a conference line or in-person. There must be one person present at this meeting from Drexel. Drexel will provide a written update during the meeting of the work that has been completed during the prior week based on the chart outlined above.

Drexel agrees to maintain a project management tool (Asana) and provide CHOP and FIGHT project staff access to this tool to be able to track updates. Drexel will update this tool in real-time in order to ensure timely communication and accurate status of progress.

Drexel will alert FIGHT and CHOP project staff 24 hours before going live with any major upgrades and provide FIGHT and CHOP staff with the exact date and time of these upgrades so

that CHOP and FIGHT can anticipate or review the app for any problems that may have occurred.

If Drexel sets a deadline with FIGHT or CHOP that they believe they will not meet or that they determine cannot be met, this must be communicated by email a week before the deadline to Nadia Dowshen, PI, Helen Koenig, Pi, and Juliet Fink Yates, Project Director. Payment will not be administered until completion of agreed upon features or will be withheld indefinitely.

- 1.2 Any change in the Statement of Work shall be mutually agreed to in writing and signed by authorized officials of both parties prior to the commencement of Drexel's activities.
- 1.3 Drexel shall submit the Deliverable(s)/Work Product(s) ("Deliverable") to Nadia Dowshen, MD, PI at CHOP and Juliet Fink Yates, Project Director at FIGHT in the expected time frame indicated below in Section 5.5.

2. **PERIOD OF PERFORMANCE**

- 2.1 This Agreement is effective for the period September 1, 2016 through August 31, 2017.

3. **COST AND PAYMENT**

- 3.1 The total estimated cost for full performance of this Agreement, Year 2 of the grant contract, shall not exceed USD \$16,190. This includes the budget attached (Exhibit A) which describes the yearly amount that is available for Drexel for the deliverables in the Statement of Work in each year plus an additional \$5,190 towards the schedule of app features to be completed by 9/30/17 . Carry forward of unspent balances into the next period of performance requires FIGHT's written prior approval, and Drexel must submit all carryover requests to FIGHT's Finance Director in writing.
- 3.2 Costs by Drexel shall be expended and invoiced in accordance with the budget provided to Drexel AIG in this agreement, attached hereto as Exhibit A and incorporated herein. Any proposed increase must be submitted in writing to Nadia Dowshen and Juliet Fink Yates with justification as to why it is outside of the scope of the statement of work and approved in writing by an authorized official of FIGHT before such costs or commitments may be incurred.
- 3.3 Payments will be made upon receipt of an invoice, no more than monthly and no less frequently than quarterly detailing actual costs incurred in the format specified in the example invoice template, attached and incorporated as Exhibit B.

- 3.4 Drexel shall submit invoices in English, stated in U.S. dollars, to Philadelphia FIGHT's Finance Director (Daniel Clemons) in accordance with the sample invoice template. All invoices must: (i) be sequentially numbered; (ii) indicate the date(s) of performance by Drexel (iii) itemize costs in detail, in correspondence with the subcontract budget; (iv) include both current costs and cumulative costs, with the amount previously invoiced subtracted from the billing; and (vi) include Drexel's certification that the invoice is just and correct and that payment therefore has not been received.
- 3.5 In addition, Drexel shall certify as an authorized representative of the organization that all Deliverables and required work product due to date have been submitted, and expenditures reported (or payments requested) are for appropriate purposes and in accordance with the Statement of Work, Approved Budget and other requirements as set forth in the Agreement.
- 3.6 Allow-ability of costs and commitments incurred pursuant to this Agreement shall be determined in accordance with applicable laws, regulations, and Sponsor policies and must be documented in accordance with generally accepted accounting principles.
- 3.7 Invoices shall be in the format specified in Exhibit B (unless Drexel has a comparable format) and must be submitted to:

Dan Clemons, Finance Director
Philadelphia FIGHT
1233 Locust Street, 3rd Floor
Philadelphia, PA 19107
dclemons@fight.org
215-985-4448 x106

- 3.8 All payments shall be made to the address provided on the invoice submitted to FIGHT.
- 3.9 A final invoice and cumulative financial report, which shall include actual costs incurred per budget line item, shall be submitted to FIGHT's Finance Director no later than 10/31/2019, (sixty (60) days following termination or expiration of the Agreement). Payment will be made after final invoice has been received and verified by FIGHT that all agreed upon Deliverables, as shown in Exhibit A, have been submitted to FIGHT's Finance Director by Drexel.
4. **KEY PERSONNEL**
- 4.1 The Project Director at FIGHT shall be the FIGHT Technical Representative for this Agreement. The FIGHT Project Director is not authorized to alter or amend this Agreement, except that the FIGHT Project Director's written concurrence shall be

required to alter or amend this Statement of Work and/or Budget.

4.2 The Project Director for Drexel shall be Dr. Gabriela Marcu.

An authorized official of Drexel must approve in writing any proposed change in the Project Director. Should Drexel not give its approval, this Agreement shall be terminated in the manner provided below in Section 7 (Termination).

4.3 The Project Director at Children’s Hospital of Philadelphia “CHOP PI” shall be Nadia Dowshen, M.D. (the “Project Director, Co-PI”).

5 REPORTS AND DELIVERABLES

5.1 Drexel shall submit Deliverable(s) as specified in the Statement of Work to CHOP PI, Nadia Dowshen, MD.

5.2 In addition to the Deliverables listed in the Statement of Work, Drexel may be required to submit financial, narrative, and statistical information on a monthly or quarterly basis to include in grant reports to HRSA/SPNS progress reports (“Report”) to FIGHT’s, Project Director, Juliet Fink Yates and Daniel Clemons, FIGHT’s Financial Director.

5.3 Drexel may also be required to submit a final Project Report no later than sixty (60) days after expiration of this Agreement to FIGHT’s, Project Director, Juliet Fink Yates.

5.4 Failure by Drexel to submit any Deliverable or Report by its due date shall be considered just cause for FIGHT to withhold any payment until such Deliverable or report is received and accepted by FIGHT. FIGHT may also terminate this Agreement in accordance with Section 7 (Termination), should Drexel fail to timely provide agreed upon Deliverables or Reports set forth in the Statement of Work and this Section 5 (Reports and Deliverables).

5.5

	Due Date	Notes
<i>Development Services</i> including the following features: <ul style="list-style-type: none">• Homepage (4 Quadrants: Reminder Countdown, Avatar, Calendar, my support heart, and Leaderboard)• Sidebar (11 Submenus: Home, Care Providers, Refills, Appointments, Reminders,	September 30th, 2017	The final deliverable will include a fully functioning Android application that will be compatible with the majority of Android devices that support Android Operating System Version 5.0

<p>Avatar, Privacy and Account, Forum, Leaderboard and Messages, Resources, FAQ)</p> <ul style="list-style-type: none"> • Additional items (User account, API, admin backend for reporting, deployment tasks) 		(lollipop).
<p><i>App Usage Data Collection and Reports</i></p>	<p>September 30th, 2017</p>	<p>The application sends data to an API which is to be hosted in an Amazon EC2 instance that will be created and maintained by CHOP. CCI is responsible for providing a suitable deployment script and deploying the application to this environment. CCI has provided CHOP with a detailed data dictionary which identifies the data that will be collected by the API. This data can be exported by CHOP users via the API admin interface.</p>
<p><i>Ongoing Maintenance</i></p>	<p>September 30th, 2017</p>	<p>After app deployment, Drexel will provide bug fixes for the lifetime of the grant period for the front end app and the backend data.</p> <p>A bug is defined as a coding error which has caused the application to become unstable and prevents the regular user of the</p>

		<p>application. These bug fixes will be provided to CHOP and FIGHT at no additional cost.</p> <p>Bugs that are related to devices or operating systems outside of the scope of devices covered previously in this document are not considered bugs, and requests to fix these “bugs” will be considered as an enhancement. This also applies to other factors outside of Drexel’s control (e.g. hardware and hosting.) Drexel can be contracted to address issues that fall outside of this agreement at an agreed upon rate for the duration of this contract.</p>
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6. APPROVALS AND NOTICES

All notices required by this Agreement shall be made in writing, certified mail, return receipt requested. Notices shall be effective upon their receipt.

6.1 TO Philadelphia FIGHT:

All notices and requests for approvals on financial and/or administrative matters shall be submitted to:

Dan Clemons
Finance Director
Philadelphia FIGHT
1233 Locust Street, 3rd Floor
Philadelphia, PA 19107
dclemons@fight.org
215-985-4448 x106

- 6.2 Notices regarding programmatic matters, including publication reviews, should be sent to:

Juliet Fink Yates
Director of Education and Project Director Philadelphia FIGHT
1233 Locust Street, 3rd Floor
Philadelphia, PA 19107
jjfink@fight.org
215-985-4448 x141

- 6.3 TO DREXEL:

All notices and requests for approvals on financial and/or administrative matters shall be submitted to:

Charlene Ruffin
Research Accountant
Office of Research
1505 Race Street, 8th Floor
Philadelphia, PA 19102
charlene.ruffin@drexel.edu
215-895-1471

- 6.4 All other notices shall be submitted to:

Stacia Levy
Executive Director, Pre-Award Administration
Office of Research
1505 Race Street, 8th Floor
Philadelphia, PA 19102-1119
DUResearch@drexel.edu

7. TERMINATION

- 7.1 This Agreement may be terminated by either party upon thirty (30) days' notice to the other party; however, FIGHT may terminate on less than thirty (30) days' notice in the event such termination occurs pursuant to a notice of termination from HRSA to FIGHT. Upon notification, Drexel shall proceed in an orderly fashion to limit or terminate any outstanding commitments. All otherwise allowable costs or commitments incurred prior to the notice of termination shall be reimbursed except those which may be so limited or terminated due to a breach.

8. **MISCELLANEOUS**

- 8.1 Neither party may assign this Agreement or any interest therein without the written consent of the other party. Any attempt to assign without prior written consent is void.
- 8.2 Drexel is engaged as an independent contractor. Nothing in the Agreement is intended to, or shall be deemed to, constitute a partnership or joint venture between the parties. No party has the authority to bind any other party in contract or to incur any debts or obligations on behalf of any other party, and no party (including any employee or other representative of a party with responsibility for program matters) shall take any action that attempts or purports to bind any other party in contract or to incur any debts or obligations on behalf of any other party, without the affected party's prior written approval.
- 8.3 Drexel hereby grants to CHOP an irrevocable, royalty-free, non-transferable, nonexclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including, but not limited to, any computer software, source code, and any and all documentation and/or databases) first developed under this Agreement for research purposes.
- 8.4 Drexel certifies and represents that the Statement of Work shall be performed in a professional and workmanlike manner and that any Deliverable shall be original to Drexel and will not knowingly infringe on any copyright held by any third party.
- 8.5 If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, and to this end the provisions of this Agreement are declared to be severable.
- 8.6 No waiver of any term or provision of this Agreement whether by conduct or otherwise in any one or more instances shall be deemed to be, or construed as, a further or continuing waiver of any such term or provision, or of any other term or provision, of this Agreement.
- 8.7 This Agreement and Exhibits contain the entire agreement between the parties, and no statements, promises, or inducements made by either party or agent of either party that are not contained in this written Agreement shall be valid or binding; and this Agreement may not be enlarged, modified, or altered except in writing signed by the parties.

9. DISCLAIMER OF WARRANTIES; INDEMNIFICATION

- 9.1 DREXEL MAKES NO WARRANTIES, EXPRESS OR IMPLIED, AS TO ANY MATTER WHATSOEVER, INCLUDING, WITHOUT LIMITATION, WARRANTIES WITH RESPECT TO THE CONDUCT, COMPLETION, SUCCESS OR PARTICULAR RESULTS OF THE SPONSORED RESEARCH, OR THE CONDITION, OWNERSHIP, MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE OF THE SPONSORED RESEARCH OR ANY DREXEL INTELLECTUAL PROPERTY OR RESEARCH RESULTS OR THAT USE OF THE DREXEL INTELLECTUAL PROPERTY OR RESEARCH RESULTS WILL NOT INFRINGE ANY PATENT, COPYRIGHT, TRADEMARK OR OTHER INTELLECTUAL PROPERTY RIGHT OF A THIRD PARTY. DREXEL SHALL NOT BE LIABLE FOR ANY DIRECT, INDIRECT, CONSEQUENTIAL, PUNITIVE OR OTHER DAMAGES SUFFERED BY SPONSOR OR ANY OTHER PERSON RESULTING FROM THE SPONSORED RESEARCH OR THE USE OF ANY DREXEL INTELLECTUAL PROPERTY, ANY RESEARCH RESULTS OR ANY PRODUCTS RESULTING THEREFROM.
- 9.2 Philadelphia FIGHT shall defend, indemnify and hold harmless Drexel, the Principal Investigator and any of Drexel's faculty, students, employees, trustees, officers, affiliates and agents (hereinafter referred to collectively as the "INDEMNIFIED PERSONS") from and against any and all liability, claims, lawsuits, losses, damages, costs or expenses (including attorneys' fees), which the INDEMNIFIED PERSONS may hereafter incur, or be required to pay as a result of Sponsor's use of the results of Sponsored Research or any Drexel Intellectual Property or as a result of any breach of this Agreement or any act or omission of Sponsor, its employees, affiliates, contractors, licensees or agents. Drexel shall notify Sponsor upon learning of the institution or threatened institution of any such liability, claims, lawsuits, losses, damages, costs and expenses and Drexel shall cooperate with Sponsor in every proper way in the defense or settlement thereof at Sponsor's request and expense. Sponsor shall maintain in force at its sole cost and expense, with reputable insurance companies, insurance of a type and in an amount reasonably sufficient to protect against liability hereunder. Drexel shall have the right to request the appropriate certificates of insurance from FIGHT for the purpose of ascertaining the sufficiency of such coverage.

10. THIRD-PARTY BENEFICIARY

10.1 The parties acknowledge and agree that The Children's Hospital of Philadelphia (CHOP) is an intended third-party beneficiary of this Authorized Letter Agreement.


11. SIGNATURES



Daniel Clemons Chief Financial Officer, Philadelphia FIGHT 9/20/17
Date



Jane Shull, Chief Executive Officer, Philadelphia FIGHT 9/20/17
Date

 Digitally signed by Stacia C. Levy
Date: 2017.09.22 17:31:34 -04'00'

Stacia Levy, Executive Director, Pre-Award Administration, Drexel University Date

EXHIBIT A

1 of 2

Proposal Title:							
From:	9/1/2016	To:	8/31/2017	Months:		12	
Fiscal Years Covered	Year 2						FY and Employee Benefits Auto Calculate Based on Project Dates
Fiscal Years Month Distribution	2016/2017						
Yearly % Increase in Salaries	10/2						
Federally Negotiated Indirect Cost Rate	0.5%	3.0%					
Sponsor Mandated Indirect Cost Rate	20.0% / 20.0%						
Full/Part-Time Employee Benefit Rate							
Part-Time Employee Non-Benefit Rate	33.1% / 33.1%						
	13.5% / 15.5%						Totals
Senior/Full-Time Personnel		Chrgd	Calculated Costs w/ Inflation				
Principal Investigator (name):							Total Effort 0.0% or 0.0 Month(s)
0.0% (Fall, Winter, Spring) or 0.0 Months	0.00	0.00					0.00
0.0% (Summer) or 0.0 Months		0.00					0.00
Co-Principal Investigator (name):							Total Effort 0.0% or 0.0 Month(s)
0.0% (Fall, Winter, Spring) or 0.0 Months		0.00					0.00
0.0% (Summer) or 0.0 Months		0.00					0.00
Co-Principal Investigator (name):							Total Effort 0.0% or 0.0 Month(s)
0.0% (Fall, Winter, Spring) or 0.0 Months		0.00					0.00
0.0% (Summer) or 0.0 Months		0.00					0.00
Research Associate (name):							Total Effort 0.0% or 0.0 Month(s)
0.0 Month(s) Appointment		0.00					0.00
Part-Time Benefit Eligible Personnel							
Job Title (name):							
100.0% (Calendar) or 12.0 Months	100.00	10,136.56					10,136.56
Job Title (name):							
0.0% (Calendar) or 0.0 Months		0.00					0.00
Part-Time Non-Benefit Eligible Personnel (including Coop)							
Job Title (name):							
0.0% (Calendar) or 0.0 Months		0.00					0.00
Job Title (name):							
0.0% (Calendar) or 0.0 Months		0.00					0.00
Student Personnel:							
Research Assistant (name):							
0.0 Month(s) Appointment		0.00					0.00
Research Assistant (name):							
0.0 Month(s) Appointment		0.00					0.00
Undergraduate Assistant (name):							
0.0 Month(s) Appointment		0.00					0.00
Subtotal Personnel		10,136.56	0.00	0.00	0.00	0.00	10,136.56
Full/Part-Time Employee Benefit Rate		3355.20					3,355.20
Part-Time Employee Non-Benefit Rate							0.00
Total Benefits		3,355.20	0.00	0.00	0.00	0.00	3,355.20
Total Personnel		13,491.76	0.00	0.00	0.00	0.00	13,491.76
Publications							0.00
Travel (Domestic)							0.00
Travel (Foreign)							0.00
Supplies							0.00
Purchased Services							0.00
Consultant							0.00
Subcontract < \$25K							0.00
Equipment Per Unit <\$5,000							0.00
Miscellaneous							0.00
Payments to Human Subjects (IDCs incurred)							0.00
Computer Use							0.00

Proposal Title:						
From:	9/1/2016	To:	8/31/2017	Months:	12	
Modified Total Direct Cost	13,491.76	0.00	0.00	0.00	0.00	13,491.76
Research Assistants (<i>Tuition</i>):						
<i>0 (0 month appt. 0 Credits @ \$1192/\$1228 Credits)</i>						0.00
Equipment > \$5,000						0.00
Subcontract > \$25K						0.00
Participant Support (Workshops, Participant Travel, etc.)						0.00
Total Direct Cost	13,491.76	0.00	0.00	0.00	0.00	13,491.76
Indirect Cost Rate Calculation	2,698.35					2,698.35
Total Sponsor Funding	16,190.11	0.00	0.00	0.00	0.00	16,190.11

Drexel Contributions:						
Academic Year Salary 0%						0.00
Employee Benefits on AY Salary						0.00
Overhead on AY Salary						0.00
Mandatory Tuition Cost Share						0.00
Equipment Cost-Share						0.00
*VPR will cost share tuition for 1 PhD?	False	False	False	False	False	
Estimated VPR Cost Share						0.00
Total Cost Sharing	0.00	0.00	0.00	0.00	0.00	0.00

EXHIBIT B

Subcontractor Invoice Drexel University (Project Period)

Invoice Number: _____

Category	Budget	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	YTD
<u>Personnel:</u>														
Student Personnel														0
Research Assistant														0
Total wages	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fringes (none for students)														
Subtotal personnel	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<u>Other costs:</u>														
Software Licenses														0
Total direct costs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Indirect Rate														0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Subcontractor Certification _____

Date of Certification _____

AMENDMENT to Letter of Agreement between Philadelphia FIGHT and Drexel University (Year 4)

This document constitutes the amendment to the Letter of Agreement between Philadelphia FIGHT (hereafter "FIGHT") and Drexel University (hereafter "Drexel") effective 9/1/2017, under which Drexel shall perform the work defined below as the Statement of Work, for the amount agreed upon as EXHIBIT A to enable to FIGHT complete its obligation under Award #5 H97HA288940200 entitled "Positively Connected for Health (PC4H)" funded by the Health Resources and Service Administration (HRSA) - Award #5 H97HA288940200 .

This document incorporates by reference the information contained in the Letter of Agreement Year 2 and is subject to the successful completion of the deliverables included in the following Year 4 Statement of Work but for which there remains ongoing tasks to be performed by way of further development and/or updating during the course of this Letter of Agreement Year 4.

Drexel and FIGHT Amended the Original Agreement, entering into Letter of Agreement (Year 2), effective 9/22/17. This document, Amendment (Year 4), modifies those terms and conditions:

1. The period of performance for this amendment for Drexel University is as follows:
Start Date: 9/1/18 - End Date: 8/31/19
2. The funding for this agreement is changed as follows:
The total estimated cost for full performance of this amendment Year 4 of the grant shall not exceed USD \$11,000.00 . A detailed breakdown is provided in the attached budget Exhibit A.

Carry forward of unspent balances into the next period of performance requires FIGHT's written prior approval, and Drexel must submit all carryover requests to FIGHT's Finance Director in writing.
3. The Statement of Work has been updated as shown below in Section 1.
There are no new feature requests for year 4. Drexel will continue to support and maintain application. Specific details about support and maintenance can be found below in Section 1.

Except as modified herein, all other terms and conditions of the Agreement entered into on 9/22/17 remain in effect and unchanged.

1. **STATEMENT OF WORK**

1.1 Drexel's work shall conform to the following activities in Statement of Work approved by FIGHT below:

Development Services. Drexel's Department of Computing and Informatics will partner with Nadia Dowshen, MD and her team at the Craig-Dalsimer Division of Adolescent Medicine at the Children's Hospital of Philadelphia (CHOP) and Helen Koenig, MD and her team at Philadelphia FIGHT to design and develop a mobile health application to address the medicine adherence needs of HIV+ patients 14-34 years old.

For Year 4, Drexel shall provide CHOP and FIGHT teams with the Android application that was started in Year 1 of the grant according to CHOP and FIGHT's specifications outlined below. Each feature will be tested thoroughly by the CHOP, FIGHT, and Drexel teams to identify bugs and determine functionality. The Drexel team will provide bug fixes that fall within the parameters identified in the Ongoing Maintenance section of this agreement.

The final deliverable will include a fully functioning Android application that will be compatible with the majority of Android devices that support Android Operating System Version 5.0 (lollipop). A fully functional Android application will have the following agreed upon features below. The following list serves as a comprehensive description of features for the application to be completed in Year 4 unless otherwise agreed upon by CHOP.

TreatYourSelf (TYS) App Functions

Data Synchronization of users data

The following data will be stored both on the user's device as well as the server. This will allow the user to uninstall and reinstall the application. Once the application is reinstalled, the data listed below will be retried by the application from the server and stored locally on the user's device for future use.

- Synchronization of Reminder records
- Synchronization of Appointment records
- Synchronization of Refill Records
- Data push to the server for Care Providers
 - o Synchronization is unavailable for this feature because the information for the care provider is not being stored on the server. Only the care provider type (Family, etc...). is being store on the server

Homepage (4 Quadrants: Reminder Countdown, Avatar, Calendar, and Leaderboard)

- **Reminder Countdown:** clock shows time left until next medication reminder
 - Reminders are time (See Reminders in Sidebar section)
 - Icons for taking meds, snoozing medication reminder, and dismissing medication reminder appear in this quadrant (checkmark, alarm clock, no symbol).
 - User can record medication adherence by selecting an icon when the push notification for the medication reminder goes off (see Reminders in Sidebar section).
- **Avatar:** created by user to represent them within the app
 - Avatar can be selected from a predefined set list of stock avatar images from the homepage,
 - User's points are displayed in this quadrant
 - Users will be able to select from predefined Avatar images
- **Calendar:** used to track user's recorded medication adherence
 - Calendar can be selected from the homepage.
 - Dots underneath each day in the calendar indicate medication adherence
 - Purple = recorded meds taken
 - Grey = recorded meds not taken
 - White = app wasn't opened, med adherence wasn't recorded
 - Different views are available: Week, Month, Year
 - Appoint reminders can be added via "+ appointments"
- **Leaderboard:** displays all users and their point totals
 - Leaderboard can be selected from homepage
- **My Support Heart:** contacts inputted by user
 - Clicking on the pink heart opens a list of inputted contacts. User can call or text these contacts by clicking on the respective phone and message icons.
 - Contact labels (Family, Friend, Care Provider, Other) appear with each contact.
- **Notifications button**
 - Clicking on the notifications button will take the user to a list of their notifications

Sidebar (11 Submenus: Home, Care Providers, Refills, Appointments, Reminders, Avatar, Privacy and Account, Forum, Leaderboard and Messages, Resources, FAQ)

- **Home:** clicking on this takes user back to the homepage
- **Care Providers**
 - User inputs their My Support Heart contacts' information
 - User can call or text these contacts by clicking on the respective phone and message icons.
 - Contact labels (Family, Friend, Care Provider, Other) appear with each contact.
 - Each My Support contact can be edited and/or deleted
- **Refill Reminders**
 - Refill reminder title and subtitle can be customized and appear in the push notification.

- Refill push notification appears 30 days from the date of the last refill date inputted by the user
 - Refill reminder can be edited and/or deleted
- Appointment Reminders
 - Appointment reminder title and subtitle can be customized and appear in the push notification.
 - Appointment reminder goes off on the appointment date/time inputted by the user.
 - Appointment reminder can be edited and/or deleted
 - Geolocation reminders
- Medication Reminders ()
 - Medication reminder title and subtitle can be customized and appear in the push notification.
 - ⊖ Reminder push notification contains medication adherence options (Take Meds, Snooze, Did Not Take Meds)
 - If a user indicates that they Took Meds then the appropriate points will be accumulated and added to this account.
 - If a user indicates that they did not take their meds then no points will be awarded and the activity will be recorded.
 - If the user snoozes the notification the notification will be displayed again in 15 minutes from the time the notification was snoozed.
 - Medication reminder can be edited and/or deleted
 - Points are accrued when the user records that they took their meds. Each user starts at 10 points per day for recording they took their meds. For every 5-day streak (user taking their meds for 5 days in a row), the daily point total increases by 5 points. When the user's streak of recording they took their meds in a row ends, the user goes back to receiving 10 points per day until they build their streak again.
 - Day 1-5: 10 points per day
 - Day 6 -10: 15 points per day
 - Day 11- 15: 20 points per day
 - Day 16-20: 25 points per day
 - Day 20-25: 30 points per day, etc.
- Avatar
 - Users will be able to select from a a predefined set list of stock avatar images.
- Privacy
 - Privacy policy appears here.
- Forum
 - Create a new forum topic by tapping the "+" icon in the bottom right corner of the page
 - Users can add to a forum thread by selecting their desired forum topic and typing in the message box at the bottom of their screen.

- Notifications will be generated and sent to user when another responds to their post.
- **Leaderboard and Messages**
 - List of users order by point accumulation for the current calendar month
 - Kudos button to trigger notification that is sent to the user
- **Resources**
 - Resources are listed. Clicking on a resource opens an in-app browser window.
- **FAQ**
 - User can get the most frequently asked questions answered in this side menu.
- **Account Creation**
 - Username and password are created on this screen. Once username is created, the user can't change it. The password can be changed by the user by selecting "Reset password."
- **Account**
 - User can view their current account information such as username, phone number and currently selected avatar.
 - Users can edit their information with the exception of the username, this cannot be changed
- **App Usage Data Collection and Reports.** The application sends data to an API which is to be hosted in an Amazon EC2 instance that will be created and maintained by CHOP. CCI is responsible for providing a suitable deployment script and deploying the application to this environment. CCI has provided CHOP with a detailed data dictionary which identifies the data that will be collected by the API. This data can be exported by CHOP users via the API admin interface.

Any of these features listed above that were not completed in prior years are hereby incorporated into this Letter of Agreement Year 4 based on the previously agreed upon schedule as presented in prior years.

At this time there are no additional features for year 4. CCI is in the process of finishing updates related to an APK upgrade required by Google, the notification feature, and ensuring that features listed above are completed.. Features are currently under development and/or in the process of begin tested. There is no additional costs for these tasks since they were budgeted and paid for in year 3.

Drexel agrees to an F&A of 20% for this project.

Ongoing Maintenance

The TYS application is comprised of an Android application which communicates with a web based API which will be hosted in an Amazon EC2 instance. Ongoing maintenance applies to

both the Android application as well as the web-based API.

After app deployment, Drexel will provide bug fixes for the lifetime of the grant period for the front end app and for the backend user data that is collected by the CHOP research team.

A bug is defined as a coding error which has caused the application to become unstable and prevents the regular user of the application. These bug fixes will be provided to CHOP and FIGHT at no additional cost.

CODING ERRORS that are related to devices or operating systems outside of the scope of devices covered previously in this document are not considered bugs, and requests to fix these errors/"bugs" will be considered as an enhancement. This also applies to other factors outside of Drexel's control (e.g. hardware and hosting). Drexel can be contracted to address issues that fall outside of this agreement at an agreed upon rate for the duration of this contract. Should CHOP, FIGHT, or Drexel team members identify a problem with the app, Drexel agrees to diagnose the cause of the problem to determine whether it is caused by a coding error/"bug" or from a reason unrelated to the code. If the problem is related to a source outside the scope of this agreement, Drexel will present the CHOP and FIGHT team with an invoice within 5 business days that includes the cost for fixing the issue and a timeline.

Communication

Drexel agrees to the following app-development meeting schedule with CHOP and FIGHT staff for the remainder of the 2018 calendar year:

- **11/22 (Thanksgiving) – no meeting;** CHOP will receive an email update from Drexel on 11/21
- 11/29 – phone meeting
- 12/6 – phone meeting
- 12/13 – phone meeting
- 12/20 - phone meeting
- **12/27 – no meeting;** Drexel closed
- **1/3 – no meeting;** Drexel staff out-of-office; CHOP to get email update from Drexel staff that week
- 1/10 – phone meeting

After these meetings, if all features have been completed, meetings can move to at least monthly thereafter, unless FIGHT/CHOP decide otherwise.

These meetings will only occur when there is active application development underway or there are bugs that fall under the definition of Coding Errors in the paragraph above that need to be addressed by the CCI team. These meetings will either be via a conference line or in-person.

Drexel will alert FIGHT and CHOP project staff 24 hours before going live with any major upgrades and provide FIGHT and CHOP staff with the exact date and time of these upgrades so that CHOP and FIGHT can anticipate or review the app for any problems that may have

occurred.

If Drexel sets a deadline with FIGHT or CHOP that they believe they will not meet or that they determine cannot be met, this must be communicated by email a week before the deadline to Nadia Dowshen, PI, Helen Koenig, PI, and Juliet Fink Yates, Project Director. Payment will not be administered until completion of agreed upon features or will be withheld indefinitely.

- 1.2 Any change in the Statement of Work shall be mutually agreed to in writing and signed by authorized officials of both parties prior to the commencement of Drexel's activities.
- 1.3 Drexel shall submit the Deliverable(s)/Work Product(s) ("Deliverable") to Nadia Dowshen, MD, PI at CHOP and Juliet Fink Yates, Project Director at FIGHT in the expected time frame.


SIGNATURES

 1/15/19

Daniel Clemons Chief Financial Officer, Philadelphia FIGHT Date

 1/17/19

Jane Shull, Chief Executive Officer, Philadelphia FIGHT Date

 Digitally signed by Stacia Levy
Date: 2018.12.21 11:26:54
-05'00'

Stacia Levy, Executive Director, Pre-Award Administration, Drexel University Date



Social Media ETAC Cross Site Evaluation (English)

Today's date is recorded as [TODAY] and the time is recorded as [TIMEBEG].

QUESTIONS FILLED OUT BY STAFF

ST_1. Enter interviewer ID number (i.e. the identifying interviewer number used internally to identify interviewers).

If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

— — — — —

- ST_2. Enter site of interview. (Choose one)
- 01 Coastal Bend Wellness
 - 02 Friends Community Center
 - 03 New York AIDS Institute
 - 04 Howard Brown Health
 - 05 MetroHealth
 - 06 Penn State Hershey
 - 07 Philadelphia FIGHT / CHOP
 - 08 San Francisco DPH
 - 09 Wake Forest Baptist Medical Center Clinic
 - 10 Washington University St. Louis

SC_6a. Has the participant gone for more than 6 months without visiting an HIV care provider within the past 24 months (2 years)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

SC_6b. Has the participant gone for more than 6 months without completing a CD4 test or completing a viral load test within the past 24 months (2 years)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

SC_7. When you had your last viral load test, what was the result? (Choose one) (Choose one)

- 1 Viral load greater than or equal to 200 copies per milliliter
- 2 Viral load less than 200 copies per milliliter or undetectable
- 3 I haven't had a viral load test
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

If SC_5 is equal to 1 or SC_6a is equal to 1 and SC_6b is equal to 1 or SC_7 is equal to 1 or SC_7 is equal to 3, then skip to SC_9.

SC_8. Based on your responses, the participant is not eligible for inclusion in the cross-site evaluation. Is this correct? (Choose one)

- 1 Yes, the participant is not eligible (end survey)
- 2 No, I need to correct one or more responses
- 3 There are special circumstances (proceed with the survey)

If SC_8 is equal to 1, then skip to end of questionnaire.

If SC_8 is equal to 2 then skip to SC_5.

SC_9. Has the participant provided informed consent? 1 Yes
0 No

If SC_9 is equal to 0 then Informed consent must be provided prior to data collection. and skip to SC_9.

PRACTICE QUESTIONS

To begin, here are a few practice questions so you can get used to using the computer. Move the mouse pointer to "Next Question" and click the LEFT mouse button ONCE when you are ready to continue.

PR1. Here's the first practice question: Which one of these five colors do you like best? Listen to the choices, then point to your answer with the mouse and click the left mouse button once. After you give your answer, the computer will automatically move to the next question. (Choose one) (Choose one)

- 0 Blue
- 1 Red
- 2 Green
- 3 Yellow
- 4 Orange
- 8 Refuse to Answer

PR2. Now try this question: How many months are in a year? To answer, click on the number "1" and then on "2." (You can also use the keyboard.) Click on "Clear" if you make a mistake. Click "Next Question" to continue. By the way, you can click on "Repeat Question" whenever you want to hear a question again.

- — — Months
- 998 Refuse to Answer

If PR2 is not equal to 12 then Dialogue boxes will pop up when needed to alert you to inconsistent responses and give you a chance to correct your answers. In this instance, you entered a number not equal to 12. Please correct your answer. and skip to PR2.

Now you are all set. Remember, do not hesitate to call your interviewer for help if you have trouble with any of the questions. Click on "Next Question" when you are ready to begin the interview.

SOCIOECONOMIC STATUS

S1_8. What is your date of birth? Please enter the month and year of your birth.

__ / ____ mm / yyyy

If TODAYM is not equal to S1_8M then skip to instruction before 10

If not, then skip to instruction before 10.

If AGE is less than 13 or AGE is greater than 34 then Eligibility requires participants to be older than 12 and less than 35. The date of birth you indicated indicates an age that makes you ineligible to participate in the study. and skip to S1_8.

If AGE is not equal to SC_1 then The month and year of birth you entered does not match your age that was entered by the interviewer. Please correct your answer or ask for assistance from your interviewer. and skip to S1_8.

If TODAYM is equal to S1_8M then skip to instruction before 10

If not, then skip to 10.

If AGE1 is less than 13 or AGE2 is greater than 34 then Eligibility requires participants to be older than 12 and less than 35. The date of birth you indicated indicates an age that makes you ineligible to participate in the study. and skip to S1_8.

If AGE1 is not equal to SC_1 and AGE is not equal to SC_1 and AGE2 is not equal to SC_1 then The month and year of birth you entered does not match your age that was entered by the interviewer. Please correct your answer or ask for assistance from your interviewer. and skip to S1_8.

Sex and current gender identity

10. What is your current gender identity? (Choose one) (Choose one)
- 1 Male (that is, Cisgender man)
 - 2 Female (that is, Cisgender woman)
 - 3 Trans man or Transgender man
 - 4 Trans woman or Transgender woman
 - 5 Genderqueer or Gender nonconforming
 - 6 Other
 - 8 Refuse to Answer

If 10 is not equal to 6, then skip to 11.

10_s. Specify other gender identity:

11. What was your assigned sex at birth?
- 1 Male
 - 2 Female
 - 8 Refuse to Answer

Education

14. Are you currently in school?
- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |
15. How much school have you completed? (Choose one) (Choose one)
- | | |
|---|---|
| 1 | 8th grade (junior high) or less |
| 2 | Some high school |
| 3 | Completed high school (Grade 12), HS diploma or received GED |
| 4 | Some college, professional, vocational, or trade school |
| 5 | Associates degree or trade certificate |
| 6 | Bachelor's degree |
| 7 | Higher than Bachelor's degree (Master's, PhD, Professional, etc.) |
| 8 | Refuse to Answer |

Income and employment

16. How much money, from all sources combined, did you receive last month? Include money received formally and informally from a job, legally, illegally, under the table, from disability, public assistance, disability, allowance, or any other sources.

\$	__	__	__	__	__	Dollars
				99997		Don't Know/Not Sure
				99998		Refuse to Answer

17. What is your current employment status? (Check all that apply) (Check all that apply)

- Student
- Full-time employed
- Part-time employed
- Disabled
- Unemployed - looking for work
- Unemployed - not looking for work
- Refuse to Answer

Relationship Status

18. What is your current relationship status? (Choose one) (Choose one)

- 1 Single and not dating anyone special
- 2 Dating someone in an open relationship (have sex with other people)
- 3 Dating someone in a closed relationship (don't have sex with other people)
- 4 Partnered or married in an open relationship (have sex with other people)
- 5 Partnered or married in a closed relationship (don't have sex with other people)
- 6 Other
- 8 Refuse to Answer

If 18 is not equal to 6, then skip to instruction before 19.

18_s. Specify other relationship status:

Sexual Orientation Identity

Next, we will ask you about your sexual orientation and identity.

19. Do you consider yourself to be: (Choose one) (Choose one)
- | | |
|---|---------------------|
| 1 | Straight |
| 2 | Lesbian or gay |
| 3 | Bisexual |
| 4 | Queer |
| 5 | Other |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

If 19 is not equal to 5, then skip to 20.

19_s. Specify other orientation:

20. During the past 12 months, have you had sex with only males, only females, or with both males and females? (Choose one) (Choose one)
- | | |
|---|---|
| 1 | Only males |
| 2 | Only females |
| 3 | Both males and females |
| 4 | I haven't had sex in the past 12 months |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

HOUSING STABILITY

Next, we will ask you about your housing situation.

21. During the past 6 months, in what types of places have you lived? (Check all that apply)
(Check all that apply)

- A house, apartment or flat that you own or rent (this includes shared rent with others)
- Family member's house, apartment or flat (which they own or pay rent)
- Friend's house, apartment or flat (which they own or pay rent)
- Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- Single room occupancy hotel, motel or boarding house
- Halfway house, drug treatment center, or independent living unit
- Homeless shelter or mission
- Domestic violence shelter, battered persons' shelter or "safe house"
- On the streets, in a parked car, in an abandoned building
- Hospital (or medical facility)
- Jail or juvenile detention
- Someplace else
- Refuse to Answer

If 21L is not equal to 1, then skip to 22.

21_s. Specify other places you lived:

22. Where have you stayed the most in the past 7 days? (Choose one) (Choose one)

- 01 A house, apartment or flat that you own or rent (this includes shared rent with others)
- 02 Family member's house, apartment or flat (which they own or pay rent)
- 03 Friend's house, apartment or flat (which they own or pay rent)
- 04 Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- 05 Single room occupancy hotel, motel or boarding house
- 06 Halfway house, drug treatment center, or independent living unit
- 07 Homeless shelter or mission
- 08 Domestic violence shelter, battered persons' shelter or "safe house"
- 09 On the streets, in a parked car, in an abandoned building
- 10 Hospital (or medical facility)
- 11 Jail or juvenile detention
- 12 Someplace else
- 98 Refuse to Answer

If 21A is equal to 0 and 22 is equal to 1 or 21B is equal to 0 and 22 is equal to 2 or 21C is equal to 0 and 22 is equal to 3 or 21D is equal to 0 and 22 is equal to 4 or 21E is equal to 0 and 22 is equal to 5 or 21F is equal to 0 and 22 is equal to 6 or 21G is equal to 0 and 22 is equal to 7 or 21H is equal to 0 and 22 is equal to 8 or 21I is equal to 0 and 22 is equal to 9 or 21J is equal to 0 and 22 is equal to 10 or 21K is equal to 0 and 22 is equal to 11 or 21L is equal to 0 and 22 is equal to 12 then You indicated having stayed in a place in the past 7 days that you did not indicate living in during the past 6 months. Please correct your answer. and skip to 21.

If 22 is not equal to 12, then skip to instruction before 23.

22_s. Specify most frequent place lived:

INCARCERATION

Next we will ask you about any experience you have had being in jail. This includes even short periods of time.

- 23. Have you ever been booked in jail, prison or juvenile detention?1
 - 0 Yes
 - 0 No
 - 8 Refuse to Answer

If 23 is not equal to 1, then skip to instruction before S2_26.

- 24. How many different times have you been booked in jail, prison or juvenile detention?
 - __ __ __ # of times
 - 998 Refuse to Answer

- 25. How many different times have you been booked in jail, prison or juvenile detention **in the past 6 months?** [Enter zero if you have not been booked in the past 6 months.]
 - __ __ __ # of times
 - 998 Refuse to Answer

If 25 is greater than 24 then You indicated being booked in jail more times in the past 6 months than in your lifetime. Please correct your answers. and skip to 23.

Section 2: BIOMEDICAL HEALTH, LINKAGE, ENGAGEMENT AND RETENTION IN CARE

Next, we will ask you about the health care or other professional support that you have had in the past 6 months.

Recent Care

S2_26. In the past 6 months, how many times did you receive care from a **doctor's office or clinic** that was not related to HIV? Enter zero if you did not receive care from a doctor's office or clinic.

— — — Times
998 Refuse to Answer

S2_27. In the past 6 months, how many times did you get care in the **emergency room or urgent care clinic** that was not related to HIV? Enter zero if you did not receive care in an emergency room or urgent care clinic.

— — — Times
998 Refuse to Answer

Recent Hospitalization

S2_28. In the past 6 months, how many times have you been admitted to or **stayed overnight in a hospital** that was not related to HIV care? Enter zero if you have not been admitted to a hospital in the past 6 months.

— — — Times
998 Refuse to Answer

LINKAGE, ENGAGEMENT AND RETENTION IN HIV CARE

S2_29. Were you born with HIV? 1 Yes
 0 No
 8 Refuse to Answer

If SC_5 is equal to 1 and S2_29 is equal to 1 then You indicated testing positive for HIV within the past 12 months in a prior question and also indicated that you were born with HIV. Please correct your answer. and skip to S2_29.

If S2_29 is equal to 1, then skip to instruction before S2_31.

S2_30. What year were you first diagnosed with HIV? _ _ _ _ yyyy
 2098 Refuse to Answer (Year)

If S2_30 is less than S1_8Y then You indicated being diagnosed with HIV in a year that occurred before you were born. Please correct your answer. and skip to S2_29.

If SC_5 is equal to 1 and TODAY - S2_30 is greater than 1 then You indicated that you first tested positive for HIV within the past 12 months in an earlier question. You also entered a year of diagnosis that indicates you tested positive more than a year ago. Please correct your answer. and skip to S2_30.

If S2_30 is greater than TODAY then You indicated a date later than today. Please correct your answer. and skip to S2_30.

Next, we will ask you about your experiences getting health care for HIV.

ENGAGEMENT IN CARE

S2_31. Have you ever received **health care for HIV** in a doctor's office or clinic (primary HIV care)?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S2_31 is not equal to 1, then skip to instruction before S2_48.

S2_32. How old were you when you **first received health care for HIV** in a doctor's office or clinic (primary HIV care)?

- __ __ Years old
- 98 Refuse to Answer

If S2_32 is greater than AGE then You indicated an age for first getting health care for HIV that is older than your age based on your date of birth. Please correct your answer. and skip to S2_32.

S2_33. What was your CD4 cell count or T cell count when you **first received health care for HIV** in a doctor's office or clinic (primary HIV care)?

- __ __ __ __ CD4 cell (T cell) count
- 9997 Don't Know/Not Sure
- 9998 Refuse to Answer

S2_34. What was your viral load when you **first received health care for HIV** in a doctor's office or clinic (primary HIV care)?

- __ __ __ __ __ __ __ __ viral load
- 999997 Don't Know/Not Sure
- 999998 Refuse to Answer

RETENTION IN CARE

Next, we will ask you about your experiences getting **health care for HIV** during the past 6 and 12 months.

S2_35. In the past 6 months, how many times did you **receive health care for HIV** in a doctor's office or clinic? Enter zero if you did not get health care for HIV in the past 6 months.

— — — Times
 998 Refuse to Answer

S2_36. In the past 12 months, how many times did you **receive health care for HIV** in a doctor's office or clinic? Enter zero if you did not get health care for HIV in the past 12 months.

— — — Times
 998 Refuse to Answer

If S2_36 is less than S2_35 then You indicated receiving HIV care fewer times in the past 12 months than the past 6 months. Please correct your answers. and skip to S2_35.

QUALITY OF CARE

Next, we will ask you about blood tests you have had in the past 6 months.

S2_37. When you had your last viral load test, what was the result? (Choose one)

- 1 Detectable
- 2 Undetectable
- 3 I haven't had a viral load test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_38. When you had your last CD4 cell test or T cell count, what was the result? (Choose one)

- 1 Less than 200
- 2 201 to 349
- 3 350 to 499
- 4 500 or higher
- 5 I haven't had a CD4 or T cell test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_39. What is the lowest CD4 cell count or T cell count you have ever had? (Choose one)

- 1 Less than 200
- 2 201 to 349
- 3 350 to 499
- 4 500 or higher
- 5 I haven't ever had a CD4 or T cell test
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

If S2_38 is less than S2_39 and S2_39 is not equal to 5 then You indicated that your last CD4 cell test was lower than the lowest CD4 cell count you have ever had. Please correct your answers. and skip to S2_38.

If (S2_38 is equal to 1 or S2_38 is equal to 2 or S2_38 is equal to 3 or S2_38 is equal to 4) and S2_39 is equal to 5 then You indicated that you haven't ever had a CD4 cell test, but reported results for your last CD4 cell test. Please correct your answers. and skip to S2_38.

S2_40. Have you ever had an infection or cancer that is related to HIV or AIDS [for example: Tuberculosis (TB), Kaposi's sarcoma (K.S.), Pneumocystis pneumonia (PCP), Cytomegalovirus (CMV)]?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_41. Have you ever been told by a medical provider that you have an AIDS diagnosis?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

TREATMENT

S2_42. Have you ever been given a prescription for ART or HIV medication? ART stands for Anti-Retroviral Therapy. It is medicine that reduces the amount of HIV in your body.

1 Yes
0 No
8 Refuse to Answer

S2_43. Have you ever taken ART or HIV medication?

1 Yes
0 No
7 Don't Know/Not Sure
8 Refuse to Answer

If S2_43 is not equal to 1, then skip to S2_45.

S2_44. How old were you when you first took ART or HIV medication?

__ __ Years old
98 Refuse to Answer

If S2_44 is greater than AGE then You indicated an age for first taking ART that is older than your age based on your date of birth. Please correct your answer. and skip to instruction before S2_44.

S2_45. Does the doctor who you see about your HIV care recommend that you take ART or HIV medication now? If you do not currently see a doctor about HIV care, select "Not Applicable".

1 Yes
0 No
8 Refuse to Answer
9 Not Applicable

If S2_43 is not equal to 1, then skip to instruction before S2_48.

S2_46. Are you taking ART or HIV medication now?

1 Yes
0 No
8 Refuse to Answer

If S2_46 is not equal to 1, then skip to instruction before S2_48.

ADHERENCE

Next we will ask you about your adherence to your HIV medication during the previous month.

S2_47. During the previous month, please rate your ability to take all your HIV medications as prescribed. (Choose one)

- | | |
|---|------------------|
| 1 | Very poor |
| 2 | Poor |
| 3 | Fair |
| 4 | Good |
| 5 | Very good |
| 6 | Excellent |
| 8 | Refuse to Answer |

INSURANCE

Next, we will ask you about your health insurance.

S2_48. What type of health insurance do you currently have? (Check all that apply) (Check all that apply)

- I do not have any health insurance
- Medicaid
- Medicare
- Private medical insurance or employer-provided insurance
- Student insurance
- Insurance through parent
- Insurance through partner
- Other
- Don't Know/Not Sure
- Refuse to Answer

If S2_48A is equal to 1 and S2_48 is greater than 1 then You indicated that you do not have any health insurance AND one or more types of insurance. Please correct your answers. and skip to S2_48.

If S2_48H is not equal to 1, then skip to instruction before S2_49.

S2_48_s. Specify other type of health insurance:

If S2_46 is not equal to 1, then skip to instruction before S2_50.

S2_49. Do you currently receive your HIV medications through the AIDS Drug Assistance Program (ADAP)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

HEALTH ENGAGEMENT

Next, we will ask you about your knowledge of the HIV medical care that you can get and the relationship that you have with your provider.

S2_50. I know where to get HIV medical care when my local provider is closed. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_51. There are others I can talk to about questions or concerns I have about my health. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_52. I know how to use my health insurance to get health care or medication. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_53. I am confident that I understand which services are confidential and which are not. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

If AGE is greater than 17, then skip to S2_55.

S2_54. I know of a place (other than my local provider) where young people can go to see a doctor or other health care provider without their parents or guardians knowing about it. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_55. I will tell a doctor or other health care provider my concerns, even if they do not ask. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_56. I talk to my doctor or other health care provider about different options to address health problems or concerns. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_57. I make appointments for myself to see a doctor or other health care provider. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_58. When I make a plan with a doctor or other health care provider, I can follow through on the plan at home. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

S2_59. I have a safe and trusting relationship with at least one doctor or other health care provider. (Choose one)

- 1 Strongly disagree
- 2 Somewhat disagree
- 3 Somewhat agree
- 4 Strongly agree
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

If S2_31 is not equal to 1, then skip to instruction before S3_70.

CARE MEASURE (PROVIDER EMPATHY)

Next, we will ask you about your last visit to doctor's office for HIV care. Please rate the following statements about your visit.

S2_60. How was the doctor at **making you feel at ease**... (being friendly and warm towards you, treating you with respect; not cold or arrogant)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_61. How was the doctor at **letting you tell your "story"**... (giving you time to fully describe your illness in your own words; not interrupting or diverting you)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_62. How was the doctor at **really listening**... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_63. How was the doctor at **being interested in you as a whole person...** (asking or knowing relevant details about your life, your situation; not treating you as "just a number")? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_64. How was the doctor at **fully understanding your concerns...** (communicating that he or she had accurately understood your concerns; not overlooking or dismissing anything)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_65. How was the doctor at **showing care and compassion...** (seeming genuinely concerned, connecting with you on a human level; not being indifferent or "detached")? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_66. How was the doctor at **being positive...** (having a positive approach or a positive attitude; being honest but not negative about your problems)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_67. How was the doctor at **explaining things clearly**... (fully answering your questions, explaining clearly, giving you adequate information; not being vague)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_68. How was the doctor at **helping you to take control**... (exploring with you what you can do to improve your health yourself; encouraging rather than "lecturing" you)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

S2_69. How was the doctor at **making a plan of action with you**... (discussing the options; involving you in decisions as much as you want to be involved; not ignoring your views)? (Choose one)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- 8 Refuse to Answer
- 9 Not Applicable

Section 3 - INTERVENTION EXPOSURE

Next we will ask you about individuals who may have encouraged or reminded you to go for HIV care. Many of these individuals will be staff from [SITE]. If you are currently taking HIV medications, we will then ask you about individuals who may have encouraged or reminded you to take your medications.

S3_70. In the past 6 months, who has encouraged or reminded you to go for HIV care? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to go for HIV care
- Refuse to Answer

If S3_70S is equal to 1 and S3_70 is greater than 1 then You indicated that you were not encouraged or reminded to go for HIV care AND indicated individuals who encouraged or reminded you to go for HIV care. Please correct your answers. and skip to S3_70.

If S3_70R is not equal to 1, then skip to instruction before S3_71.

S3_70_s. Specify who else encouraged or reminded you to go for HIV care:

If S3_70A is not equal to 1, then skip to instruction before S3_72.

S3_71. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_73.

S3_72. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_74.

S3_73. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_75.

S3_74. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_76.

S3_75. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_77.

S3_76. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_78.

S3_77. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_79.

S3_78. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_80.

S3_79. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_81.

S3_80. To the best of your knowledge, was the [Response to S3_70_s] who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_70A is not equal to 1, then skip to instruction before S3_82.

S3_81. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_83.

S3_82. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_84.

S3_83. Select the ways that the social media specialist encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_85.

S3_84. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_86.

S3_85. Select the ways that the case manager or social worker encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_87.

S3_86. Select the ways that the physician (doctor) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_88.

S3_87. Select the ways that the physician assistant encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_89.

S3_88. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_90.

S3_89. Select the ways that the mental health provider encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70J is not equal to 1, then skip to instruction before S3_91.

S3_90. Select the ways that your parent or guardian encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70K is not equal to 1, then skip to instruction before S3_92.

S3_91. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70L is not equal to 1, then skip to instruction before S3_93.

S3_92. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70M is not equal to 1, then skip to instruction before S3_94.

S3_93. Select the ways that your sex partner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70N is not equal to 1, then skip to instruction before S3_95.

S3_94. Select the ways that your relative encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70O is not equal to 1, then skip to instruction before S3_96.

S3_95. Select the ways that your friend encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70P is not equal to 1, then skip to instruction before S3_97.

S3_96. Select the ways that your coach or teacher encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_98.

S3_97. Select the ways that your pastor, rabbi, or clergy encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_99.

S3_98. Select the ways that the [Response to S3_70_s] encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S2_46 is not equal to 1, then skip to instruction before S4_128.

S3_99. In the past 6 months, who has encouraged or reminded you to **take your HIV medications**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to take my HIV medications
- Refuse to Answer

If S3_99S is equal to 1 and S3_99 is greater than 1 then You indicated that you were not encouraged or reminded to take your HIV medications AND indicated individuals who encouraged or reminded you to take your HIV medications. Please correct your answers. and skip to S3_99.

If S3_99R is not equal to 1, then skip to instruction before S3_100.

S3_99_s. Specify who else encouraged or reminded you to **take your HIV medications**:

If S3_99A is not equal to 1, then skip to instruction before S3_101.

S3_100. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_102.

S3_101. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_103.

S3_102. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_104.

S3_103. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_105.

S3_104. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_106.

S3_105. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **take your HIV medications** from [SITE]?

1	Yes
0	No
8	Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_107.

S3_106. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_108.

S3_107. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_109.

S3_108. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S3_110.

S3_109. To the best of your knowledge, was the [Response to S3_99_s] who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_99A is not equal to 1, then skip to instruction before S3_111.

S3_110. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_112.

S3_111. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_113.

S3_112. Select the ways that the social media specialist encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_114.

S3_113. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_115.

S3_114. Select the ways that the case manager or social worker encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_116.

S3_115. Select the ways that the physician (doctor) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_117.

S3_116. Select the ways that the physician assistant encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_118.

S3_117. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_119.

S3_118. Select the ways that the mental health provider encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99J is not equal to 1, then skip to instruction before S3_120.

S3_119. Select the ways that your parent or guardian encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99K is not equal to 1, then skip to instruction before S3_121.

S3_120. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99L is not equal to 1, then skip to instruction before S3_122.

S3_121. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99M is not equal to 1, then skip to instruction before S3_123.

S3_122. Select the ways that your sex partner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99N is not equal to 1, then skip to instruction before S3_124.

S3_123. Select the ways that your relative encouraged or reminded you to **take your HIV medications.** (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99O is not equal to 1, then skip to instruction before S3_125.

S3_124. Select the ways that your friend encouraged or reminded you to **take your HIV medications.** (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99P is not equal to 1, then skip to instruction before S3_126.

S3_125. Select the ways that your coach or teacher encouraged or reminded you to **take your HIV medications.** (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99Q is not equal to 1, then skip to instruction before S3_127.

S3_126. Select the ways that your pastor, rabbi, or clergy who encouraged or reminded you to **take your HIV medications.** (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S4_128.

S3_127. Select the ways that [Response to S3_99_s] encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

Section 4 - BARRIERS TO CARE

SUPPORT SERVICES

Next we will ask you about support or social services you may have received in the past 6 months.

S4_128. In the past 6 months, have you **needed** any of the following support services? (Check all that apply) (Check all that apply)

- Housing
- Food
- Clothing
- Toiletries and hygiene products (toothbrush, deodorant, soap, etc.)
- Transportation
- Employment services
- Case management
- Mental health counseling or treatment
- Substance use counseling or drug treatment
- Healthcare insurance counseling
- Healthcare service navigation
- Hormone therapy
- Post-incarceration or parole services
- Other
- I did not need any support services
- Refuse to Answer

If S4_128O is equal to 1 and S4_128 is greater than 1 then You indicated that you did not need any support services, but also selected support services needed. Please correct your answers. and skip to S4_128.

If S4_128N is not equal to 1, then skip to instruction before S4_129.

S4_128_s. Specify other support services needed:

If S4_128O is equal to 1, then skip to instruction before S4_143.

For the following questions, you will be asked about the support or social services you **used or received** in the past 6 months. Do not indicate "Yes" for support services you received from friends or family, such as food or clothing you received from friends.

If S4_128A is not equal to 1, then skip to instruction before S4_130.

S4_129. In the past 6 months, have you **used or received** support services for housing?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_128B is not equal to 1, then skip to instruction before S4_131.

S4_130. In the past 6 months, have you **used or received** support services for food?

1	Yes
0	No
8	Refuse to Answer

If S4_128C is not equal to 1, then skip to instruction before S4_132.

S4_131. In the past 6 months, have you **used or received** support services for clothing?

1	Yes
0	No
8	Refuse to Answer

If S4_128D is not equal to 1, then skip to instruction before S4_133.

S4_132. In the past 6 months, have you **used or received** support services for toiletries and hygiene products (toothbrush, deodorant, soap, etc.)?

1	Yes
0	No
8	Refuse to Answer

If S4_128E is not equal to 1, then skip to instruction before S4_134.

S4_133. In the past 6 months, have you **used or received** support services for transportation?

1	Yes
0	No
8	Refuse to Answer

If S4_128F is not equal to 1, then skip to instruction before S4_135.

S4_134. In the past 6 months, have you **used or received** support services for employment services?

1	Yes
0	No
8	Refuse to Answer

If S4_128G is not equal to 1, then skip to instruction before S4_136.

S4_135. In the past 6 months, have you **used or received** support services for case management?

1	Yes
0	No
8	Refuse to Answer

If S4_128H is not equal to 1, then skip to instruction before S4_137.

S4_136. In the past 6 months, have you **used or received** support services for mental health counseling or treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128I is not equal to 1, then skip to instruction before S4_138.

S4_137. In the past 6 months, have you **used or received** support services for substance use counseling or drug treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128J is not equal to 1, then skip to instruction before S4_139.

S4_138. In the past 6 months, have you **used or received** support services for healthcare insurance counseling?

1 Yes
0 No
8 Refuse to Answer

If S4_128K is not equal to 1, then skip to instruction before S4_140.

S4_139. In the past 6 months, have you **used or received** support services for healthcare service navigation?

1 Yes
0 No
8 Refuse to Answer

If S4_128L is not equal to 1, then skip to instruction before S4_141.

S4_140. In the past 6 months, have you **used or received** support services for hormone therapy?

1 Yes
0 No
8 Refuse to Answer

If S4_128M is not equal to 1, then skip to instruction before S4_142.

S4_141. In the past 6 months, have you **used or received** support services for post-incarceration or parole services?

1 Yes
0 No
8 Refuse to Answer

If S4_128N is not equal to 1, then skip to instruction before S4_143.

S4_142. In the past 6 months, have you **used or received** support services for [Response to S4_128_s]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

COMPETING NEEDS

Next, we will ask you about meeting your basic needs.

S4_143. In the past 6 months, **have you ever gone without HIV medications** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_144. In the past 6 months, **have you ever gone without food, clothing, housing, or other basic needs** because you needed the money for HIV medications?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_145. In the past 6 months, have you put off going to the doctor for HIV because of any of the following: (Check all that apply) (Check all that apply)

- You could not get off work
- You were too sick
- You did not have a way to get there
- You were taking care of someone else who is important to you
- You did not feel safe or comfortable with the doctor
- Other
- I have not put off going to the doctor
- Refuse to Answer

If S4_145G is equal to 1 and S4_145 is greater than 1 then You indicated that you did not put off going to the doctor, but indicated a reason. Please correct your answers. and skip to S4_145.

If S4_145F is not equal to 1, then skip to S4_146.

S4_145_s. Specify other reason you put off going to the doctor for HIV:

S4_146. **Have you ever not gone to your HIV doctor or gone without HIV healthcare** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_147. **Have you ever gone without food, clothing, housing, or other basic needs**
because you needed the money to go to your HIV doctor or for HIV healthcare?

- 1 Yes
- 0 No
- 8 Refuse to Answer

DISCLOSURE

Next we will ask you if you have ever disclosed your HIV status to anyone.

S4_148. Who have you told that you have HIV? (Check all that apply) (Check all that apply)

- No one
- My main partner or spouse
- One or more other sex partners
- One or more family members
- One or more friends
- Health care providers
- Coach or teacher
- Pastor, rabbi, or clergy
- Staff from &[SITE]
- Other
- Refuse to Answer

If S4_148A is equal to 1 and S4_148 is greater than 1 then You indicated that you told no one that you have HIV, but indicated who you have told. Please correct your answers. and skip to S4_148.

If S4_148J is not equal to 1, then skip to instruction before S4_149.

S4_148_s. Specify other person you told you have HIV:

STIGMA

Next, we will ask you about how having HIV makes you feel about yourself. Please tell us if you agree or disagree with each of the following statements.

S4_149. I have been hurt by how people reacted to learning I have HIV. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Refuse to Answer

S4_150. I have stopped socializing with some people because of their reactions to my having HIV. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Refuse to Answer

S4_151. I have lost friends by telling them I have HIV. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Refuse to Answer

S4_152. I am very careful who I tell that I have HIV. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Refuse to Answer

S4_153. I worry that people who know I have HIV will tell others. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Agree
- 4 Strongly agree
- 8 Refuse to Answer

- S4_154. I feel that I am not as good a person as others because I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_155. Having HIV makes me feel unclean. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_156. Having HIV makes me feel that I'm a bad person. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_157. Most people think that a person with HIV is disgusting. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_158. Most people with HIV are rejected when others find out. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |

MENTAL HEALTH

Now, we will ask you about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

- | | | |
|--|--|------------------------|
| S4_159. Have you felt calm and peaceful? (Choose one) | 1 | All of the time |
| | 2 | Most of the time |
| | 3 | A good bit of the time |
| | 4 | Some of the time |
| | 5 | A little of the time |
| | 6 | None of the time |
| | 8 | Refuse to Answer |
| | S4_160. Did you have a lot of energy? (Choose one) | 1 |
| 2 | | Most of the time |
| 3 | | A good bit of the time |
| 4 | | Some of the time |
| 5 | | A little of the time |
| 6 | | None of the time |
| 8 | | Refuse to Answer |
| S4_161. Have you felt downhearted and blue? (Choose one) | | 1 |
| | 2 | Most of the time |
| | 3 | A good bit of the time |
| | 4 | Some of the time |
| | 5 | A little of the time |
| | 6 | None of the time |
| | 8 | Refuse to Answer |
| | S4_162. During the <u>past 4 weeks</u> , how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives, etc.)? (Choose one) | 1 |
| 2 | | Most of the time |
| 3 | | A good bit of the time |
| 4 | | Some of the time |
| 5 | | A little of the time |
| 6 | | None of the time |
| 8 | | Refuse to Answer |

SUBSTANCE USE

Next we will ask you questions about your alcohol and drug use. Please remember that any information you provide will be kept strictly confidential. The first group of questions will be about drugs that you may have used but did not inject. We will discuss injection drug use later.

S4_163. Have you ever used any of the following substances other than those prescribed to you? Only include substances you did not inject. Don't worry if you don't see a substance you have used on this list. The list of substances continues on the next screen for easier viewing. (Check all that apply) (Check all that apply)

- Alcohol
- Tobacco, cigarettes, e-cigarettes, hookah
- Marijuana (not prescribed)
- Synthetic marijuana also known as "K2" or "Spice"
- Marijuana laced with PCP also known as "wet"
- Methamphetamine also known as crystal, "Tina", speed
- Amphetamines or uppers
- Molly, MDMA, Ecstasy (XTC)
- LSD or other hallucinogens like mushrooms or acid
- Poppers, nitrates or other inhalants like glue or paint thinner
- Powder cocaine also known as snow or blow
- Crack cocaine also known as rock
- No, I have never used any of these substances
- Refuse to Answer

If S4_163M is equal to 1 and S4_163 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_163.

S4_164. CONTINUED: Have you ever used any of the following substances other than those prescribed to you? Only include substances you did not inject. (Check all that apply)
(Check all that apply)

- Heroin
- Special K
- Primos which are marijuana and rock together
- Synthetic cathinones also known as "Bath salts"
- Syrup, Lean, Purple Drank (Codeine cough syrup)
- Painkillers like Oxycontin and Vicodin
- Tranquilizers or sedatives like Valium and Xanax
- ADHD medication like Adderall and Ritalin
- Over the counter drugs like Coricidin, cough medicine, Sudafed, and Robitussin
- Any other drug not listed
- No, I have never used any of these substances
- Refuse to Answer

If S4_164K is equal to 1 and S4_164 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_164.

If S4_164J is not equal to 1, then skip to instruction before S4_165.

S4_164_s. Specify other drug you did not inject:

If S4_163A is not equal to 1, then skip to instruction before S4_166.

S4_165. In the past 6 months, how often have you used **alcohol**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163B is not equal to 1, then skip to instruction before S4_167.

S4_166. In the past 6 months, how often have you used **tobacco, cigarettes, e-cigarettes, or hookah**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163C is not equal to 1, then skip to instruction before S4_168.

S4_167. In the past 6 months, how often have you used **marijuana (not prescribed)**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163D is not equal to 1, then skip to instruction before S4_169.

S4_168. In the past 6 months, how often have you used **synthetic marijuana also known as "K2" or "Spice"**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163E is not equal to 1, then skip to instruction before S4_170.

S4_169. In the past 6 months, how often have you used **marijuana laced with PCP also known as "wet"**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163F is not equal to 1, then skip to instruction before S4_171.

S4_170. In the past 6 months, how often have you used **methamphetamine also known as crystal, "Tina", or speed?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163G is not equal to 1, then skip to instruction before S4_172.

S4_171. In the past 6 months, how often have you used **amphetamines or uppers?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163H is not equal to 1, then skip to instruction before S4_173.

S4_172. In the past 6 months, how often have you used **Molly, MDMA, or Ecstasy (XTC)?**
(Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163I is not equal to 1, then skip to instruction before S4_174.

S4_173. In the past 6 months, how often have you used **LSD or other hallucinogens like mushrooms or acid?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163J is not equal to 1, then skip to instruction before S4_175.

S4_174. In the past 6 months, how often have you used **poppers, nitrates or other inhalants like glue or paint thinner?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163K is not equal to 1, then skip to instruction before S4_176.

S4_175. In the past 6 months, how often have you used **powder cocaine also known as snow or blow?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_163L is not equal to 1, then skip to instruction before S4_177.

S4_176. In the past 6 months, how often have you used **crack cocaine also known as rock?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164A is not equal to 1, then skip to instruction before S4_178.

S4_177. In the past 6 months, how often have you used **heroin?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164B is not equal to 1, then skip to instruction before S4_179.

S4_178. In the past 6 months, how often have you used **Special K**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164C is not equal to 1, then skip to instruction before S4_180.

S4_179. In the past 6 months, how often have you used **Primos, which are marijuana and rock together**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164D is not equal to 1, then skip to instruction before S4_181.

S4_180. In the past 6 months, how often have you used **synthetic cathinones also known as "Bath salts"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164E is not equal to 1, then skip to instruction before S4_182.

S4_181. In the past 6 months, how often have you used **Syrup, Lean, or Purple Drank (Codeine cough syrup) (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164F is not equal to 1, then skip to instruction before S4_183.

S4_182. In the past 6 months, how often have you used painkillers like **Oxycontin and Vicodin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164G is not equal to 1, then skip to instruction before S4_184.

S4_183. In the past 6 months, how often have you used **tranquilizers, or sedatives like Valium and Xanax (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164H is not equal to 1, then skip to instruction before S4_185.

S4_184. In the past 6 months, how often have you used **ADHD medication like Adderall and Ritalin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164I is not equal to 1, then skip to instruction before S4_186.

S4_185. In the past 6 months, how often have you used **over the counter (OTC) drugs like Coricidin (nicknamed Triple C's), cough medicine (DXM), Sudafed and Robitussin that you have taken for recreational use?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164J is not equal to 1, then skip to instruction before S4_187.

S4_186. In the past 6 months, how often have you used **[Response to S4_164_s]**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

Now we would like to ask about injecting drugs. We are speaking of drugs other than hormones that you may have injected for the purposes of getting high.

S4_187. In your lifetime have you ever injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |

If S4_187 is not equal to 1, then skip to instruction before S4_196.

S4_188. In the past 6 months have you injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |

If S4_188 is not equal to 1, then skip to instruction before S4_196.

S4_189. In the past 6 months, how often have you injected **cocaine**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

S4_190. In the past 6 months, how often have you injected **heroin**? (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

S4_191. In the past 6 months, how often have you injected **cocaine and heroin (speedball)**?
(Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_192. In the past 6 months, how often have you injected **methamphetamine also known as crystal, "Tina", or speed?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_193. In the past 6 months, how often have you injected **amphetamines or uppers?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_194. In the past 6 months, how often have you injected **downers or barbiturates?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_195. In the past 6 months, how often have you injected **any other drug not listed?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_195 is equal to 0 or S4_195 is equal to "Refuse to Answer", then skip to instruction before S4_196.

S4_195_s. Specify other drug injected:

If S4_189 is equal to 0 and S4_190 is equal to 0 and S4_191 is equal to 0 and S4_192 is equal to 0 and S4_193 is equal to 0 and S4_194 is equal to 0 and S4_195 is equal to 0 then You indicated not injecting any drugs by checking ZERO for all drugs. This is inconsistent with your earlier response that you have injected drugs in the past 6 months. Please correct your answers. and skip to S4_188.

SOCIAL SUPPORT subscale from Coping Self-efficacy scale

Next, we will ask you about support you receive from friends and family. How confident are you that you can get support from friends and family?

S4_196. I can get friends to help me with the things I need. Select a point on the line from "Not confident at all" to "Very confident".

- 00 Not confident at all
- 01
- 02
- 03
- 04
- 05 Somewhat confident
- 06
- 07
- 08
- 09
- 10 Very confident
- 98 Refuse to Answer

S4_197. I can get emotional support from friends and family. Select a point on the line from "Not confident at all" to "Very confident".

- 00 Not confident at all
- 01
- 02
- 03
- 04
- 05 Somewhat confident
- 06
- 07
- 08
- 09
- 10 Very confident
- 98 Refuse to Answer

S4_198. I can make new friends. Select a point on the line from "Not confident at all" to "Very confident".

- 00 Not confident at all
- 01
- 02
- 03
- 04
- 05 Somewhat confident
- 06
- 07
- 08
- 09
- 10 Very confident
- 98 Refuse to Answer

Section 5 - MEDIA TECHNOLOGY USAGE AND ATTITUDES

E-mailing subscale

The next set of questions asks how you use e-mail, the internet and social media to communicate and carry out other tasks.

Please indicate how often you do each of the following e-mail activities on any device (mobile phone, laptop, desktop, etc.).

S5_199. How often do you **send, receive and read e-mails (not including spam or junk mail)**? (Choose one)

- | | |
|----|-----------------------|
| 00 | Never |
| 01 | Once a month |
| 02 | Several times a month |
| 03 | Once a week |
| 04 | Several times a week |
| 05 | Once a day |
| 06 | Several times a day |
| 07 | Once an hour |
| 08 | Several times an hour |
| 09 | All the time |
| 98 | Refuse to Answer |

S5_200. How often do you **check your personal e-mail**? (Choose one)

- | | |
|----|-----------------------|
| 00 | Never |
| 01 | Once a month |
| 02 | Several times a month |
| 03 | Once a week |
| 04 | Several times a week |
| 05 | Once a day |
| 06 | Several times a day |
| 07 | Once an hour |
| 08 | Several times an hour |
| 09 | All the time |
| 98 | Refuse to Answer |

S5_201. How often do you **check your work or school e-mail**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_202. How often do you **send or receive files via e-mail**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

Smartphone usage and text messaging subscales

Please indicate how often you do each of the following activities on your mobile phone.

S5_203. How often do you **send and receive text messages on a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_204. How often do you **check for text messages on a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_205. How often do you **read e-mail on a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_206. How often do you **get directions or use GPS on a mobile phone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_207. How often do you **browse the web on a mobile phone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_208. How often do you **listen to music on a mobile phone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_209. How often do you **take pictures using a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_210. How often do you **check the news on a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_211. How often do you **record video on a mobile phone**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_212. How often do you **use apps (for any purpose) on a mobile phone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_213. How often do you **search for information with a mobile phone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_214. How often do you **use your mobile phone during class or work time?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

Internet searching subscale

How often do you do each of the following activities?

S5_215. How often do you **search the Internet for news on any device?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_216. How often do you **search the Internet for information on any device?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_217. How often do you **search the Internet for videos on any device?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_218. How often do you **search the Internet for images or photos on any device?**
(Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_219. How often do you **search the Internet for sexual health information?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_220. How often do you **search the Internet for transgender-specific resources (for example, hormones)?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

General social media usage subscale

S5_221. Do you use any of the following social media or sexual or social networking sites or apps?
(Check all that apply) (Check all that apply)

- Facebook
- Instagram
- Snapchat
- Twitter
- Grindr
- badoo
- Scruff
- A4ARadar
- Jack'd
- Tumblr
- Plenty of Fish
- Other
- I do not use any social media site
- Refuse to Answer

If S5_221M is equal to 1 and S5_221 is greater than 1 then You indicated that you do not use any of these sites AND indicated using one or more sites. Please correct your answers. and skip to S5_221.

If S5_221L is not equal to 1, then skip to instruction before S5_222.

S5_221_s. Specify other social media, sexual or social networking site:

If S5_221M is equal to 1 or S5_221 is equal to "Refuse to Answer", then skip to instruction before S5_234.

How often do you do each of the following activities on social networking sites (such as Facebook, Instagram, Snapchat, Twitter, Grindr and Plenty of Fish)?

S5_222. How often do you **check your social media page or other social networks?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_223. How often do you **check your social media page from your smartphone?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_224. How often do you **check your social media page at work or school?** (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

- S5_225. How often do you **post status updates**? (Choose one)
- 00 Never
 - 01 Once a month
 - 02 Several times a month
 - 03 Once a week
 - 04 Several times a week
 - 05 Once a day
 - 06 Several times a day
 - 07 Once an hour
 - 08 Several times an hour
 - 09 All the time
 - 98 Refuse to Answer
- S5_226. How often do you **post photos**? (Choose one)
- 00 Never
 - 01 Once a month
 - 02 Several times a month
 - 03 Once a week
 - 04 Several times a week
 - 05 Once a day
 - 06 Several times a day
 - 07 Once an hour
 - 08 Several times an hour
 - 09 All the time
 - 98 Refuse to Answer
- S5_227. How often do you **browse profiles and photos**? (Choose one)
- 00 Never
 - 01 Once a month
 - 02 Several times a month
 - 03 Once a week
 - 04 Several times a week
 - 05 Once a day
 - 06 Several times a day
 - 07 Once an hour
 - 08 Several times an hour
 - 09 All the time
 - 98 Refuse to Answer

- S5_228. How often do you **read postings?** (Choose one)
- | | |
|----|-----------------------|
| 00 | Never |
| 01 | Once a month |
| 02 | Several times a month |
| 03 | Once a week |
| 04 | Several times a week |
| 05 | Once a day |
| 06 | Several times a day |
| 07 | Once an hour |
| 08 | Several times an hour |
| 09 | All the time |
| 98 | Refuse to Answer |
- S5_229. How often do you **comment on postings, status updates, photos, etc.?** (Choose one)
- | | |
|----|-----------------------|
| 00 | Never |
| 01 | Once a month |
| 02 | Several times a month |
| 03 | Once a week |
| 04 | Several times a week |
| 05 | Once a day |
| 06 | Several times a day |
| 07 | Once an hour |
| 08 | Several times an hour |
| 09 | All the time |
| 98 | Refuse to Answer |
- S5_230. How often do you **click "Like" to a posting, photo, etc.?** (Choose one)
- | | |
|----|-----------------------|
| 00 | Never |
| 01 | Once a month |
| 02 | Several times a month |
| 03 | Once a week |
| 04 | Several times a week |
| 05 | Once a day |
| 06 | Several times a day |
| 07 | Once an hour |
| 08 | Several times an hour |
| 09 | All the time |
| 98 | Refuse to Answer |

S5_231. How often do you **seek sexual partners and or relationships**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_232. How often do you **seek sexual health information**? (Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

S5_233. How often do you **seek transgender-specific resources (for example, hormones)**?
(Choose one)

- 00 Never
- 01 Once a month
- 02 Several times a month
- 03 Once a week
- 04 Several times a week
- 05 Once a day
- 06 Several times a day
- 07 Once an hour
- 08 Several times an hour
- 09 All the time
- 98 Refuse to Answer

If S5_222 is equal to 0 and S5_223 is equal to 0 and S5_224 is equal to 0 and S5_225 is equal to 0 and S5_226 is equal to 0 and S5_227 is equal to 0 and S5_228 is equal to 0 and S5_229 is equal to 0 and S5_230 is equal to 0 and S5_231 is equal to 0 and S5_232 is equal to 0 and S5_233 is equal to 0 then You indicated NEVER doing any of the activities that we listed on social networking sites. This is inconsistent with your earlier response that you use social networking sites. Please correct your answers. and skip to instruction before S5_222.

Positive and negative attitudes towards technology and **anxiety** about being without technology subscales

Please tell us if you agree or disagree with each of the following statements.

S5_234. I feel it is important to be able to find **any information** whenever I want online. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_235. I feel it is important to be able to access **my personal health information** whenever I want online. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_236. I feel it is important to be able to access the Internet any time I want. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_237. I think it is important to keep up with the latest trends in technology. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_238. I get anxious when I don't have my cell phone. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_239. I get anxious when I don't have the Internet available to me. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_240. I am anxious about having my personal health information available online. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_241. I am dependent on my technology. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

S5_242. Technology will provide solutions to many of our problems. (Choose one)

- 1 Strongly disagree
- 2 Disagree
- 3 Neither agree nor disagree
- 4 Agree
- 5 Strongly agree
- 8 Refuse to Answer

- S5_243. With technology anything is possible. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 8 Refuse to Answer
- S5_244. I feel that I get more accomplished because of technology. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 8 Refuse to Answer
- S5_245. New technology makes people waste too much time. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 8 Refuse to Answer
- S5_246. New technology makes life more complicated. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 8 Refuse to Answer
- S5_247. New technology makes people more isolated. (Choose one)
- 1 Strongly disagree
 - 2 Disagree
 - 3 Neither agree nor disagree
 - 4 Agree
 - 5 Strongly agree
 - 8 Refuse to Answer

You have now completed the interview. We thank you greatly for your time and participation!

Please let the person who administered the interview know that you are done.

If ST_2 is equal to 9 then skip to end of questionnaire.

If ST_2 is equal to 7 then skip to end of questionnaire.

If ST_2 is equal to 2 then skip to end of questionnaire.

If ST_2 is equal to 3 then skip to end of questionnaire.

Social Media ETAC Cross Site Evaluation-6 Month (English)

Today's date is recorded as [TODAY] and the time is recorded as [TIMEBEG].

QUESTIONS FILLED OUT BY STAFF

ST_1. Enter interviewer ID number (i.e. the identifying interviewer number used internally to identify interviewers).

If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

ST_2. Enter site of interview. (Choose one)

- 01 Coastal Bend Wellness
- 02 Friends Community Center
- 03 New York AIDS Institute
- 04 Howard Brown Health
- 05 MetroHealth
- 06 Penn State Hershey
- 07 Philadelphia FIGHT / CHOP
- 08 San Francisco DPH
- 09 Wake Forest Baptist Medical Center Clinic
- 10 Washington University St. Louis

SIX-MONTH ASSESSMENT

Q1. Enter participant ID number. If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

Q2. You entered the following PID number: [Response to Q1]. Is this correct? _____

	1	Yes
	0	No

If Q2 is equal to 0 then Please re-enter ID number. and skip to Q1.

For this interview, I am going to ask you to answer the questions yourself on the computer. You can read the questions on the screen and the computer will also read each question to you through the headphones. You can put your answers directly into the computer yourself. I will be nearby just in case you need any help, but will sit away from the screen so I won't be able to see the answers you enter. If you have any questions at any time, I am here to answer them for you.

You are free not to answer any question that makes you uncomfortable. If there is some question that you do not wish to answer, please let me know, and I will take care of the computer for you.

Please let me know when the computer tells you that you are done with the interview.

Interviewer notes:

Ask the study participant if they would like to hear the questions aloud. *(Move the computer in front of the respondent and sit where you cannot see the screen. Remember to raise the volume on the computer.)*

Click "Next Question" to continue and begin ACASI portion of the assessment.

PRACTICE QUESTIONS

To begin, here are a few practice questions so you can get used to using the computer. Move the mouse pointer to "Next Question" and click the LEFT mouse button ONCE when you are ready to continue.

PR1. Here's the first practice question: Which one of these five colors do you like best? Listen to the choices, then point to your answer with the mouse and click the left mouse button once. After you give your answer, the computer will automatically move to the next question. (Choose one)
(Choose one)

- 0 Blue
- 1 Red
- 2 Green
- 3 Yellow
- 4 Orange
- 8 Refuse to Answer

PR2. Now try this question: How many months are in a year? To answer, click on the number "1" and then on "2." (You can also use the keyboard.) Click on "Clear" if you make a mistake. Click "Next Question" to continue. By the way, you can click on "Repeat Question" whenever you want to hear a question again.

- — — Months
- 998 Refuse to Answer

If PR2 is not equal to 12 then Dialogue boxes will pop up when needed to alert you to inconsistent responses and give you a chance to correct your answers. In this instance, you entered a number not equal to 12. Please correct your answer. and skip to PR2.

Now you are all set. Remember, do not hesitate to call your interviewer for help if you have trouble with any of the questions. Click on "Next Question" when you are ready to begin the interview.

SOCIOECONOMIC STATUS

Sex and current gender identity

10. What is your current gender identity? (Choose one) (Choose one)

- 1 Male (that is, Cisgender man)
- 2 Female (that is, Cisgender woman)
- 3 Trans man or Transgender man
- 4 Trans woman or Transgender woman
- 5 Genderqueer or Gender nonconforming
- 6 Other
- 8 Refuse to Answer

If 10 is not equal to 6, then skip to 11.

10_s. Specify other gender identity:

11. What was your assigned sex at birth?

- 1 Male
- 2 Female
- 8 Refuse to Answer

Income and employment

16. How much money, from all sources combined, did you receive last month? Include money received formally and informally from a job, legally, illegally, under the table, from disability, public assistance, disability, allowance, or any other sources.

\$__ __ __ __ __ Dollars
 99997 Don't Know/Not Sure
 99998 Refuse to Answer

17. What is your current employment status? (Check all that apply) (Check all that apply)

- Student
- Full-time employed
- Part-time employed
- Disabled
- Unemployed - looking for work
- Unemployed - not looking for work
- Refuse to Answer

Sexual Orientation Identity

Next, we will ask you about your sexual orientation and identity.

19. Do you consider yourself to be: (Choose one) (Choose one)
- | | |
|---|---------------------|
| 1 | Straight |
| 2 | Lesbian or gay |
| 3 | Bisexual |
| 4 | Queer |
| 5 | Other |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

If 19 is not equal to 5, then skip to 20.

19_s. Specify other orientation:

20. During the past 6 months, have you had sex with only males, only females, or with both males and females? (Choose one) (Choose one)
- | | |
|---|--|
| 1 | Only males |
| 2 | Only females |
| 3 | Both males and females |
| 4 | I haven't had sex in the past 6 months |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

HOUSING STABILITY

Next, we will ask you about your housing situation.

21. During the past 6 months, in what types of places have you lived? (Check all that apply) (Check all that apply)

- A house, apartment or flat that you own or rent (this includes shared rent with others)
- Family member's house, apartment or flat (which they own or pay rent)
- Friend's house, apartment or flat (which they own or pay rent)
- Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- Single room occupancy hotel, motel or boarding house
- Halfway house, drug treatment center, or independent living unit
- Homeless shelter or mission
- Domestic violence shelter, battered persons' shelter or "safe house"
- On the streets, in a parked car, in an abandoned building
- Hospital (or medical facility)
- Jail or juvenile detention
- Someplace else
- Refuse to Answer

If 21L is not equal to 1, then skip to 22.

21_s. Specify other places you lived:

22. Where have you stayed the most in the past 7 days? (Choose one) (Choose one)

- 01 A house, apartment or flat that you own or rent (this includes shared rent with others)
- 02 Family member's house, apartment or flat (which they own or pay rent)
- 03 Friend's house, apartment or flat (which they own or pay rent)
- 04 Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- 05 Single room occupancy hotel, motel or boarding house
- 06 Halfway house, drug treatment center, or independent living unit
- 07 Homeless shelter or mission
- 08 Domestic violence shelter, battered persons' shelter or "safe house"
- 09 On the streets, in a parked car, in an abandoned building
- 10 Hospital (or medical facility)
- 11 Jail or juvenile detention
- 12 Someplace else
- 98 Refuse to Answer

If 21A is equal to 0 and 22 is equal to 1 or 21B is equal to 0 and 22 is equal to 2 or 21C is equal to 0 and 22 is equal to 3 or 21D is equal to 0 and 22 is equal to 4 or 21E is equal to 0 and 22 is equal to 5 or 21F is equal to 0 and 22 is equal to 6 or 21G is equal to 0 and 22 is equal to 7 or 21H is equal to 0 and 22 is equal to 8 or 21I is equal to 0 and 22 is equal to 9 or 21J is equal to 0 and 22 is equal to 10 or 21K is equal to 0 and 22 is equal to 11 or 21L is equal to 0 and 22 is equal to 12 then You indicated having stayed in a place in the past 7 days that you did not indicate living in during the past 6 months. Please correct your answer. and skip to 21.

If 22 is not equal to 12, then skip to instruction before S2_26.

22_s. Specify most frequent place lived:

Section 2: BIOMEDICAL HEALTH, LINKAGE, ENGAGEMENT AND RETENTION IN CARE

Next, we will ask you about the health care or other professional support that you have had in the past 6 months.

Recent Care

S2_26. In the past 6 months, how many times did you receive care from a **doctor's office or clinic** that was not related to HIV? Enter zero if you did not receive care from a doctor's office or clinic.

— — — Times
998 Refuse to Answer

S2_27. In the past 6 months, how many times did you get care in the **emergency room or urgent care clinic** that was not related to HIV? Enter zero if you did not receive care in an emergency room or urgent care clinic.

— — — Times
998 Refuse to Answer

Recent Hospitalization

S2_28. In the past 6 months, how many times have you been admitted to or **stayed overnight in a hospital** that was not related to HIV care? Enter zero if you have not been admitted to a hospital in the past 6 months.

— — — Times
998 Refuse to Answer

LINKAGE, ENGAGEMENT AND RETENTION IN HIV CARE

RETENTION IN CARE

Next, we will ask you about your experiences getting **health care for HIV** during the past 6 months.

35. In the past 6 months, how many times did you **receive health care for HIV** in a doctor's office or clinic? Enter zero if you did not get health care for HIV in the past 6 months.

— — —
998

Times
Refuse to Answer

QUALITY OF CARE

Next, we will ask you about blood tests you have had in the past 6 months.

37. In the past 6 months, when you had your last viral load test, what was the result? (Choose one)

- 1 Detectable
- 2 Undetectable
- 3 I haven't had a viral load test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

38. In the past 6 months, when, you had your last CD4 cell test or T cell count, what was the result? (Choose one)

- 1 Less than 200
- 2 201 to 349
- 3 350 to 499
- 4 500 or higher
- 5 I haven't had a CD4 or T cell test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

TREATMENT

45. Does the doctor who you see about your HIV care recommend that you take ART or HIV medication now? If you do not currently see a doctor about HIV care, select "Not Applicable".

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

46. Are you taking ART or HIV medication now?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If 46 is not equal to 1, then skip to instruction before 48.

ADHERENCE

Next we will ask you about your adherence to your HIV medication during the previous month.

47. During the previous month, please rate your ability to take all your HIV medications as prescribed.
(Choose one)

- | | |
|---|------------------|
| 1 | Very poor |
| 2 | Poor |
| 3 | Fair |
| 4 | Good |
| 5 | Very good |
| 6 | Excellent |
| 8 | Refuse to Answer |

INSURANCE

Next, we will ask you about your health insurance.

48. What type of health insurance do you currently have? (Check all that apply) (Check all that apply)

- I do not have any health insurance
- Medicaid
- Medicare
- Private medical insurance or employer-provided insurance
- Student insurance
- Insurance through parent
- Insurance through partner
- Other
- Don't Know/Not Sure
- Refuse to Answer

If 48A is equal to 1 and 48 is greater than 1 then You indicated that you do not have any health insurance AND one or more types of insurance. Please correct your answers. and skip to 48.

If 48H is not equal to 1, then skip to instruction before 49.

48_s. Specify other type of health insurance:

If 46 is not equal to 1, then skip to instruction before S3_70.

49. Do you currently receive your HIV medications through the AIDS Drug Assistance Program (ADAP)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

Section 3 - INTERVENTION EXPOSURE

Next we will ask you about individuals who may have encouraged or reminded you to go for HIV care. Many of these individuals will be staff from [SITE]. If you are currently taking HIV medications, we will then ask you about individuals who may have encouraged or reminded you to take your medications.

S3_70. In the past 6 months, who has encouraged or reminded you to go for HIV care? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to go for HIV care
- Refuse to Answer

If S3_70S is equal to 1 and S3_70 is greater than 1 then You indicated that you were not encouraged or reminded to go for HIV care AND indicated individuals who encouraged or reminded you to go for HIV care. Please correct your answers. and skip to S3_70.

If S3_70R is not equal to 1, then skip to instruction before S3_71.

S3_70_s. Specify who else encouraged or reminded you to go for HIV care:

If S3_70A is not equal to 1, then skip to instruction before S3_72.

S3_71. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_73.

S3_72. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_74.

S3_73. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_75.

S3_74. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_76.

S3_75. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_77.

S3_76. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_78.

S3_77. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_79.

S3_78. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_80.

S3_79. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_81.

S3_80. To the best of your knowledge, was the [Response to S3_70_s] who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_70A is not equal to 1, then skip to instruction before S3_82.

S3_81. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_83.

S3_82. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_84.

S3_83. Select the ways that the social media specialist encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_85.

S3_84. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_86.

S3_85. Select the ways that the case manager or social worker encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_87.

S3_86. Select the ways that the physician (doctor) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_88.

S3_87. Select the ways that the physician assistant encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_89.

S3_88. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_90.

S3_89. Select the ways that the mental health provider encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70J is not equal to 1, then skip to instruction before S3_91.

S3_90. Select the ways that your parent or guardian encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70K is not equal to 1, then skip to instruction before S3_92.

S3_91. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70L is not equal to 1, then skip to instruction before S3_93.

S3_92. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70M is not equal to 1, then skip to instruction before S3_94.

S3_93. Select the ways that your sex partner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70N is not equal to 1, then skip to instruction before S3_95.

S3_94. Select the ways that your relative encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_96.

S3_95. Select the ways that your friend encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70P is not equal to 1, then skip to instruction before S3_97.

S3_96. Select the ways that your coach or teacher encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_98.

S3_97. Select the ways that your pastor, rabbi, or clergy encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_99.

S3_98. Select the ways that the [Response to S3_70_s] encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If 46 is not equal to 1, then skip to instruction before S4_128.

S3_99. In the past 6 months, who has encouraged or reminded you to **take your HIV medications**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to take my HIV medications
- Refuse to Answer

If S3_99S is equal to 1 and S3_99 is greater than 1 then You indicated that you were not encouraged or reminded to take your HIV medications AND indicated individuals who encouraged or reminded you to take your HIV medications. Please correct your answers. and skip to S3_99.

If S3_99R is not equal to 1, then skip to instruction before S3_100.

S3_99_s. Specify who else encouraged or reminded you to **take your HIV medications**:

If S3_99A is not equal to 1, then skip to instruction before S3_101.

S3_100. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_102.

S3_101. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_103.

S3_102. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_104.

S3_103. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_105.

S3_104. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_106.

S3_105. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_107.

S3_106. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_108.

S3_107. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_109.

S3_108. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S3_110.

S3_109. To the best of your knowledge, was the [Response to S3_99_s] who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_99A is not equal to 1, then skip to instruction before S3_111.

S3_110. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_112.

S3_111. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_113.

S3_112. Select the ways that the social media specialist encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_114.

S3_113. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_115.

S3_114. Select the ways that the case manager or social worker encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_116.

S3_115. Select the ways that the physician (doctor) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_117.

S3_116. Select the ways that the physician assistant encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_118.

S3_117. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_119.

S3_118. Select the ways that the mental health provider encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99J is not equal to 1, then skip to instruction before S3_120.

S3_119. Select the ways that your parent or guardian encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99K is not equal to 1, then skip to instruction before S3_121.

S3_120. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99L is not equal to 1, then skip to instruction before S3_122.

S3_121. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99M is not equal to 1, then skip to instruction before S3_123.

S3_122. Select the ways that your sex partner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99N is not equal to 1, then skip to instruction before S3_124.

S3_123. Select the ways that your relative encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99O is not equal to 1, then skip to instruction before S3_125.

S3_124. Select the ways that your friend encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99P is not equal to 1, then skip to instruction before S3_126.

S3_125. Select the ways that your coach or teacher encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99Q is not equal to 1, then skip to instruction before S3_127.

S3_126. Select the ways that your pastor, rabbi, or clergy who encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S4_128.

S3_127. Select the ways that [Response to S3_99_s] encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

Section 4 - BARRIERS TO CARE

SUPPORT SERVICES

Next we will ask you about support or social services you may have received in the past 6 months.

S4_128. In the past 6 months, have you **needed** any of the following support services? (Check all that apply)
(Check all that apply)

- Housing
- Food
- Clothing
- Toiletries and hygiene products (toothbrush, deodorant, soap, etc.)
- Transportation
- Employment services
- Case management
- Mental health counseling or treatment
- Substance use counseling or drug treatment
- Healthcare insurance counseling
- Healthcare service navigation
- Hormone therapy
- Post-incarceration or parole services
- Other
- I did not need any support services
- Refuse to Answer

If S4_128O is equal to 1 and S4_128 is greater than 1 then You indicated that you did not need any support services, but also selected support services needed. Please correct your answers. and skip to S4_128.

If S4_128N is not equal to 1, then skip to instruction before S4_129.

S4_128_s. Specify other support services needed:

If S4_128O is equal to 1, then skip to instruction before S4_143.

For the following questions, you will be asked about the support or social services you **used or received** in the past 6 months. Do not indicate "Yes" for support services you received from friends or family, such as food or clothing you received from friends.

If S4_128A is not equal to 1, then skip to instruction before S4_130.

S4_129. In the past 6 months, have you **used or received** support services for housing?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_128B is not equal to 1, then skip to instruction before S4_131.

S4_130. In the past 6 months, have you **used or received** support services for food?

1	Yes
0	No
8	Refuse to Answer

If S4_128C is not equal to 1, then skip to instruction before S4_132.

S4_131. In the past 6 months, have you **used or received** support services for clothing?

1	Yes
0	No
8	Refuse to Answer

If S4_128D is not equal to 1, then skip to instruction before S4_133.

S4_132. In the past 6 months, have you **used or received** support services for toiletries and hygiene products (toothbrush, deodorant, soap, etc.)?

1	Yes
0	No
8	Refuse to Answer

If S4_128E is not equal to 1, then skip to instruction before S4_134.

S4_133. In the past 6 months, have you **used or received** support services for transportation?

1	Yes
0	No
8	Refuse to Answer

If S4_128F is not equal to 1, then skip to instruction before S4_135.

S4_134. In the past 6 months, have you **used or received** support services for employment services?

1	Yes
0	No
8	Refuse to Answer

If S4_128G is not equal to 1, then skip to instruction before S4_136.

S4_135. In the past 6 months, have you **used or received** support services for case management?

1	Yes
0	No
8	Refuse to Answer

If S4_128H is not equal to 1, then skip to instruction before S4_137.

S4_136. In the past 6 months, have you **used or received** support services for mental health counseling or treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128I is not equal to 1, then skip to instruction before S4_138.

S4_137. In the past 6 months, have you **used or received** support services for substance use counseling or drug treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128J is not equal to 1, then skip to instruction before S4_139.

S4_138. In the past 6 months, have you **used or received** support services for healthcare insurance counseling?

1 Yes
0 No
8 Refuse to Answer

If S4_128K is not equal to 1, then skip to instruction before S4_140.

S4_139. In the past 6 months, have you **used or received** support services for healthcare service navigation?

1 Yes
0 No
8 Refuse to Answer

If S4_128L is not equal to 1, then skip to instruction before S4_141.

S4_140. In the past 6 months, have you **used or received** support services for hormone therapy?

1 Yes
0 No
8 Refuse to Answer

If S4_128M is not equal to 1, then skip to instruction before S4_142.

S4_141. In the past 6 months, have you **used or received** support services for post-incarceration or parole services?

1 Yes
0 No
8 Refuse to Answer

If S4_128N is not equal to 1, then skip to instruction before S4_143.

S4_142. In the past 6 months, have you **used or received** support services for [Response to S4_128_s]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

COMPETING NEEDS

Next, we will ask you about meeting your basic needs.

S4_143. In the past 6 months, **have you ever gone without HIV medications** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_144. In the past 6 months, **have you ever gone without food, clothing, housing, or other basic needs** because you needed the money for HIV medications?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_145. In the past 6 months, have you put off going to the doctor for HIV because of any of the following: (Check all that apply) (Check all that apply)

- You could not get off work
- You were too sick
- You did not have a way to get there
- You were taking care of someone else who is important to you
- You did not feel safe or comfortable with the doctor
- Other
- I have not put off going to the doctor
- Refuse to Answer

If S4_145G is equal to 1 and S4_145 is greater than 1 then You indicated that you did not put off going to the doctor, but indicated a reason. Please correct your answers. and skip to S4_145.

If S4_145F is not equal to 1, then skip to S4_146.

S4_145_s. Specify other reason you put off going to the doctor for HIV:

S4_146. **In the past 6 months, have you not gone to your HIV doctor or gone without HIV healthcare** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_147. **In the past 6 months, have you gone without food, clothing, housing, or other basic needs** because you needed the money to go to your HIV doctor or for HIV healthcare?

- 1 Yes
- 0 No
- 8 Refuse to Answer

DISCLOSURE

Next we will ask you if you have disclosed your HIV status to anyone in the past 6 months.

S4_148. In the past 6 months, who have you told that you have HIV? (Check all that apply) (Check all that apply)

- No one
- My main partner or spouse
- One or more other sex partners
- One or more family members
- One or more friends
- Health care providers
- Coach or teacher
- Pastor, rabbi, or clergy
- Staff from &[SITE]
- Other
- Refuse to Answer

If S4_148A is equal to 1 and S4_148 is greater than 1 then You indicated that you told no one that you have HIV, but indicated who you have told. Please correct your answers. and skip to S4_148.

If S4_148J is not equal to 1, then skip to instruction before S4_149.

S4_148_s. Specify other person you told you have HIV:

STIGMA

Next, we will ask you about how having HIV makes you feel about yourself. Please tell us if you agree or disagree with each of the following statements.

- S4_149. I have been hurt by how people reacted to learning I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_150. I have stopped socializing with some people because of their reactions to my having HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_151. I have lost friends by telling them I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_152. I am very careful who I tell that I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_153. I worry that people who know I have HIV will tell others. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_154. I feel that I am not as good a person as others because I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |

S4_155.	Having HIV makes me feel unclean. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_156.	Having HIV makes me feel that I'm a bad person. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_157.	Most people think that a person with HIV is disgusting. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_158.	Most people with HIV are rejected when others find out. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer

MENTAL HEALTH

Now, we will ask you about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

- S4_159. Have you felt calm and peaceful? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_160. Did you have a lot of energy? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_161. Have you felt downhearted and blue? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_162. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |

SUBSTANCE USE

Next we will ask you questions about your alcohol and drug use. Please remember that any information you provide will be kept strictly confidential. The first group of questions will be about drugs that you may have used but did not inject. We will discuss injection drug use later.

S4_163. In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. Don't worry if you don't see a substance you have used on this list. The list of substances continues on the next screen for easier viewing. (Check all that apply) (Check all that apply)

- Alcohol, including beer, wine, and liquor
- Tobacco, cigarettes, e-cigarettes, hookah
- Marijuana (not prescribed)
- Synthetic marijuana also known as "K2" or "Spice"
- Marijuana laced with PCP also known as "wet"
- Methamphetamine also known as crystal, "Tina", speed
- Amphetamines or uppers
- Molly, MDMA, Ecstasy (XTC)
- LSD or other hallucinogens like mushrooms or acid
- Poppers, nitrates or other inhalants like glue or paint thinner
- Powder cocaine also known as snow or blow
- Crack cocaine also known as rock
- No, I have never used any of these substances
- Refuse to Answer

If S4_163M is equal to 1 and S4_163 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_163.

S4_164. CONTINUED: In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. (Check all that apply) (Check all that apply)

- Heroin
- Special K
- Primos which are marijuana and rock together
- Synthetic cathinones also known as "Bath salts"
- Syrup, Lean, Purple Drank (Codeine cough syrup)
- Painkillers like Oxycontin and Vicodin
- Tranquilizers or sedatives like Valium and Xanax
- ADHD medication like Adderall and Ritalin
- Over the counter drugs like Coricidin, cough medicine, Sudafed, and Robitussin
- Any other drug not listed
- No, I have never used any of these substances
- Refuse to Answer

If S4_164K is equal to 1 and S4_164 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_164.

If S4_164J is not equal to 1, then skip to instruction before S4_165.

S4_164_s. Specify other drug you did not inject:

If S4_163A is not equal to 1, then skip to instruction before S4_166.

S4_165. In the past 6 months, how often have you used **alcohol, including beer, wine, and liquor?**
(Choose one) (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163B is not equal to 1, then skip to instruction before S4_167.

S4_166. In the past 6 months, how often have you used **tobacco, cigarettes, e-cigarettes, or hookah?**
(Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163C is not equal to 1, then skip to instruction before S4_168.

S4_167. In the past 6 months, how often have you used **marijuana (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163D is not equal to 1, then skip to instruction before S4_169.

S4_168. In the past 6 months, how often have you used **synthetic marijuana also known as "K2" or "Spice"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163E is not equal to 1, then skip to instruction before S4_170.

S4_169. In the past 6 months, how often have you used **marijuana laced with PCP also known as "wet"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163F is not equal to 1, then skip to instruction before S4_171.

S4_170. In the past 6 months, how often have you used **methamphetamine also known as crystal, "Tina", or speed?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163G is not equal to 1, then skip to instruction before S4_172.

S4_171. In the past 6 months, how often have you used **amphetamines or uppers?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163H is not equal to 1, then skip to instruction before S4_173.

S4_172. In the past 6 months, how often have you used **Molly, MDMA, or Ecstasy (XTC)?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163I is not equal to 1, then skip to instruction before S4_174.

S4_173. In the past 6 months, how often have you used **LSD or other hallucinogens like mushrooms or acid?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163J is not equal to 1, then skip to instruction before S4_175.

S4_174. In the past 6 months, how often have you used **poppers, nitrates or other inhalants like glue or paint thinner?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163K is not equal to 1, then skip to instruction before S4_176.

S4_175. In the past 6 months, how often have you used **powder cocaine also known as snow or blow?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163L is not equal to 1, then skip to instruction before S4_177.

S4_176. In the past 6 months, how often have you used **crack cocaine also known as rock**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164A is not equal to 1, then skip to instruction before S4_178.

S4_177. In the past 6 months, how often have you used **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164B is not equal to 1, then skip to instruction before S4_179.

S4_178. In the past 6 months, how often have you used **Special K**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164C is not equal to 1, then skip to instruction before S4_180.

S4_179. In the past 6 months, how often have you used **Primos, which are marijuana and rock together?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164D is not equal to 1, then skip to instruction before S4_181.

S4_180. In the past 6 months, how often have you used **synthetic cathinones also known as "Bath salts"?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164E is not equal to 1, then skip to instruction before S4_182.

S4_181. In the past 6 months, how often have you used **Syrup, Lean, or Purple Drank (Codeine cough syrup) (not prescribed)?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164F is not equal to 1, then skip to instruction before S4_183.

S4_182. In the past 6 months, how often have you used painkillers like **Oxycontin and Vicodin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164G is not equal to 1, then skip to instruction before S4_184.

S4_183. In the past 6 months, how often have you used **tranquilizers, or sedatives like Valium and Xanax (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164H is not equal to 1, then skip to instruction before S4_185.

S4_184. In the past 6 months, how often have you used **ADHD medication like Adderall and Ritalin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164I is not equal to 1, then skip to instruction before S4_186.

S4_185. In the past 6 months, how often have you used **over the counter (OTC) drugs like Coricidin (nicknamed Triple C's), cough medicine (DXM), Sudafed and Robitussin that you have taken for recreational use?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164J is not equal to 1, then skip to instruction before S4_187.

S4_186. In the past 6 months, how often have you used **[Response to S4_164_s]**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

Now we would like to ask about injecting drugs. We are speaking of drugs other than hormones that you may have injected for the purposes of getting high.

S4_187. In your lifetime have you ever injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_187 is not equal to 1, then skip to instruction before S5_1.

S4_188. In the past 6 months have you injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_188 is not equal to 1, then skip to instruction before S5_1.

S4_189. In the past 6 months, how often have you injected **cocaine**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_190. In the past 6 months, how often have you injected **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_191. In the past 6 months, how often have you injected **cocaine and heroin (speedball)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_192. In the past 6 months, how often have you injected **methamphetamine also known as crystal, "Tina", or speed**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_193. In the past 6 months, how often have you injected **amphetamines or uppers**? (Choose one)

0	Zero times
1	Once a month or less
2	Several times a month
3	Once a week
4	Several times a week
5	Once a day
6	More than once a day
8	Refuse to Answer

S4_194. In the past 6 months, how often have you injected **downers or barbiturates**? (Choose one)

0	Zero times
1	Once a month or less
2	Several times a month
3	Once a week
4	Several times a week
5	Once a day
6	More than once a day
8	Refuse to Answer

S4_195. In the past 6 months, how often have you injected **any other drug not listed**? (Choose one)

0	Zero times
1	Once a month or less
2	Several times a month
3	Once a week
4	Several times a week
5	Once a day
6	More than once a day
8	Refuse to Answer

If S4_195 is equal to 0 or S4_195 is equal to "Refuse to Answer", then skip to instruction before S5_1.

S4_195_s. Specify other drug injected:

If S4_189 is equal to 0 and S4_190 is equal to 0 and S4_191 is equal to 0 and S4_192 is equal to 0 and S4_193 is equal to 0 and S4_194 is equal to 0 and S4_195 is equal to 0 then You indicated not injecting any drugs by checking ZERO for all drugs. This is inconsistent with your earlier response that you have injected drugs in the past 6 months. Please correct your answers. and skip to S4_188.

QUESTIONS FOR 6-MONTH EVALUATION TO ASSESS HOW OFTEN MOBILE DEVICES AND SOCIAL MEDIA ARE USED, WHO THEY ARE USED TO COMMUNICATE WITH, AND WHAT INFORMATION IS SOUGHT

The next set of questions asks how you use mobile devices, social networking and dating apps, and the internet to communicate and carry out other tasks.

Device Access and General Use

S5_1. What devices do you use to send and receive messages, check your email, use social networking and dating apps and access the internet? (Check all that apply) (Check all that apply)

- Cell phone
- Tablet (example: iPad)
- Mobile device, not cell phone (example: MP3 player or iPod)
- Laptop
- Desktop computer
- Other
- Not applicable, I don't message, email, use these apps or access the internet
- Refuse to Answer

If S5_1G is equal to 1 and S5_1 is greater than 1 then You indicated both using and not using devices to message, email or access the internet. Please correct your answers. and skip to S5_1.

If S5_1F is not equal to 1, then skip to instruction before S5_2.

S5_1_s. Specify other device:

If S5_1G is equal to 1, then skip to S5_3.

S5_2. Where do you use these devices to send and receive messages, check your email, use social networking and dating apps and access the internet? (Check all that apply) (Check all that apply)

- Home
- Where I'm staying
- Friend's or someone else's house or apartment
- Public place with WiFi access (example: coffee shop, restaurant, store)
- Internet café
- Public library
- School
- Work
- Other
- Refuse to Answer

If S5_2I is not equal to 1, then skip to S5_3.

S5_2_s. Specify other place you use your devices:

S5_3. Pick the statement that best describes your cell phone access right now. (Choose one)

- 1 I have my own cell phone with minutes and data
- 2 I have my own cell phone with minutes but no data (I rely on WiFi)
- 3 I have my own cell phone with data but no minutes
- 4 I share a cell phone with a friend
- 5 I don't have my own cell phone, but I can borrow one from someone I know
- 6 I don't have a cell phone and I cannot borrow one
- 8 Refuse to Answer

Texting

S5_4. How often do you send and receive text messages? (Choose one)

- 1 Several times a day
- 2 Once a day
- 3 Once every couple of days
- 4 About once a week
- 5 Less than once a week
- 6 Never, I don't send or receive text messages
- 8 Refuse to Answer

If S5_4 is equal to 6, then skip to S5_7.

S5_5. Who do you communicate with when you send and receive text messages? (Check all that apply)
(Check all that apply)

- Parents (including foster parents or stepparents)
- Brothers, sisters, cousins, or other family members (including foster family or stepfamily)
- Spouse, husband, wife, boyfriend, or girlfriend
- Casual sex partner, hook up, or booty call
- Friends who are from the LGBTQ or Queer community
- Friends who are not from the LGBTQ or Queer community
- People you know from home where you grew up
- People you met online
- Medical providers, case workers, social workers, or staff at service agencies
- Boss or co-workers
- Teachers or school staff
- Classmates or friends from school
- Banks, billing, and utility companies
- Client or dates for exchange ("paid") sex
- Other
- Refuse to Answer

If S5_50 is not equal to 1, then skip to S5_6.

S5_5_s. Specify other people you usually text with:

S5_6. What do you usually text about? (Check all that apply) (Check all that apply)

- Music, movies, and television
- Work
- School
- Drinking, taking drugs, or partying
- Happy or fun things with friends or family
- Problems or drama with friends or family
- Social Services (example: food assistance, housing, employment and transportation services)
- Love and relationships
- Sex
- Sex work (clients or dates)
- Practicing safer sex with condoms or dental dams
- Sexual identity or attraction
- HIV status, including HIV care
- Videos on LGBTQ or Queer topics
- Videos on other topics
- Hormone therapy (example: where to get them, how much to take)
- Other gender identity topics (example: surgeries or procedures)
- Other
- Refuse to Answer

If S5_6R is not equal to 1, then skip to S5_7.

S5_6_s. Specify other topics you usually text about:

Email

- S5_7. How often do you check your email on any device? (Choose one)
- | | |
|---|---------------------------|
| 1 | Several times a day |
| 2 | Once a day |
| 3 | Once every couple of days |
| 4 | About once a week |
| 5 | Less than once a week |
| 6 | Never, I don't use e-mail |
| 8 | Refuse to Answer |

If S5_7 is equal to 6, then skip to instruction before S5_10.

- S5_8. Who do you use your email to communicate with? (Check all that apply) (Check all that apply)
- Parents (including foster parents or stepparents)
 - Brothers, sisters, cousins, or other family members (including foster family or stepfamily)
 - Spouse, husband, wife, boyfriend, or girlfriend
 - Casual sex partner, hook up, or booty call
 - Friends who are from the LGBTQ or Queer community
 - Friends who are not from the LGBTQ or Queer community
 - People you know from home where you grew up
 - People you met online
 - Medical providers, case workers, social workers, or staff at service agencies
 - Boss or co-workers
 - Teachers or school staff
 - Classmates or friends from school
 - Banks, billing, and utility companies
 - Client or dates for exchange ("paid") sex
 - Other
 - Refuse to Answer

If S5_80 is not equal to 1, then skip to S5_9.

S5_8_s. Specify other people you email with:

S5_9. What do you usually email about? (Check all that apply) (Check all that apply)

- Music, movies, and television
- Work
- School
- Drinking, taking drugs, or partying
- Happy or fun things with friends or family
- Problems or drama with friends or family
- Social Services (example: food assistance, housing, employment and transportation services)
- Love and relationships
- Sex
- Sex work (clients or dates)
- Practicing safer sex with condoms or dental dams
- Sexual identity or attraction
- HIV status, including HIV care
- Videos on LGBTQ or Queer topics
- Videos on other topics
- Hormone therapy (example: where to get them, how much to take)
- Other gender identity topics (example: surgeries or procedures)
- Other
- Refuse to Answer

If S5_9R is not equal to 1, then skip to instruction before S5_10.

S5_9_s. Specify other topics you usually email about:

General Social Networking Application Use

The next set of questions will ask about your use of **social networking apps**, such as Facebook, Twitter, Pinterest, and Instagram. If you use **dating and hook-up apps**, such as Tinder, Grindr, Growler, or Jack'd, we will ask about that in a separate set of questions. Please do not report on your use of dating or hook-up apps in the next set of questions that ask about your use of social networking apps.

S5_10. What social networking apps do you use? (Check all that apply)
Remember not to include dating or hookup apps, such as Tinder, Grindr, Growler, and Jack'd. (Check all that apply)

- Facebook
- Facebook Messenger
- Twitter
- Instagram
- Snapchat
- WhatsApp
- Skype
- Kik
- Vine
- Tumblr
- Pinterest
- Other
- I don't use social networking apps
- Refuse to Answer

If S5_10M is equal to 1 and S5_10 is greater than 1 then You indicated both using and not using social networking apps. Please correct your answers. and skip to S5_10.

If S5_10L is not equal to 1, then skip to instruction before S5_11.

S5_10_s. Specify other social networking apps you use:

If S5_10M is equal to 1, then skip to S5_16.

- S5_11. Which social networking app do you use most often? (Choose one)
- 00 Facebook
 - 01 Facebook Messenger
 - 02 Twitter
 - 03 Instagram
 - 04 Snapchat
 - 05 WhatsApp
 - 06 Skype
 - 07 Kik
 - 08 Vine
 - 09 Tumblr
 - 10 Pinterest
 - 11 Other
 - 98 Refuse to Answer

If S5_11 is not equal to 11, then skip to S5_12.

S5_11_s. Specify other social networking app you use most often:

S5_12. What do you usually do on social networking apps like Facebook, Twitter, Pinterest, and Instagram. (Check all that apply) (Check all that apply)

- Update your status
- Search for people (example: old friends, family members, sex partners)
- Add or delete friends
- Send or receive instant or private messages
- Send or receive public messages (like wall posts)
- Post or share pictures or videos that you took
- Share links, someone elses videos, photos, memes, GIFs, etc.
- Write shared notes
- Comment on, like or emoji friends' posts, links, pictures, statuses, etc.
- Browse peoples' profiles, the "newsfeed" or ticker
- Maintain privacy or other settings
- Create or maintain alternate profiles
- Support LGBTQ or Queer rights groups or causes
- Search hormone therapy (example: where to get them, how much to take)
- Search surgeries or procedures for transgender and gender nonconforming individuals
- Search HIV information (example: HIV care)
- Play games
- Other
- Refuse to Answer

If S5_12R is not equal to 1, then skip to S5_13.

S5_12_s. Specify what else you usually do on social networking apps:

S5_13. How often do you use social networking apps, such as Facebook, Twitter, Pinterest, and Instagram? Do not count instant or private messaging. We will ask you about your use of instant or private messaging in a separate set of questions. (Choose one)

- 1 Several times a day
- 2 Once a day
- 3 Once every couple of days
- 4 About once a week
- 5 Less than once a week
- 8 Refuse to Answer

S5_14. When you use social networking apps (not counting instant or private messaging) who do you communicate with? Social networking apps include Facebook, Twitter, Pinterest, and Instagram. (Check all that apply) (Check all that apply)

- Parents (including foster parents or stepparents)
- Brothers, sisters, cousins, or other family members (including foster family or stepfamily)
- Spouse, husband, wife, boyfriend, or girlfriend
- Casual sex partner, hook up, or booty call
- Friends who are from the LGBTQ or Queer community
- Friends who are not from the LGBTQ or Queer community
- People you know from home where you grew up
- People you met online
- Medical providers, case workers, social workers, or staff at service agencies
- Boss or co-workers
- Teachers or school staff
- Classmates or friends from school
- Banks, billing, and utility companies
- Client or dates for exchange ("paid") sex
- Other
- Refuse to Answer

If S5_140 is not equal to 1, then skip to S5_15.

S5_14_s. Specify other people you use social networking apps with:

S5_15. When you communicate with people on social networking apps (not counting private messaging), what do you typically talk about? Example: when posting on your Facebook wall or on your Tumblr profile. (Check all that apply) (Check all that apply)

- Music, movies, and television
- Work
- School
- Drinking, taking drugs, or partying
- Happy or fun things with friends or family
- Problems or drama with friends or family
- Social Services (example: food assistance, housing, employment and transportation services)
- Love and relationships
- Sex
- Sex work (clients or dates)
- Practicing safer sex with condoms or dental dams
- Sexual identity or attraction
- HIV status, including HIV care
- Videos on LGBTQ or Queer topics
- Videos on other topics
- Hormone therapy (example: where to get them, how much to take)
- Other gender identity topics (example: surgeries or procedures)
- Other
- Refuse to Answer

If S5_15R is not equal to 1, then skip to S5_16.

S5_15_s. Specify other topics you usually communicate about:

Private Messaging on Social Networking Applications

S5_16. How often do you send and receive instant or private messages through Facebook Messenger, Snapchat, or other social networking apps? (Choose one)

- 1 Several times a day
- 2 Once a day
- 3 Once every couple of days
- 4 About once a week
- 5 Less than once a week
- 6 Never, I don't send or receive instant or private messages
- 8 Refuse to Answer

If S5_16 is equal to 6, then skip to S5_19.

S5_17. Who do you communicate with when you send and receive instant or private messages through social networking apps such as Facebook Messenger? (Please check all that apply) (Check all that apply)

- Parents (including foster parents or stepparents)
- Brothers, sisters, cousins, or other family members (including foster family or stepfamily)
- Spouse, husband, wife, boyfriend, or girlfriend
- Casual sex partner, hook up, or booty call
- Friends who are from the LGBTQ or Queer community
- Friends who are not from the LGBTQ or Queer community
- People you know from home where you grew up
- People you met online
- Medical providers, case workers, social workers, or staff at service agencies
- Boss or co-workers
- Teachers or school staff
- Classmates or friends from school
- Banks, billing, and utility companies
- Client or dates for exchange ("paid") sex
- Other
- Refuse to Answer

If S5_170 is not equal to 1, then skip to S5_18.

S5_17_s. Specify other people you send and receive instant or private messages with:

S5_18. What do you usually instant or private message people about on social networking apps like Facebook Messenger? (Please check all that apply) (Check all that apply)

- Music, movies, and television
- Work
- School
- Drinking, taking drugs, or partying
- Happy or fun things with friends or family
- Problems or drama with friends or family
- Social Services (example: food assistance, housing, employment and transportation services)
- Love and relationships
- Sex
- Sex work (clients or dates)
- Practicing safer sex with condoms or dental dams
- Sexual identity or attraction
- HIV status, including HIV care
- Videos on LGBTQ or Queer topics
- Videos on other topics
- Hormone therapy (example: where to get them, how much to take)
- Other gender identity topics (example: surgeries or procedures)
- Other
- Refuse to Answer

If S5_18R is not equal to 1, then skip to S5_19.

S5_18_s. Specify other topics you usually instant or private message about:

Dating / Hookup Websites / Apps

S5_19. What dating or hookup websites or apps do you use? (Check all that apply)

- Tinder
- Grindr
- Growler
- Jack'd
- Scruff
- Badoo
- Craigslist
- Plenty of Fish (POF)
- OkCupid
- Adam4Adam (A4A)
- Hinge
- Bumble
- Other
- I don't use dating and hookup websites and apps
- Refuse to Answer

If S5_19N is equal to 1 and S5_19 is greater than 1 then You indicated both using and not using dating and hookup websites and apps. Please correct your answers. and skip to S5_19.

If S5_19M is not equal to 1, then skip to instruction before S5_20.

S5_19_s. Specify other dating or hookup websites or apps you use:

If S5_19N is equal to 1, then skip to S5_23.

S5_20. Which dating or hookup website or app do you use most often? (Choose one)

- 01 Tinder
- 02 Grindr
- 03 Growler
- 04 Jack'd
- 05 Scruff
- 06 Badoo
- 07 Craigslist
- 08 Plenty of Fish (POF)
- 09 Adam4Adam (A4A)
- 10 Hinge
- 11 Bumble
- 12 Other
- 98 Refuse to Answer

If S5_20 is not equal to 12, then skip to S5_21.

S5_20_s. Specify other dating or hookup websites or apps you use most often:

S5_21. How often do you use dating or hookup websites or apps? (Choose one)

- 1 Several times a day
- 2 Once a day
- 3 Once every couple of days
- 4 About once a week
- 5 Less than once a week
- 8 Refuse to Answer

S5_22. What do you usually do on dating or hookup websites or apps like Grindr, Tinder, POF, and Scruff. (Check all that apply) (Check all that apply)

- Search for someone to have sex with (hook up)
- Search for a client to have sex with for money, food, shelter, etc.
- Search for someone to casually date
- Look for someone to seriously date (committed dating)
- Update your status
- Add people, make new friends or delete people
- Send or receive instant or private messages
- Send or receive public messages (like wall posts)
- Post or share pictures or videos that you took
- Comment on, like, or emoji peoples posts, links, pictures, statuses, etc.
- Support LGBTQ or Queer rights groups or causes
- Share links, someone else's videos, photos, memes, GIFs, etc.
- Browse peoples profiles, the "newsfeed" or ticker
- Change your privacy or other settings
- Create or maintain your profile
- Create or maintain an alternate profile or profiles
- Read about sexual health information, like HIV prevention or care
- Talk about sexual health, like HIV prevention or care
- Other
- Refuse to Answer

If S5_22S is not equal to 1, then skip to S5_23.

S5_22_s. Specify other you usually do on dating or hookup websites or apps:

Internet Use

S5_23. How often do you use the Internet other than to send and receive messages, email, or access social networking and dating websites and apps? (Choose one)

- | | |
|---|---------------------------------|
| 1 | More than 1 hour a day |
| 2 | Every day, but less than 1 hour |
| 3 | Almost every day |
| 4 | A couple times a week |
| 5 | Once a week |
| 6 | Less than once a week |
| 7 | Never, I don't use the Internet |
| 8 | Refuse to Answer |

If S5_23 is equal to 7, then skip to end of questionnaire.

S5_24. Have you ever used the Internet to do any of the following? Don't worry if you do not see activities that you use the Internet for on this list. The list of activities continues on the next screen for easier viewing. (Check all that apply) (Check all that apply)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Listen to music |
| <input type="checkbox"/> | Bank or pay bills (example: pay cell phone bill) |
| <input type="checkbox"/> | Look for jobs |
| <input type="checkbox"/> | Look for housing |
| <input type="checkbox"/> | Read news articles |
| <input type="checkbox"/> | Look for a place to party |
| <input type="checkbox"/> | Look for a sex partner for pay |
| <input type="checkbox"/> | Look for a sex partner NOT for pay |
| <input type="checkbox"/> | Watch porn |
| <input type="checkbox"/> | Watch videos on LGBTQ or Queer topics |
| <input type="checkbox"/> | Watch videos on other topics |
| <input type="checkbox"/> | I did not use the Internet for any activities on this list |
| <input type="checkbox"/> | Refuse to Answer |

If S5_24 is greater than 1 and S5_24U is equal to 1 then You indicated activities that you used the Internet for on this list AND that you did not use the Internet for any activities on this list. Please correct your answers. and skip to S5_24.

S5_24x. Have you ever used the Internet to do any of the following? (Check all that apply)
(Check all that apply)

-
-
-
-
-
-
-
-
-
-

- Look
- Look
- Look
- Look
- Look
- Look
- Look
- Othe
- I dic
- Refu

If S5_24x is greater than 1 and S5_24xV is equal to 1 then You indicated activities that you used the Internet for on this list AND that you did not use the Internet for any activities on this list. Please correct your answers. and skip to S5_24x.

If S5_24U is equal to 1 and S5_24xV is equal to 1 then You indicated that you did not use the Internet for any activities on these lists. Please correct your answers. and skip to S5_23.

If S5_24xS is not equal to 1, then skip to instruction before S5_25.

S5_24_s. Specify other you use the Internet for:

If S5_24xO is equal to 1 then skip to S5_25

If not, then skip to instruction before S5_26.

S5_25. In your lifetime, what other types of health information did you look up? (Check all that apply)
(Check all that apply)

- Healthcare services (example: doctor, emergency room, hospital)
- HIV testing services
- STD symptoms (example: discharge)
- STD testing and treatment services
- PrEP
- PEP
- Where to get free condoms
- Diet and nutrition information (example: weight loss)
- Exercise information
- Cold or flu symptoms
- Medication information (not hormones)
- Other information
- Refuse to Answer

If S5_25L is not equal to 1, then skip to instruction before S5_26.

S5_25_s. Specify other types of health information you looked up:

If S5_24xO is equal to 1 or S5_24xM is equal to 1 or S5_24xN is equal to 1 then skip to S5_26

If not, then skip to instruction before S5_27.

S5_26. In the past 6 months, what types of health information did you look up? (Check all that apply)
(Check all that apply)

- Hormone therapy (example: where to get them, how much to take)
- Surgeries or procedures for transgender and gender nonconforming individuals
- Healthcare services (example: doctor, emergency room, hospital)
- HIV testing services
- STD symptoms (example: discharge)
- STD testing and treatment services
- PrEP
- PEP
- Where to get free condoms
- Diet and nutrition information (example: weight loss)
- Exercise information
- Cold or flu symptoms
- Medication information (not hormones)
- Other information
- I did not look up any health information in the past 6 months
- Refuse to Answer

If S5_26O is equal to 1 and S5_26 is greater than 1 then You indicated both looking up and not looking up any health information in the past 6 months. Please correct your answers. and skip to S5_26.

If S5_26N is not equal to 1, then skip to instruction before S5_27.

S5_26_s. Specify other types of health information you looked up in the past 6 months:

If S5_24xQ is not equal to 1, then skip to end of questionnaire.

S5_27. In your lifetime, what types of social service information did you look up? (Check all that apply)
(Check all that apply)

- Programs specifically for transgender and gender nonconforming individuals
- GR (General Relief) Information
- SSI (Supplemental Security Income) Information
- School Information
- GED Programs
- Employment Information
- Legal information for transgender and identity matters like how to change your name or gender marker
- Other legal information or help
- Case worker
- Mental health counseling and treatment
- Substance abuse counseling
- Crisis intervention (example: partner violence)
- Other information
- Refuse to Answer

If S5_27M is not equal to 1, then skip to S5_28.

S5_27_s. Specify other types of social service information you looked up:

S5_28. In the past 6 months, what types of social service information did you look up? (Check all that apply)
(Check all that apply)

- Programs specifically for transgender and gender nonconforming individuals
- GR (General Relief) Information
- SSI (Supplemental Security Income) Information
- School Information
- GED Programs
- Employment Information
- Legal information for transgender and identity matters like how to change your name or gender marker
- Other legal information or help
- Case worker
- Mental health counseling and treatment
- Substance abuse counseling
- Crisis intervention (example: partner violence)
- Other information
- I did not look up any social service information in the past 6 months
- Refuse to Answer

If S5_28N is equal to 1 and S5_28 is greater than 1 then You indicated both looking up and not looking up any social service information in the past 6 months. Please correct your answers. and skip to S5_28.

If S5_28M is not equal to 1, then skip to end of questionnaire.

S5_28_s. Specify other types of social service information you looked up in the past 6 months:

You have now completed the interview. We thank you greatly for your time and participation!

Please let the person who administered the interview know that you are done.

If ST_2 is equal to 9 then skip to end of questionnaire.

If ST_2 is equal to 7 then skip to end of questionnaire.

If ST_2 is equal to 2 then skip to end of questionnaire.

If ST_2 is equal to 3 then skip to end of questionnaire.

Social Media ETAC Cross Site Evaluation-12 Month (English)

Today's date is recorded as [TODAY] and the time is recorded as [TIMEBEG].

QUESTIONS FILLED OUT BY STAFF

ST_1. Enter interviewer ID number (i.e. the identifying interviewer number used internally to identify interviewers).

If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

- ST_2. Enter site of interview. (Choose one)
- 01 Coastal Bend Wellness
 - 02 Friends Community Center
 - 03 New York AIDS Institute
 - 04 Howard Brown Health
 - 05 MetroHealth
 - 06 Penn State Hershey
 - 07 Philadelphia FIGHT / CHOP
 - 08 San Francisco DPH
 - 09 Wake Forest Baptist Medical Center Clinic
 - 10 Washington University St. Louis

TWELVE-MONTH ASSESSMENT

Q1. Enter participant ID number. If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

Q2. You entered the following PID number: [Response to Q1]. Is this correct? 1 Yes 0 No

If Q2 is equal to 0 then Please re-enter ID number. and skip to Q1.

For this interview, I am going to ask you to answer the questions yourself on the computer. You can read the questions on the screen and the computer will also read each question to you through the headphones. You can put your answers directly into the computer yourself. I will be nearby just in case you need any help, but will sit away from the screen so I won't be able to see the answers you enter. If you have any questions at any time, I am here to answer them for you.

You are free not to answer any question that makes you uncomfortable. If there is some question that you do not wish to answer, please let me know, and I will take care of the computer for you.

Please let me know when the computer tells you that you are done with the interview.

Interviewer notes:

Ask the study participant if they would like to hear the questions aloud. *(Move the computer in front of the respondent and sit where you cannot see the screen. Remember to raise the volume on the computer.)*

Click "Next Question" to continue and begin ACASI portion of the assessment.

PRACTICE QUESTIONS

To begin, here are a few practice questions so you can get used to using the computer. Move the mouse pointer to "Next Question" and click the LEFT mouse button ONCE when you are ready to continue.

PR1. Here's the first practice question: Which one of these five colors do you like best? Listen to the choices, then point to your answer with the mouse and click the left mouse button once. After you give your answer, the computer will automatically move to the next question. (Choose one)
(Choose one)

- 0 Blue
- 1 Red
- 2 Green
- 3 Yellow
- 4 Orange
- 8 Refuse to Answer

PR2. Now try this question: How many months are in a year? To answer, click on the number "1" and then on "2." (You can also use the keyboard.) Click on "Clear" if you make a mistake. Click "Next Question" to continue. By the way, you can click on "Repeat Question" whenever you want to hear a question again.

— — — Months
998 Refuse to Answer

If PR2 is not equal to 12 then Dialogue boxes will pop up when needed to alert you to inconsistent responses and give you a chance to correct your answers. In this instance, you entered a number not equal to 12. Please correct your answer. and skip to PR2.

Now you are all set. Remember, do not hesitate to call your interviewer for help if you have trouble with any of the questions. Click on "Next Question" when you are ready to begin the interview.

SOCIOECONOMIC STATUS

Sex and current gender identity

10. What is your current gender identity? (Choose one) (Choose one)

- 1 Male (that is, Cisgender man)
- 2 Female (that is, Cisgender woman)
- 3 Trans man or Transgender man
- 4 Trans woman or Transgender woman
- 5 Genderqueer or Gender nonconforming
- 6 Other
- 8 Refuse to Answer

If 10 is not equal to 6, then skip to 11.

10_s. Specify other gender identity:

11. What was your assigned sex at birth?

- 1 Male
- 2 Female
- 8 Refuse to Answer

Income and employment

16. How much money, from all sources combined, did you receive last month? Include money received formally and informally from a job, legally, illegally, under the table, from disability, public assistance, disability, allowance, or any other sources.

\$__ __ __ __ __ Dollars
 99997 Don't Know/Not Sure
 99998 Refuse to Answer

17. What is your current employment status? (Check all that apply) (Check all that apply)

Student
 Full-time employed
 Part-time employed
 Disabled
 Unemployed - looking for work
 Unemployed - not looking for work
 Refuse to Answer

Sexual Orientation Identity

Next, we will ask you about your sexual orientation and identity.

19. Do you consider yourself to be: (Choose one) (Choose one)
- | | |
|---|---------------------|
| 1 | Straight |
| 2 | Lesbian or gay |
| 3 | Bisexual |
| 4 | Queer |
| 5 | Other |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

If 19 is not equal to 5, then skip to 20.

19_s. Specify other orientation:

20. During the past 6 months, have you had sex with only males, only females, or with both males and females? (Choose one) (Choose one)
- | | |
|---|--|
| 1 | Only males |
| 2 | Only females |
| 3 | Both males and females |
| 4 | I haven't had sex in the past 6 months |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

HOUSING STABILITY

Next, we will ask you about your housing situation.

21. During the past 6 months, in what types of places have you lived? (Check all that apply) (Check all that apply)

- A house, apartment or flat that you own or rent (this includes shared rent with others)
- Family member's house, apartment or flat (which they own or pay rent)
- Friend's house, apartment or flat (which they own or pay rent)
- Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- Single room occupancy hotel, motel or boarding house
- Halfway house, drug treatment center, or independent living unit
- Homeless shelter or mission
- Domestic violence shelter, battered persons' shelter or "safe house"
- On the streets, in a parked car, in an abandoned building
- Hospital (or medical facility)
- Jail or juvenile detention
- Someplace else
- Refuse to Answer

If 21L is not equal to 1, then skip to 22.

21_s. Specify other places you lived:

22. Where have you stayed the most in the past 7 days? (Choose one) (Choose one)

- 01 A house, apartment or flat that you own or rent (this includes shared rent with others)
- 02 Family member's house, apartment or flat (which they own or pay rent)
- 03 Friend's house, apartment or flat (which they own or pay rent)
- 04 Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- 05 Single room occupancy hotel, motel or boarding house
- 06 Halfway house, drug treatment center, or independent living unit
- 07 Homeless shelter or mission
- 08 Domestic violence shelter, battered persons' shelter or "safe house"
- 09 On the streets, in a parked car, in an abandoned building
- 10 Hospital (or medical facility)
- 11 Jail or juvenile detention
- 12 Someplace else
- 98 Refuse to Answer

If 21A is equal to 0 and 22 is equal to 1 or 21B is equal to 0 and 22 is equal to 2 or 21C is equal to 0 and 22 is equal to 3 or 21D is equal to 0 and 22 is equal to 4 or 21E is equal to 0 and 22 is equal to 5 or 21F is equal to 0 and 22 is equal to 6 or 21G is equal to 0 and 22 is equal to 7 or 21H is equal to 0 and 22 is equal to 8 or 21I is equal to 0 and 22 is equal to 9 or 21J is equal to 0 and 22 is equal to 10 or 21K is equal to 0 and 22 is equal to 11 or 21L is equal to 0 and 22 is equal to 12 then You indicated having stayed in a place in the past 7 days that you did not indicate living in during the past 6 months. Please correct your answer. and skip to 21.

If 22 is not equal to 12, then skip to instruction before S2_26.

22_s. Specify most frequent place lived:

Section 2: BIOMEDICAL HEALTH, LINKAGE, ENGAGEMENT AND RETENTION IN CARE

Next, we will ask you about the health care or other professional support that you have had in the past 6 months.

Recent Care

S2_26. In the past 6 months, how many times did you receive care from a **doctor's office or clinic** that was not related to HIV? Enter zero if you did not receive care from a doctor's office or clinic.

— — — Times
998 Refuse to Answer

S2_27. In the past 6 months, how many times did you get care in the **emergency room or urgent care clinic** that was not related to HIV? Enter zero if you did not receive care in an emergency room or urgent care clinic.

— — — Times
998 Refuse to Answer

Recent Hospitalization

S2_28. In the past 6 months, how many times have you been admitted to or **stayed overnight in a hospital** that was not related to HIV care? Enter zero if you have not been admitted to a hospital in the past 6 months.

— — — Times
998 Refuse to Answer

LINKAGE, ENGAGEMENT AND RETENTION IN HIV CARE

RETENTION IN CARE

Next, we will ask you about your experiences getting **health care for HIV** during the past 6 months.

35. In the past 6 months, how many times did you **receive health care for HIV** in a doctor's office or clinic? Enter zero if you did not get health care for HIV in the past 6 months.

— — —
998

Times
Refuse to Answer

QUALITY OF CARE

Next, we will ask you about blood tests you have had in the past 6 months.

37. In the past 6 months, when you had your last viral load test, what was the result? (Choose one)

- 1 Detectable
- 2 Undetectable
- 3 I haven't had a viral load test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

38. In the past 6 months, when, you had your last CD4 cell test or T cell count, what was the result? (Choose one)

- 1 Less than 200
- 2 201 to 349
- 3 350 to 499
- 4 500 or higher
- 5 I haven't had a CD4 or T cell test in the past 6 months
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

TREATMENT

45. Does the doctor who you see about your HIV care recommend that you take ART or HIV medication?
If you do not currently see a doctor about HIV care, select "Not Applicable".

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

46. Are you taking ART or HIV medication now?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If 46 is not equal to 1, then skip to instruction before 48.

ADHERENCE

Next we will ask you about your adherence to your HIV medication during the past six months and during the previous month.

47a. During the past six months, what was the longest number of days in a row that you skipped or missed taking your HIV medications? Enter zero if you did not miss taking your HIV medications on any days during the past six months and enter one if you only missed taking your medication on one day during the past six months.

— — — days
998 Refuse to Answer

If 47a is equal to 0 or 47a is equal to "Refuse to Answer", then skip to 47.

47b. During the previous month, what was the longest number of days in row that you skipped or missed taking your HIV medications? Enter zero if you did not miss taking your HIV medications on any days during the previous month and enter one if you only missed taking your medication on one day during the previous month.

— — days
98 Refuse to Answer

47. During the previous month, please rate your ability to take all your HIV medications as prescribed. (Choose one)

- 1 Very poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good
- 6 Excellent
- 8 Refuse to Answer

INSURANCE

Next, we will ask you about your health insurance.

48. What type of health insurance do you currently have? (Check all that apply) (Check all that apply)

- I do not have any health insurance
- Medicaid
- Medicare
- Private medical insurance or employer-provided insurance
- Student insurance
- Insurance through parent
- Insurance through partner
- Other
- Don't Know/Not Sure
- Refuse to Answer

If 48A is equal to 1 and 48 is greater than 1 then You indicated that you do not have any health insurance AND one or more types of insurance. Please correct your answers. and skip to 48.

If 48H is not equal to 1, then skip to instruction before 49.

48_s. Specify other type of health insurance:

If 46 is not equal to 1, then skip to instruction before S3_70.

49. Do you currently receive your HIV medications through the AIDS Drug Assistance Program (ADAP)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

Section 3 - INTERVENTION EXPOSURE

Next we will ask you about individuals who may have encouraged or reminded you to go for HIV care. Many of these individuals will be staff from [SITE]. If you are currently taking HIV medications, we will then ask you about individuals who may have encouraged or reminded you to take your medications.

S3_70. In the past 6 months, who has encouraged or reminded you to **go for HIV care**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to go for HIV care
- Refuse to Answer

If S3_70S is equal to 1 and S3_70 is greater than 1 then You indicated that you were not encouraged or reminded to go for HIV care AND indicated individuals who encouraged or reminded you to go for HIV care. Please correct your answers. and skip to S3_70.

If S3_70R is not equal to 1, then skip to instruction before S3_71.

S3_70_s. Specify who else encouraged or reminded you to **go for HIV care**:

If S3_70A is not equal to 1, then skip to instruction before S3_72.

S3_71. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_73.

S3_72. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_74.

S3_73. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_75.

S3_74. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_76.

S3_75. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_77.

S3_76. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_78.

S3_77. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_79.

S3_78. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_80.

S3_79. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_81.

S3_80. To the best of your knowledge, was the [Response to S3_70_s] who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_70A is not equal to 1, then skip to instruction before S3_82.

S3_81. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_83.

S3_82. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_84.

S3_83. Select the ways that the social media specialist encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_85.

S3_84. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_86.

S3_85. Select the ways that the case manager or social worker encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_87.

S3_86. Select the ways that the physician (doctor) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_88.

S3_87. Select the ways that the physician assistant encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_89.

S3_88. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_90.

S3_89. Select the ways that the mental health provider encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70J is not equal to 1, then skip to instruction before S3_91.

S3_90. Select the ways that your parent or guardian encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70K is not equal to 1, then skip to instruction before S3_92.

S3_91. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70L is not equal to 1, then skip to instruction before S3_93.

S3_92. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70M is not equal to 1, then skip to instruction before S3_94.

S3_93. Select the ways that your sex partner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70N is not equal to 1, then skip to instruction before S3_95.

S3_94. Select the ways that your relative encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_96.

S3_95. Select the ways that your friend encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70P is not equal to 1, then skip to instruction before S3_97.

S3_96. Select the ways that your coach or teacher encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_98.

S3_97. Select the ways that your pastor, rabbi, or clergy encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_99.

S3_98. Select the ways that the [Response to S3_70_s] encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If 46 is not equal to 1, then skip to instruction before S4_128.

S3_99. In the past 6 months, who has encouraged or reminded you to **take your HIV medications**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to take my HIV medications
- Refuse to Answer

If S3_99S is equal to 1 and S3_99 is greater than 1 then You indicated that you were not encouraged or reminded to take your HIV medications AND indicated individuals who encouraged or reminded you to take your HIV medications. Please correct your answers. and skip to S3_99.

If S3_99R is not equal to 1, then skip to instruction before S3_100.

S3_99_s. Specify who else encouraged or reminded you to **take your HIV medications**:

If S3_99A is not equal to 1, then skip to instruction before S3_101.

S3_100. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_102.

S3_101. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_103.

S3_102. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_104.

S3_103. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_105.

S3_104. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_106.

S3_105. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_107.

S3_106. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_108.

S3_107. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_109.

S3_108. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S3_110.

S3_109. To the best of your knowledge, was the [Response to S3_99_s] who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_99A is not equal to 1, then skip to instruction before S3_111.

S3_110. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_112.

S3_111. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_113.

S3_112. Select the ways that the social media specialist encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_114.

S3_113. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_115.

S3_114. Select the ways that the case manager or social worker encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_116.

S3_115. Select the ways that the physician (doctor) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_117.

S3_116. Select the ways that the physician assistant encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_118.

S3_117. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_119.

S3_118. Select the ways that the mental health provider encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99J is not equal to 1, then skip to instruction before S3_120.

S3_119. Select the ways that your parent or guardian encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99K is not equal to 1, then skip to instruction before S3_121.

S3_120. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99L is not equal to 1, then skip to instruction before S3_122.

S3_121. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99M is not equal to 1, then skip to instruction before S3_123.

S3_122. Select the ways that your sex partner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99N is not equal to 1, then skip to instruction before S3_124.

S3_123. Select the ways that your relative encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99O is not equal to 1, then skip to instruction before S3_125.

S3_124. Select the ways that your friend encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99P is not equal to 1, then skip to instruction before S3_126.

S3_125. Select the ways that your coach or teacher encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99Q is not equal to 1, then skip to instruction before S3_127.

S3_126. Select the ways that your pastor, rabbi, or clergy who encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S4_128.

S3_127. Select the ways that [Response to S3_99_s] encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

Section 4 - BARRIERS TO CARE

SUPPORT SERVICES

Next we will ask you about support or social services you may have received in the past 6 months.

S4_128. In the past 6 months, have you **needed** any of the following support services? (Check all that apply)
(Check all that apply)

- Housing
- Food
- Clothing
- Toiletries and hygiene products (toothbrush, deodorant, soap, etc.)
- Transportation
- Employment services
- Case management
- Mental health counseling or treatment
- Substance use counseling or drug treatment
- Healthcare insurance counseling
- Healthcare service navigation
- Hormone therapy
- Post-incarceration or parole services
- Other
- I did not need any support services
- Refuse to Answer

If S4_128O is equal to 1 and S4_128 is greater than 1 then You indicated that you did not need any support services, but also selected support services needed. Please correct your answers. and skip to S4_128.

If S4_128N is not equal to 1, then skip to instruction before S4_129.

S4_128_s. Specify other support services needed:

If S4_128O is equal to 1, then skip to instruction before S4_143.

For the following questions, you will be asked about the support or social services you **used or received** in the past 6 months. Do not indicate "Yes" for support services you received from friends or family, such as food or clothing you received from friends.

If S4_128A is not equal to 1, then skip to instruction before S4_130.

S4_129. In the past 6 months, have you **used or received** support services for housing?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_128B is not equal to 1, then skip to instruction before S4_131.

S4_130. In the past 6 months, have you **used or received** support services for food?

1	Yes
0	No
8	Refuse to Answer

If S4_128C is not equal to 1, then skip to instruction before S4_132.

S4_131. In the past 6 months, have you **used or received** support services for clothing?

1	Yes
0	No
8	Refuse to Answer

If S4_128D is not equal to 1, then skip to instruction before S4_133.

S4_132. In the past 6 months, have you **used or received** support services for toiletries and hygiene products (toothbrush, deodorant, soap, etc.)?

1	Yes
0	No
8	Refuse to Answer

If S4_128E is not equal to 1, then skip to instruction before S4_134.

S4_133. In the past 6 months, have you **used or received** support services for transportation?

1	Yes
0	No
8	Refuse to Answer

If S4_128F is not equal to 1, then skip to instruction before S4_135.

S4_134. In the past 6 months, have you **used or received** support services for employment services?

1	Yes
0	No
8	Refuse to Answer

If S4_128G is not equal to 1, then skip to instruction before S4_136.

S4_135. In the past 6 months, have you **used or received** support services for case management?

1	Yes
0	No
8	Refuse to Answer

If S4_128H is not equal to 1, then skip to instruction before S4_137.

S4_136. In the past 6 months, have you **used or received** support services for mental health counseling or treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128I is not equal to 1, then skip to instruction before S4_138.

S4_137. In the past 6 months, have you **used or received** support services for substance use counseling or drug treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128J is not equal to 1, then skip to instruction before S4_139.

S4_138. In the past 6 months, have you **used or received** support services for healthcare insurance counseling?

1 Yes
0 No
8 Refuse to Answer

If S4_128K is not equal to 1, then skip to instruction before S4_140.

S4_139. In the past 6 months, have you **used or received** support services for healthcare service navigation?

1 Yes
0 No
8 Refuse to Answer

If S4_128L is not equal to 1, then skip to instruction before S4_141.

S4_140. In the past 6 months, have you **used or received** support services for hormone therapy?

1 Yes
0 No
8 Refuse to Answer

If S4_128M is not equal to 1, then skip to instruction before S4_142.

S4_141. In the past 6 months, have you **used or received** support services for post-incarceration or parole services?

1 Yes
0 No
8 Refuse to Answer

If S4_128N is not equal to 1, then skip to instruction before S4_143.

S4_142. In the past 6 months, have you **used or received** support services for [Response to S4_128_s]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

COMPETING NEEDS

Next, we will ask you about meeting your basic needs.

S4_143. In the past 6 months, **have you ever gone without HIV medications** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_144. In the past 6 months, **have you ever gone without food, clothing, housing, or other basic needs** because you needed the money for HIV medications?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_145. In the past 6 months, have you put off going to the doctor for HIV because of any of the following: (Check all that apply) (Check all that apply)

- You could not get off work
- You were too sick
- You did not have a way to get there
- You were taking care of someone else who is important to you
- You did not feel safe or comfortable with the doctor
- Other
- I have not put off going to the doctor
- Refuse to Answer

If S4_145G is equal to 1 and S4_145 is greater than 1 then You indicated that you did not put off going to the doctor, but indicated a reason. Please correct your answers. and skip to S4_145.

If S4_145F is not equal to 1, then skip to S4_146.

S4_145_s. Specify other reason you put off going to the doctor for HIV:

S4_146. **In the past 6 months, have you not gone to your HIV doctor or gone without HIV healthcare** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_147. **In the past 6 months, have you gone without food, clothing, housing, or other basic needs** because you needed the money to go to your HIV doctor or for HIV healthcare?

- 1 Yes
- 0 No
- 8 Refuse to Answer

DISCLOSURE

Next we will ask you if you have disclosed your HIV status to anyone in the past 6 months.

S4_148. In the past 6 months, who have you told that you have HIV? (Check all that apply) (Check all that apply)

- No one
- My main partner or spouse
- One or more other sex partners
- One or more family members
- One or more friends
- Health care providers
- Coach or teacher
- Pastor, rabbi, or clergy
- Staff from &[SITE]
- Other
- Refuse to Answer

If S4_148A is equal to 1 and S4_148 is greater than 1 then You indicated that you told no one that you have HIV, but indicated who you have told. Please correct your answers. and skip to S4_148.

If S4_148J is not equal to 1, then skip to instruction before S4_149.

S4_148_s. Specify other person you told you have HIV:

STIGMA

Next, we will ask you about how having HIV makes you feel about yourself. Please tell us if you agree or disagree with each of the following statements.

- S4_149. I have been hurt by how people reacted to learning I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_150. I have stopped socializing with some people because of their reactions to my having HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_151. I have lost friends by telling them I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_152. I am very careful who I tell that I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_153. I worry that people who know I have HIV will tell others. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_154. I feel that I am not as good a person as others because I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |

S4_155.	Having HIV makes me feel unclean. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_156.	Having HIV makes me feel that I'm a bad person. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_157.	Most people think that a person with HIV is disgusting. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_158.	Most people with HIV are rejected when others find out. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer

MENTAL HEALTH

Now, we will ask you about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

- S4_159. Have you felt calm and peaceful? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_160. Did you have a lot of energy? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_161. Have you felt downhearted and blue? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_162. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |

SUBSTANCE USE

Next we will ask you questions about your alcohol and drug use. Please remember that any information you provide will be kept strictly confidential. The first group of questions will be about drugs that you may have used but did not inject. We will discuss injection drug use later.

S4_163. In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. Don't worry if you don't see a substance you have used on this list. The list of substances continues on the next screen for easier viewing. (Check all that apply) (Check all that apply)

- Alcohol, including beer, wine, and liquor
- Tobacco, cigarettes, e-cigarettes, hookah
- Marijuana (not prescribed)
- Synthetic marijuana also known as "K2" or "Spice"
- Marijuana laced with PCP also known as "wet"
- Methamphetamine also known as crystal, "Tina", speed
- Amphetamines or uppers
- Molly, MDMA, Ecstasy (XTC)
- LSD or other hallucinogens like mushrooms or acid
- Poppers, nitrates or other inhalants like glue or paint thinner
- Powder cocaine also known as snow or blow
- Crack cocaine also known as rock
- No, I have never used any of these substances
- Refuse to Answer

If S4_163M is equal to 1 and S4_163 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_163.

S4_164. CONTINUED: In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. (Check all that apply) (Check all that apply)

- Heroin
- Special K
- Primos which are marijuana and rock together
- Synthetic cathinones also known as "Bath salts"
- Syrup, Lean, Purple Drank (Codeine cough syrup)
- Painkillers like Oxycontin and Vicodin
- Tranquilizers or sedatives like Valium and Xanax
- ADHD medication like Adderall and Ritalin
- Over the counter drugs like Coricidin, cough medicine, Sudafed, and Robitussin
- Any other drug not listed
- No, I have never used any of these substances
- Refuse to Answer

If S4_164K is equal to 1 and S4_164 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_164.

If S4_164J is not equal to 1, then skip to instruction before S4_165.

S4_164_s. Specify other drug you did not inject:

If S4_163A is not equal to 1, then skip to instruction before S4_166.

S4_165. In the past 6 months, how often have you used **alcohol, including beer, wine, and liquor?**
(Choose one) (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163B is not equal to 1, then skip to instruction before S4_167.

S4_166. In the past 6 months, how often have you used **tobacco, cigarettes, e-cigarettes, or hookah?**
(Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163C is not equal to 1, then skip to instruction before S4_168.

S4_167. In the past 6 months, how often have you used **marijuana (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163D is not equal to 1, then skip to instruction before S4_169.

S4_168. In the past 6 months, how often have you used **synthetic marijuana also known as "K2" or "Spice"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163E is not equal to 1, then skip to instruction before S4_170.

S4_169. In the past 6 months, how often have you used **marijuana laced with PCP also known as "wet"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163F is not equal to 1, then skip to instruction before S4_171.

S4_170. In the past 6 months, how often have you used **methamphetamine also known as crystal, "Tina", or speed?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163G is not equal to 1, then skip to instruction before S4_172.

S4_171. In the past 6 months, how often have you used **amphetamines or uppers?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163H is not equal to 1, then skip to instruction before S4_173.

S4_172. In the past 6 months, how often have you used **Molly, MDMA, or Ecstasy (XTC)?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163I is not equal to 1, then skip to instruction before S4_174.

S4_173. In the past 6 months, how often have you used **LSD or other hallucinogens like mushrooms or acid?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163J is not equal to 1, then skip to instruction before S4_175.

S4_174. In the past 6 months, how often have you used **poppers, nitrates or other inhalants like glue or paint thinner?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163K is not equal to 1, then skip to instruction before S4_176.

S4_175. In the past 6 months, how often have you used **powder cocaine also known as snow or blow?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163L is not equal to 1, then skip to instruction before S4_177.

S4_176. In the past 6 months, how often have you used **crack cocaine also known as rock**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164A is not equal to 1, then skip to instruction before S4_178.

S4_177. In the past 6 months, how often have you used **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164B is not equal to 1, then skip to instruction before S4_179.

S4_178. In the past 6 months, how often have you used **Special K**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164C is not equal to 1, then skip to instruction before S4_180.

S4_179. In the past 6 months, how often have you used **Primos, which are marijuana and rock together?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164D is not equal to 1, then skip to instruction before S4_181.

S4_180. In the past 6 months, how often have you used **synthetic cathinones also known as "Bath salts"?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164E is not equal to 1, then skip to instruction before S4_182.

S4_181. In the past 6 months, how often have you used **Syrup, Lean, or Purple Drank (Codeine cough syrup) (not prescribed)?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164F is not equal to 1, then skip to instruction before S4_183.

S4_182. In the past 6 months, how often have you used painkillers like **Oxycontin and Vicodin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164G is not equal to 1, then skip to instruction before S4_184.

S4_183. In the past 6 months, how often have you used **tranquilizers, or sedatives like Valium and Xanax (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164H is not equal to 1, then skip to instruction before S4_185.

S4_184. In the past 6 months, how often have you used **ADHD medication like Adderall and Ritalin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164I is not equal to 1, then skip to instruction before S4_186.

S4_185. In the past 6 months, how often have you used **over the counter (OTC) drugs like Coricidin (nicknamed Triple C's), cough medicine (DXM), Sudafed and Robitussin that you have taken for recreational use?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

If S4_164J is not equal to 1, then skip to instruction before S4_187.

S4_186. In the past 6 months, how often have you used **[Response to S4_164_s]?** (Choose one)

- | | |
|---|-----------------------|
| 0 | Zero times |
| 1 | Once a month or less |
| 2 | Several times a month |
| 3 | Once a week |
| 4 | Several times a week |
| 5 | Once a day |
| 6 | More than once a day |
| 8 | Refuse to Answer |

Now we would like to ask about injecting drugs. We are speaking of drugs other than hormones that you may have injected for the purposes of getting high.

S4_187. In your lifetime have you ever injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |

If S4_187 is not equal to 1, then skip to end of questionnaire.

S4_188. In the past 6 months have you injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- | | |
|---|------------------|
| 1 | Yes |
| 0 | No |
| 8 | Refuse to Answer |

If S4_188 is not equal to 1, then skip to end of questionnaire.

S4_189. In the past 6 months, how often have you injected **cocaine**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_190. In the past 6 months, how often have you injected **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_191. In the past 6 months, how often have you injected **cocaine and heroin (speedball)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_192. In the past 6 months, how often have you injected **methamphetamine also known as crystal, "Tina", or speed**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_193. In the past 6 months, how often have you injected **amphetamines or uppers**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_194. In the past 6 months, how often have you injected **downers or barbiturates**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_195. In the past 6 months, how often have you injected **any other drug not listed**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_195 is equal to 0 or S4_195 is equal to "Refuse to Answer", then skip to end of questionnaire.

S4_195_s. Specify other drug injected:

If S4_189 is equal to 0 and S4_190 is equal to 0 and S4_191 is equal to 0 and S4_192 is equal to 0 and S4_193 is equal to 0 and S4_194 is equal to 0 and S4_195 is equal to 0 then You indicated not injecting any drugs by checking ZERO for all drugs. This is inconsistent with your earlier response that you have injected drugs in the past 6 months. Please correct your answers. and skip to S4_188.

You have now completed the interview. We thank you greatly for your time and participation!

Please let the person who administered the interview know that you are done.

If ST_2 is equal to 9 then skip to end of questionnaire.

If ST_2 is equal to 7 then skip to end of questionnaire.

If ST_2 is equal to 2 then skip to end of questionnaire.

If ST_2 is equal to 3 then skip to end of questionnaire.

Social Media ETAC Cross Site Evaluation-18 Month (English)

Today's date is recorded as [TODAY] and the time is recorded as [TIMEBEG].

QUESTIONS FILLED OUT BY STAFF

ST_1. Enter interviewer ID number (i.e. the identifying interviewer number used internally to identify interviewers).

If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

- ST_2. Enter site of interview. (Choose one)
- 01 Coastal Bend Wellness
 - 02 Friends Community Center
 - 03 New York AIDS Institute
 - 04 Howard Brown Health
 - 05 MetroHealth
 - 06 Penn State Hershey
 - 07 Philadelphia FIGHT / CHOP
 - 08 San Francisco DPH
 - 09 Wake Forest Baptist Medical Center Clinic
 - 10 Washington University St. Louis

TWELVE-MONTH ASSESSMENT

Q1. Enter participant ID number. If the ID includes numeric characters, they can be entered by first selecting the "Alt" option on the screen to toggle to the number keypad on the screen, or by entering the numbers from the keyboard.

Q2. You entered the following PID number: [Response to Q1]. Is this correct? 1 Yes
0 No

If Q2 is equal to 0 then Please re-enter ID number. and skip to Q1.

For this interview, I am going to ask you to answer the questions yourself on the computer. You can read the questions on the screen and the computer will also read each question to you through the headphones. You can put your answers directly into the computer yourself. I will be nearby just in case you need any help, but will sit away from the screen so I won't be able to see the answers you enter. If you have any questions at any time, I am here to answer them for you.

You are free not to answer any question that makes you uncomfortable. If there is some question that you do not wish to answer, please let me know, and I will take care of the computer for you.

Please let me know when the computer tells you that you are done with the interview.

Interviewer notes:

Ask the study participant if they would like to hear the questions aloud. *(Move the computer in front of the respondent and sit where you cannot see the screen. Remember to raise the volume on the computer.)*

Click "Next Question" to continue and begin ACASI portion of the assessment.

PRACTICE QUESTIONS

To begin, here are a few practice questions so you can get used to using the computer. Move the mouse pointer to "Next Question" and click the LEFT mouse button ONCE when you are ready to continue.

PR1. Here's the first practice question: Which one of these five colors do you like best? Listen to the choices, then point to your answer with the mouse and click the left mouse button once. After you give your answer, the computer will automatically move to the next question. (Choose one)
(Choose one)

- 0 Blue
- 1 Red
- 2 Green
- 3 Yellow
- 4 Orange
- 8 Refuse to Answer

PR2. Now try this question: How many months are in a year? To answer, click on the number "1" and then on "2." (You can also use the keyboard.) Click on "Clear" if you make a mistake. Click "Next Question" to continue. By the way, you can click on "Repeat Question" whenever you want to hear a question again.

- — — Months
- 998 Refuse to Answer

If PR2 is not equal to 12 then Dialogue boxes will pop up when needed to alert you to inconsistent responses and give you a chance to correct your answers. In this instance, you entered a number not equal to 12. Please correct your answer. and skip to PR2.

Now you are all set. Remember, do not hesitate to call your interviewer for help if you have trouble with any of the questions. Click on "Next Question" when you are ready to begin the interview.

SOCIOECONOMIC STATUS

Sex and current gender identity

10. What is your current gender identity? (Choose one) (Choose one)

- 1 Male (that is, Cisgender man)
- 2 Female (that is, Cisgender woman)
- 3 Trans man or Transgender man
- 4 Trans woman or Transgender woman
- 5 Genderqueer or Gender nonconforming
- 6 Other
- 8 Refuse to Answer

If 10 is not equal to 6, then skip to 11.

10_s. Specify other gender identity:

11. What was your assigned sex at birth?

- 1 Male
- 2 Female
- 8 Refuse to Answer

Income and employment

16. How much money, from all sources combined, did you receive last month? Include money received formally and informally from a job, legally, illegally, under the table, from disability, public assistance, disability, allowance, or any other sources.

\$__ __ __ __ __ Dollars
 99997 Don't Know/Not Sure
 99998 Refuse to Answer

17. What is your current employment status? (Check all that apply) (Check all that apply)

Student
 Full-time employed
 Part-time employed
 Disabled
 Unemployed - looking for work
 Unemployed - not looking for work
 Refuse to Answer

Sexual Orientation Identity

Next, we will ask you about your sexual orientation and identity.

19. Do you consider yourself to be: (Choose one) (Choose one)
- | | |
|---|---------------------|
| 1 | Straight |
| 2 | Lesbian or gay |
| 3 | Bisexual |
| 4 | Queer |
| 5 | Other |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

If 19 is not equal to 5, then skip to 20.

19_s. Specify other orientation:

20. During the past 6 months, have you had sex with only males, only females, or with both males and females? (Choose one) (Choose one)
- | | |
|---|--|
| 1 | Only males |
| 2 | Only females |
| 3 | Both males and females |
| 4 | I haven't had sex in the past 6 months |
| 7 | Don't Know/Not Sure |
| 8 | Refuse to Answer |

HOUSING STABILITY

Next, we will ask you about your housing situation.

21. During the past 6 months, in what types of places have you lived? (Check all that apply) (Check all that apply)

- A house, apartment or flat that you own or rent (this includes shared rent with others)
- Family member's house, apartment or flat (which they own or pay rent)
- Friend's house, apartment or flat (which they own or pay rent)
- Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- Single room occupancy hotel, motel or boarding house
- Halfway house, drug treatment center, or independent living unit
- Homeless shelter or mission
- Domestic violence shelter, battered persons' shelter or "safe house"
- On the streets, in a parked car, in an abandoned building
- Hospital (or medical facility)
- Jail or juvenile detention
- Someplace else
- Refuse to Answer

If 21L is not equal to 1, then skip to 22.

21_s. Specify other places you lived:

22. Where have you stayed the most in the past 7 days? (Choose one) (Choose one)

- 01 A house, apartment or flat that you own or rent (this includes shared rent with others)
- 02 Family member's house, apartment or flat (which they own or pay rent)
- 03 Friend's house, apartment or flat (which they own or pay rent)
- 04 Lover or sexual partner's house, apartment or flat (which they own or pay rent)
- 05 Single room occupancy hotel, motel or boarding house
- 06 Halfway house, drug treatment center, or independent living unit
- 07 Homeless shelter or mission
- 08 Domestic violence shelter, battered persons' shelter or "safe house"
- 09 On the streets, in a parked car, in an abandoned building
- 10 Hospital (or medical facility)
- 11 Jail or juvenile detention
- 12 Someplace else
- 98 Refuse to Answer

If 21A is equal to 0 and 22 is equal to 1 or 21B is equal to 0 and 22 is equal to 2 or 21C is equal to 0 and 22 is equal to 3 or 21D is equal to 0 and 22 is equal to 4 or 21E is equal to 0 and 22 is equal to 5 or 21F is equal to 0 and 22 is equal to 6 or 21G is equal to 0 and 22 is equal to 7 or 21H is equal to 0 and 22 is equal to 8 or 21I is equal to 0 and 22 is equal to 9 or 21J is equal to 0 and 22 is equal to 10 or 21K is equal to 0 and 22 is equal to 11 or 21L is equal to 0 and 22 is equal to 12 then You indicated having stayed in a place in the past 7 days that you did not indicate living in during the past 6 months. Please correct your answer. and skip to 21.

If 22 is not equal to 12, then skip to instruction before S2_26.

22_s. Specify most frequent place lived:

Section 2: BIOMEDICAL HEALTH, LINKAGE, ENGAGEMENT AND RETENTION IN CARE

Next, we will ask you about the health care or other professional support that you have had in the past 6 months.

Recent Care

S2_26. In the past 6 months, how many times did you receive care from a **doctor's office or clinic** that was not related to HIV? Enter zero if you did not receive care from a doctor's office or clinic.

— — — Times
998 Refuse to Answer

S2_27. In the past 6 months, how many times did you get care in the **emergency room or urgent care clinic** that was not related to HIV? Enter zero if you did not receive care in an emergency room or urgent care clinic.

— — — Times
998 Refuse to Answer

Recent Hospitalization

S2_28. In the past 6 months, how many times have you been admitted to or **stayed overnight in a hospital** that was not related to HIV care? Enter zero if you have not been admitted to a hospital in the past 6 months.

— — — Times
998 Refuse to Answer

LINKAGE, ENGAGEMENT AND RETENTION IN HIV CARE

RETENTION IN CARE

Next, we will ask you about your experiences getting **health care for HIV** during the past 6 months.

35. In the past 6 months, how many times did you **receive health care for HIV** in a doctor's office or clinic? Enter zero if you did not get health care for HIV in the past 6 months.

— — —
998

Times
Refuse to Answer

QUALITY OF CARE

Next, we will ask you about blood tests you have had in the past 6 months.

37. In the past 6 months, when you had your last viral load test, what was the result? (Choose one)
- 1 Detectable
 - 2 Undetectable
 - 3 I haven't had a viral load test in the past 6 months
 - 7 Don't Know/Not Sure
 - 8 Refuse to Answer
38. In the past 6 months, when, you had your last CD4 cell test or T cell count, what was the result? (Choose one)
- 1 Less than 200
 - 2 201 to 349
 - 3 350 to 499
 - 4 500 or higher
 - 5 I haven't had a CD4 or T cell test in the past 6 months
 - 7 Don't Know/Not Sure
 - 8 Refuse to Answer

TREATMENT

45. Does the doctor who you see about your HIV care recommend that you take ART or HIV medication?
If you do not currently see a doctor about HIV care, select "Not Applicable".

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

46. Are you taking ART or HIV medication now?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If 46 is not equal to 1, then skip to instruction before 48.

ADHERENCE

Next we will ask you about your adherence to your HIV medication during the past six months and during the previous month.

47a. During the past six months, what was the longest number of days in a row that you skipped or missed taking your HIV medications? Enter zero if you did not miss taking your HIV medications on any days during the past six months and enter one if you only missed taking your medication on one day during the past six months.

— — — days
 998 Refuse to Answer

If 47a is equal to 0 or 47a is equal to "Refuse to Answer", then skip to 47.

47b. During the previous month, what was the longest number of days in row that you skipped or missed taking your HIV medications? Enter zero if you did not miss taking your HIV medications on any days during the previous month and enter one if you only missed taking your medication on one day during the previous month.

— — days
 98 Refuse to Answer

47. During the previous month, please rate your ability to take all your HIV medications as prescribed. (Choose one)

- 1 Very poor
- 2 Poor
- 3 Fair
- 4 Good
- 5 Very good
- 6 Excellent
- 8 Refuse to Answer

INSURANCE

Next, we will ask you about your health insurance.

48. What type of health insurance do you currently have? (Check all that apply) (Check all that apply)

- I do not have any health insurance
- Medicaid
- Medicare
- Private medical insurance or employer-provided insurance
- Student insurance
- Insurance through parent
- Insurance through partner
- Other
- Don't Know/Not Sure
- Refuse to Answer

If 48A is equal to 1 and 48 is greater than 1 then You indicated that you do not have any health insurance AND one or more types of insurance. Please correct your answers. and skip to 48.

If 48H is not equal to 1, then skip to instruction before 49.

48_s. Specify other type of health insurance:

If 46 is not equal to 1, then skip to instruction before S3_70.

49. Do you currently receive your HIV medications through the AIDS Drug Assistance Program (ADAP)?

- 1 Yes
- 0 No
- 7 Don't Know/Not Sure
- 8 Refuse to Answer

Section 3 - INTERVENTION EXPOSURE

Next we will ask you about individuals who may have encouraged or reminded you to go for HIV care. Many of these individuals will be staff from [SITE]. If you are currently taking HIV medications, we will then ask you about individuals who may have encouraged or reminded you to take your medications.

S3_70. In the past 6 months, who has encouraged or reminded you to **go for HIV care**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to go for HIV care
- Refuse to Answer

If S3_70S is equal to 1 and S3_70 is greater than 1 then You indicated that you were not encouraged or reminded to go for HIV care AND indicated individuals who encouraged or reminded you to go for HIV care. Please correct your answers. and skip to S3_70.

If S3_70R is not equal to 1, then skip to instruction before S3_71.

S3_70_s. Specify who else encouraged or reminded you to **go for HIV care**:

If S3_70A is not equal to 1, then skip to instruction before S3_72.

S3_71. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_73.

S3_72. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_74.

S3_73. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_75.

S3_74. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_76.

S3_75. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_77.

S3_76. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **go for HIV care** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_78.

S3_77. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_79.

S3_78. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_80.

S3_79. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_81.

S3_80. To the best of your knowledge, was the [Response to S3_70_s] who encouraged or reminded you to **go for HIV care** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_70A is not equal to 1, then skip to instruction before S3_82.

S3_81. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70B is not equal to 1, then skip to instruction before S3_83.

S3_82. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70C is not equal to 1, then skip to instruction before S3_84.

S3_83. Select the ways that the social media specialist encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70D is not equal to 1, then skip to instruction before S3_85.

S3_84. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70E is not equal to 1, then skip to instruction before S3_86.

S3_85. Select the ways that the case manager or social worker encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70F is not equal to 1, then skip to instruction before S3_87.

S3_86. Select the ways that the physician (doctor) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70G is not equal to 1, then skip to instruction before S3_88.

S3_87. Select the ways that the physician assistant encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70H is not equal to 1, then skip to instruction before S3_89.

S3_88. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70I is not equal to 1, then skip to instruction before S3_90.

S3_89. Select the ways that the mental health provider encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70J is not equal to 1, then skip to instruction before S3_91.

S3_90. Select the ways that your parent or guardian encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70K is not equal to 1, then skip to instruction before S3_92.

S3_91. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **go for HIV care**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70L is not equal to 1, then skip to instruction before S3_93.

S3_92. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70M is not equal to 1, then skip to instruction before S3_94.

S3_93. Select the ways that your sex partner encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70N is not equal to 1, then skip to instruction before S3_95.

S3_94. Select the ways that your relative encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70O is not equal to 1, then skip to instruction before S3_96.

S3_95. Select the ways that your friend encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70P is not equal to 1, then skip to instruction before S3_97.

S3_96. Select the ways that your coach or teacher encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70Q is not equal to 1, then skip to instruction before S3_98.

S3_97. Select the ways that your pastor, rabbi, or clergy encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_70R is not equal to 1, then skip to instruction before S3_99.

S3_98. Select the ways that the [Response to S3_70_s] encouraged or reminded you to **go for HIV care**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If 46 is not equal to 1, then skip to instruction before S4_128.

S3_99. In the past 6 months, who has encouraged or reminded you to **take your HIV medications**? (Check all that apply) (Check all that apply)

- Peer educator, other peer staff, or health educator
- Outreach worker, community health worker, or promotor
- Social media specialist
- Patient navigator or care coordinator
- Case manager or social worker
- Physician (doctor)
- Physician assistant
- Nurse or nurse practitioner
- Mental health provider
- Parent or guardian
- Boyfriend or girlfriend
- Partner or spouse (husband or wife)
- Sex partner
- Relative
- Friend
- Coach or teacher
- Pastor, rabbi, or clergy
- Someone else
- I wasn't encouraged or reminded to take my HIV medications
- Refuse to Answer

If S3_99S is equal to 1 and S3_99 is greater than 1 then You indicated that you were not encouraged or reminded to take your HIV medications AND indicated individuals who encouraged or reminded you to take your HIV medications. Please correct your answers. and skip to S3_99.

If S3_99R is not equal to 1, then skip to instruction before S3_100.

S3_99_s. Specify who else encouraged or reminded you to **take your HIV medications**:

If S3_99A is not equal to 1, then skip to instruction before S3_101.

S3_100. To the best of your knowledge, was the peer educator, other peer staff, or health educator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_102.

S3_101. To the best of your knowledge, was the outreach worker, community health worker, or promotor who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_103.

S3_102. To the best of your knowledge, was the social media specialist who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_104.

S3_103. To the best of your knowledge, was the patient navigator or care coordinator who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_105.

S3_104. To the best of your knowledge, was the case manager or social worker who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_106.

S3_105. To the best of your knowledge, was the physician (doctor) who encouraged or reminded you to **take your HIV medications** from [SITE]?

1 Yes
0 No
8 Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_107.

S3_106. To the best of your knowledge, was the physician assistant who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_108.

S3_107. To the best of your knowledge, was the nurse or nurse practitioner who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_109.

S3_108. To the best of your knowledge, was the mental health provider who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S3_110.

S3_109. To the best of your knowledge, was the [Response to S3_99_s] who encouraged or reminded you to **take your HIV medications** from [SITE]?

- 1 Yes
- 0 No
- 8 Refuse to Answer
- 9 Not Applicable

If S3_99A is not equal to 1, then skip to instruction before S3_111.

S3_110. Select the ways that the peer educator, other peer staff, or health educator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99B is not equal to 1, then skip to instruction before S3_112.

S3_111. Select the ways that the outreach worker, community health worker, or promotor encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99C is not equal to 1, then skip to instruction before S3_113.

S3_112. Select the ways that the social media specialist encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99D is not equal to 1, then skip to instruction before S3_114.

S3_113. Select the ways that the patient navigator or care coordinator encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99E is not equal to 1, then skip to instruction before S3_115.

S3_114. Select the ways that the case manager or social worker encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99F is not equal to 1, then skip to instruction before S3_116.

S3_115. Select the ways that the physician (doctor) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99G is not equal to 1, then skip to instruction before S3_117.

S3_116. Select the ways that the physician assistant encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99H is not equal to 1, then skip to instruction before S3_118.

S3_117. Select the ways that the nurse or nurse practitioner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99I is not equal to 1, then skip to instruction before S3_119.

S3_118. Select the ways that the mental health provider encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99J is not equal to 1, then skip to instruction before S3_120.

S3_119. Select the ways that your parent or guardian encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99K is not equal to 1, then skip to instruction before S3_121.

S3_120. Select the ways that your boyfriend or girlfriend encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99L is not equal to 1, then skip to instruction before S3_122.

S3_121. Select the ways that your partner or spouse (husband or wife) encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99M is not equal to 1, then skip to instruction before S3_123.

S3_122. Select the ways that your sex partner encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99N is not equal to 1, then skip to instruction before S3_124.

S3_123. Select the ways that your relative encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99O is not equal to 1, then skip to instruction before S3_125.

S3_124. Select the ways that your friend encouraged or reminded you to **take your HIV medications**.
(Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99P is not equal to 1, then skip to instruction before S3_126.

S3_125. Select the ways that your coach or teacher encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99Q is not equal to 1, then skip to instruction before S3_127.

S3_126. Select the ways that your pastor, rabbi, or clergy who encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

If S3_99R is not equal to 1, then skip to instruction before S4_128.

S3_127. Select the ways that [Response to S3_99_s] encouraged or reminded you to **take your HIV medications**. (Check all that apply)

- Text messaging
- Mobile app
- Social media messaging
- Face to face
- Telephone
- Refuse to Answer

Section 4 - BARRIERS TO CARE

SUPPORT SERVICES

Next we will ask you about support or social services you may have received in the past 6 months.

S4_128. In the past 6 months, have you **needed** any of the following support services? (Check all that apply)
(Check all that apply)

- Housing
- Food
- Clothing
- Toiletries and hygiene products (toothbrush, deodorant, soap, etc.)
- Transportation
- Employment services
- Case management
- Mental health counseling or treatment
- Substance use counseling or drug treatment
- Healthcare insurance counseling
- Healthcare service navigation
- Hormone therapy
- Post-incarceration or parole services
- Other
- I did not need any support services
- Refuse to Answer

If S4_128O is equal to 1 and S4_128 is greater than 1 then You indicated that you did not need any support services, but also selected support services needed. Please correct your answers. and skip to S4_128.

If S4_128N is not equal to 1, then skip to instruction before S4_129.

S4_128_s. Specify other support services needed:

If S4_128O is equal to 1, then skip to instruction before S4_143.

For the following questions, you will be asked about the support or social services you **used or received** in the past 6 months. Do not indicate "Yes" for support services you received from friends or family, such as food or clothing you received from friends.

If S4_128A is not equal to 1, then skip to instruction before S4_130.

S4_129. In the past 6 months, have you **used or received** support services for housing?

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_128B is not equal to 1, then skip to instruction before S4_131.

S4_130. In the past 6 months, have you **used or received** support services for food?

1	Yes
0	No
8	Refuse to Answer

If S4_128C is not equal to 1, then skip to instruction before S4_132.

S4_131. In the past 6 months, have you **used or received** support services for clothing?

1	Yes
0	No
8	Refuse to Answer

If S4_128D is not equal to 1, then skip to instruction before S4_133.

S4_132. In the past 6 months, have you **used or received** support services for toiletries and hygiene products (toothbrush, deodorant, soap, etc.)?

1	Yes
0	No
8	Refuse to Answer

If S4_128E is not equal to 1, then skip to instruction before S4_134.

S4_133. In the past 6 months, have you **used or received** support services for transportation?

1	Yes
0	No
8	Refuse to Answer

If S4_128F is not equal to 1, then skip to instruction before S4_135.

S4_134. In the past 6 months, have you **used or received** support services for employment services?

1	Yes
0	No
8	Refuse to Answer

If S4_128G is not equal to 1, then skip to instruction before S4_136.

S4_135. In the past 6 months, have you **used or received** support services for case management?

1	Yes
0	No
8	Refuse to Answer

If S4_128H is not equal to 1, then skip to instruction before S4_137.

S4_136. In the past 6 months, have you **used or received** support services for mental health counseling or treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128I is not equal to 1, then skip to instruction before S4_138.

S4_137. In the past 6 months, have you **used or received** support services for substance use counseling or drug treatment?

1 Yes
0 No
8 Refuse to Answer

If S4_128J is not equal to 1, then skip to instruction before S4_139.

S4_138. In the past 6 months, have you **used or received** support services for healthcare insurance counseling?

1 Yes
0 No
8 Refuse to Answer

If S4_128K is not equal to 1, then skip to instruction before S4_140.

S4_139. In the past 6 months, have you **used or received** support services for healthcare service navigation?

1 Yes
0 No
8 Refuse to Answer

If S4_128L is not equal to 1, then skip to instruction before S4_141.

S4_140. In the past 6 months, have you **used or received** support services for hormone therapy?

1 Yes
0 No
8 Refuse to Answer

If S4_128M is not equal to 1, then skip to instruction before S4_142.

S4_141. In the past 6 months, have you **used or received** support services for post-incarceration or parole services?

1 Yes
0 No
8 Refuse to Answer

If S4_128N is not equal to 1, then skip to instruction before S4_143.

S4_142. In the past 6 months, have you **used or received** support services for [Response to S4_128_s]?

- 1 Yes
- 0 No
- 8 Refuse to Answer

COMPETING NEEDS

Next, we will ask you about meeting your basic needs.

S4_143. In the past 6 months, **have you ever gone without HIV medications** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_144. In the past 6 months, **have you ever gone without food, clothing, housing, or other basic needs** because you needed the money for HIV medications?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_145. In the past 6 months, have you put off going to the doctor for HIV because of any of the following: (Check all that apply) (Check all that apply)

- You could not get off work
- You were too sick
- You did not have a way to get there
- You were taking care of someone else who is important to you
- You did not feel safe or comfortable with the doctor
- Other
- I have not put off going to the doctor
- Refuse to Answer

If S4_145G is equal to 1 and S4_145 is greater than 1 then You indicated that you did not put off going to the doctor, but indicated a reason. Please correct your answers. and skip to S4_145.

If S4_145F is not equal to 1, then skip to S4_146.

S4_145_s. Specify other reason you put off going to the doctor for HIV:

S4_146. **In the past 6 months, have you not gone to your HIV doctor or gone without HIV healthcare** because you needed the money for food, clothing, housing, or other basic needs?

- 1 Yes
- 0 No
- 8 Refuse to Answer

S4_147. **In the past 6 months, have you gone without food, clothing, housing, or other basic needs** because you needed the money to go to your HIV doctor or for HIV healthcare?

- 1 Yes
- 0 No
- 8 Refuse to Answer

DISCLOSURE

Next we will ask you if you have disclosed your HIV status to anyone in the past 6 months.

S4_148. In the past 6 months, who have you told that you have HIV? (Check all that apply) (Check all that apply)

- No one
- My main partner or spouse
- One or more other sex partners
- One or more family members
- One or more friends
- Health care providers
- Coach or teacher
- Pastor, rabbi, or clergy
- Staff from &[SITE]
- Other
- Refuse to Answer

If S4_148A is equal to 1 and S4_148 is greater than 1 then You indicated that you told no one that you have HIV, but indicated who you have told. Please correct your answers. and skip to S4_148.

If S4_148J is not equal to 1, then skip to instruction before S4_149.

S4_148_s. Specify other person you told you have HIV:

STIGMA

Next, we will ask you about how having HIV makes you feel about yourself. Please tell us if you agree or disagree with each of the following statements.

- S4_149. I have been hurt by how people reacted to learning I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_150. I have stopped socializing with some people because of their reactions to my having HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_151. I have lost friends by telling them I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_152. I am very careful who I tell that I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_153. I worry that people who know I have HIV will tell others. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |
- S4_154. I feel that I am not as good a person as others because I have HIV. (Choose one)
- | | |
|---|-------------------|
| 1 | Strongly disagree |
| 2 | Disagree |
| 3 | Agree |
| 4 | Strongly agree |
| 8 | Refuse to Answer |

S4_155.	Having HIV makes me feel unclean. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_156.	Having HIV makes me feel that I'm a bad person. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_157.	Most people think that a person with HIV is disgusting. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer
S4_158.	Most people with HIV are rejected when others find out. (Choose one)	1	Strongly disagree
		2	Disagree
		3	Agree
		4	Strongly agree
		8	Refuse to Answer

MENTAL HEALTH

Now, we will ask you about how you have been feeling during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

- S4_159. Have you felt calm and peaceful? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_160. Did you have a lot of energy? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_161. Have you felt downhearted and blue? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |
- S4_162. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Choose one)
- | | |
|---|------------------------|
| 1 | All of the time |
| 2 | Most of the time |
| 3 | A good bit of the time |
| 4 | Some of the time |
| 5 | A little of the time |
| 6 | None of the time |
| 8 | Refuse to Answer |

SUBSTANCE USE

Next we will ask you questions about your alcohol and drug use. Please remember that any information you provide will be kept strictly confidential. The first group of questions will be about drugs that you may have used but did not inject. We will discuss injection drug use later.

S4_163. In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. Don't worry if you don't see a substance you have used on this list. The list of substances continues on the next screen for easier viewing. (Check all that apply) (Check all that apply)

- Alcohol, including beer, wine, and liquor
- Tobacco, cigarettes, e-cigarettes, hookah
- Marijuana (not prescribed)
- Synthetic marijuana also known as "K2" or "Spice"
- Marijuana laced with PCP also known as "wet"
- Methamphetamine also known as crystal, "Tina", speed
- Amphetamines or uppers
- Molly, MDMA, Ecstasy (XTC)
- LSD or other hallucinogens like mushrooms or acid
- Poppers, nitrates or other inhalants like glue or paint thinner
- Powder cocaine also known as snow or blow
- Crack cocaine also known as rock
- No, I have never used any of these substances
- Refuse to Answer

If S4_163M is equal to 1 and S4_163 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_163.

S4_164. CONTINUED: In the past 6 months, have you used any of the following substances other than those prescribed to you? Only include substances you did not inject. (Check all that apply) (Check all that apply)

- Heroin
- Special K
- Primos which are marijuana and rock together
- Synthetic cathinones also known as "Bath salts"
- Syrup, Lean, Purple Drank (Codeine cough syrup)
- Painkillers like Oxycontin and Vicodin
- Tranquilizers or sedatives like Valium and Xanax
- ADHD medication like Adderall and Ritalin
- Over the counter drugs like Coricidin, cough medicine, Sudafed, and Robitussin
- Any other drug not listed
- No, I have never used any of these substances
- Refuse to Answer

If S4_164K is equal to 1 and S4_164 is greater than 1 then You indicated that you have not used any of these substances AND indicated using one or more of the substances. Please correct your answers. and skip to S4_164.

If S4_164J is not equal to 1, then skip to instruction before S4_165.

S4_164_s. Specify other drug you did not inject:

If S4_163A is not equal to 1, then skip to instruction before S4_166.

S4_165. In the past 6 months, how often have you used **alcohol, including beer, wine, and liquor?**
(Choose one) (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163B is not equal to 1, then skip to instruction before S4_167.

S4_166. In the past 6 months, how often have you used **tobacco, cigarettes, e-cigarettes, or hookah?**
(Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163C is not equal to 1, then skip to instruction before S4_168.

S4_167. In the past 6 months, how often have you used **marijuana (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163D is not equal to 1, then skip to instruction before S4_169.

S4_168. In the past 6 months, how often have you used **synthetic marijuana also known as "K2" or "Spice"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163E is not equal to 1, then skip to instruction before S4_170.

S4_169. In the past 6 months, how often have you used **marijuana laced with PCP also known as "wet"**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163F is not equal to 1, then skip to instruction before S4_171.

S4_170. In the past 6 months, how often have you used **methamphetamine also known as crystal, "Tina", or speed?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163G is not equal to 1, then skip to instruction before S4_172.

S4_171. In the past 6 months, how often have you used **amphetamines or uppers?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163H is not equal to 1, then skip to instruction before S4_173.

S4_172. In the past 6 months, how often have you used **Molly, MDMA, or Ecstasy (XTC)?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163I is not equal to 1, then skip to instruction before S4_174.

S4_173. In the past 6 months, how often have you used **LSD or other hallucinogens like mushrooms or acid?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163J is not equal to 1, then skip to instruction before S4_175.

S4_174. In the past 6 months, how often have you used **poppers, nitrates or other inhalants like glue or paint thinner?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163K is not equal to 1, then skip to instruction before S4_176.

S4_175. In the past 6 months, how often have you used **powder cocaine also known as snow or blow?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_163L is not equal to 1, then skip to instruction before S4_177.

S4_176. In the past 6 months, how often have you used **crack cocaine also known as rock**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164A is not equal to 1, then skip to instruction before S4_178.

S4_177. In the past 6 months, how often have you used **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164B is not equal to 1, then skip to instruction before S4_179.

S4_178. In the past 6 months, how often have you used **Special K**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164C is not equal to 1, then skip to instruction before S4_180.

S4_179. In the past 6 months, how often have you used **Primos, which are marijuana and rock together?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164D is not equal to 1, then skip to instruction before S4_181.

S4_180. In the past 6 months, how often have you used **synthetic cathinones also known as "Bath salts"?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164E is not equal to 1, then skip to instruction before S4_182.

S4_181. In the past 6 months, how often have you used **Syrup, Lean, or Purple Drank (Codeine cough syrup) (not prescribed)?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164F is not equal to 1, then skip to instruction before S4_183.

S4_182. In the past 6 months, how often have you used painkillers like **Oxycontin and Vicodin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164G is not equal to 1, then skip to instruction before S4_184.

S4_183. In the past 6 months, how often have you used **tranquilizers, or sedatives like Valium and Xanax (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164H is not equal to 1, then skip to instruction before S4_185.

S4_184. In the past 6 months, how often have you used **ADHD medication like Adderall and Ritalin (not prescribed)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164I is not equal to 1, then skip to instruction before S4_186.

S4_185. In the past 6 months, how often have you used **over the counter (OTC) drugs like Coricidin (nicknamed Triple C's), cough medicine (DXM), Sudafed and Robitussin that you have taken for recreational use?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_164J is not equal to 1, then skip to instruction before S4_187.

S4_186. In the past 6 months, how often have you used **[Response to S4_164_s]?** (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

Now we would like to ask about injecting drugs. We are speaking of drugs other than hormones that you may have injected for the purposes of getting high.

S4_187. In your lifetime have you ever injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_187 is not equal to 1, then skip to end of questionnaire.

S4_188. In the past 6 months have you injected or shot drugs that were not prescribed by a medical professional? This does not include hormones.

- 1 Yes
- 0 No
- 8 Refuse to Answer

If S4_188 is not equal to 1, then skip to end of questionnaire.

S4_189. In the past 6 months, how often have you injected **cocaine**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_190. In the past 6 months, how often have you injected **heroin**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_191. In the past 6 months, how often have you injected **cocaine and heroin (speedball)**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_192. In the past 6 months, how often have you injected **methamphetamine also known as crystal, "Tina", or speed**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_193. In the past 6 months, how often have you injected **amphetamines or uppers**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_194. In the past 6 months, how often have you injected **downers or barbiturates**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

S4_195. In the past 6 months, how often have you injected **any other drug not listed**? (Choose one)

- 0 Zero times
- 1 Once a month or less
- 2 Several times a month
- 3 Once a week
- 4 Several times a week
- 5 Once a day
- 6 More than once a day
- 8 Refuse to Answer

If S4_195 is equal to 0 or S4_195 is equal to "Refuse to Answer", then skip to end of questionnaire.

S4_195_s. Specify other drug injected:

If S4_189 is equal to 0 and S4_190 is equal to 0 and S4_191 is equal to 0 and S4_192 is equal to 0 and S4_193 is equal to 0 and S4_194 is equal to 0 and S4_195 is equal to 0 then You indicated not injecting any drugs by checking ZERO for all drugs. This is inconsistent with your earlier response that you have injected drugs in the past 6 months. Please correct your answers. and skip to S4_188.

You have now completed the interview. We thank you greatly for your time and participation!

Please let the person who administered the interview know that you are done.

If ST_2 is equal to 9 then skip to end of questionnaire.

If ST_2 is equal to 7 then skip to end of questionnaire.

If ST_2 is equal to 2 then skip to end of questionnaire.

If ST_2 is equal to 3 then skip to end of questionnaire.

CONSENT FOR PROJECT STAFF TO PARTICIPATE IN A RESEARCH STUDY

Evaluation of the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative

You are being asked to participate in a research study being conducted by *Dr. Ronald A. Brooks, Ph.D.*, and associates from the University of California, Los Angeles (UCLA).

You were selected as a possible participant in this qualitative study because:

- *you are a staff member or a contractor affiliated with a site participating in the Social Media Initiative*
- *you are at least 18 years of age*

Your participation in this research study is voluntary.

Why is this study being done?

We are asking you to take part in this study to help us improve the health outcomes of HIV-infected youth and young adults using social media and technology for engagement and retention in care. Ten sites and UCLA's evaluation center have been funded by the Health Resources and Services Administration (HRSA) for this project under the Social Media Initiative. This study is being paid for by HRSA.

What will happen if I take part in this research study?

If you volunteer to participate in this study, the researcher for this study will ask you to do the following:

- interview you for 60-90 minutes in person in a private office or over the phone
- ask you questions about your experience implementing the social media and/or technology intervention for HIV-positive youth and young adults at this site, and about the barriers and facilitators to implementing the intervention

How long will I be in the research study?

This is a one-time interview. Participation will take between 60 and 90 minutes.

Are there any potential risks or discomforts that I can expect from this study?

Some of the interview questions may make you uncomfortable, but you are free to decline to answer any questions you do not wish to answer or to leave the interview at any time.

Are there any potential benefits if I participate?

There will be no direct benefit to you from participating in this study. However, the

results of the research may help health professionals better understand how to best implement linkage and retention interventions that use social media and technology to improve the quality of care for patients/clients living with HIV.

Will I be paid for participating?

You will not be paid for taking part in this study.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a Certificate of Confidentiality from the federal government. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Your name will not be attached to this interview. We will give you a participant identification number that we will use to name the digital file. We will destroy the recordings after we have transcribed it and analyzed what was said during the interview. Other researchers may look at your answers (without personal information that may identify you) for quality assurance and data analysis. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

What are my rights if I take part in this study?

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can I contact if I have questions about this study?

The research team:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact:

Ronald A. Brooks, Ph.D. at (310) 794-0619 x226 or Melissa Medich, Ph.D. MPH at (310) 794-0619 x233, you can call them collect.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may

contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: Box 951406, Los Angeles, CA 90095-1406.

You will be given a copy of this information to keep for your records.

SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

Signature of Person Obtaining Consent

Date

University of California, Los Angeles

CONSENT FOR PATIENTS OR CLIENTS TO PARTICIPATE IN A RESEARCH STUDY

Evaluation of the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative

You are being asked to participate in a research study being conducted by Dr. *Ronald A. Brooks* and associates from the University of California, Los Angeles (UCLA).

You were selected as a possible participant in this qualitative study because:

- *you are a patient or client enrolled in the Social Media project at this clinic / agency*
- *you are HIV-positive*
- *you are at least 18 years of age*

Your participation in this research study is voluntary.

Why is this study being done?

We are asking you to take part in this study to help us improve the health outcomes of HIV-infected youth and young adults using social media and/or technology for engagement and retention in care. Ten sites and UCLA's evaluation center have been funded by the Health Resources and Services Administration (HRSA) for this project under the Social Media Initiative. This study is being paid for by HRSA.

What will happen if I take part in this research study?

If you volunteer to participate in this study, the researcher for this study will ask you to do the following:

- interview you in person for 60-90 minutes in a private office
- ask you questions about your experience being part of the care program at this site that uses social media and/or technology, and your opinions about what worked and how to improve it
- ask you about your experiences with HIV medical care
- interviews will be audio recorded

How long will I be in the research study?

This is a one-time interview. Participation will take between 60 and 90 minutes.

Are there any potential risks or discomforts that I can expect from this study?

Some of the interview questions may make you uncomfortable, but you are free to decline to answer any questions that you do not wish to answer or to leave the interview at any time.

Are there any potential benefits if I participate?

There will be no direct benefit to you from participating in this study. However, the information you provide will help health professionals better understand how to use social media and technology in linkage and retention interventions to improve the quality of care for patients/clients living with HIV.

Will I be paid for participating?

You will receive a \$40 gift card (debit card) for completing this interview.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a Certificate of Confidentiality from the federal government. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Your name will not be attached to this interview. We will use the participant identification number that has been assigned to you by this site. Other researchers may look at your answers (without personal information that may identify you) for quality assurance and data analysis. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Some of the sites funded under this initiative are conducting their own local evaluation. To minimize burden for you not to be interviewed twice (by the researcher for this study and a local evaluator), the UCLA team would like to share a copy of the transcript of your interview with the local evaluator, if requested. The transcript will not have your name on it. However, it is possible that the transcript's content will allow the evaluator to determine your identity. Local evaluators will not share the transcript with the clinic or agency where you receive services or anyone who is not part of their evaluation team.

Do you consent to have UCLA share a transcript of your interview with the local evaluator for this project at your site?

(Place an X on the line next to your response.)

Yes No

What are my rights if I take part in this study?

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.

- You may refuse to answer any questions that you do not want to answer and still remain in the study.

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If you become distressed because of the issues being discussed, you may have to drop out, even if you would like to continue. The decision may be made to protect your health and safety.

Who can I contact if I have questions about this study?

The research team:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact:

Ronald A. Brooks, Ph.D. at (310) 794-0619 x226 or Melissa Medich, Ph.D. MPH at (310) 794-0619 x233, you can call them collect.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: Box 951406, Los Angeles, CA 90095-1406.

You will be given a copy of this information to keep for your records.

SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

Signature of Person Obtaining Consent

Date

UNIVERSITY OF CALIFORNIA, LOS ANGELES

ADOLESCENT (Ages 13-17) ASSENT TO PARTICIPATE IN RESEARCH***Evaluation of the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative***

You are being asked to participate in a research study conducted by Dr. *Ronald A. Brooks, Ph.D.*, and associates from the University of California, Los Angeles.

You were selected as a possible participant in this study because you are:

- a patient or client enrolled in the SPNS Social Media Initiative at this clinic / agency
- you are HIV-positive
- you are between the ages of 13-17

Your participation in this research study is voluntary.

Why is this study being done?

We are asking you to take part in this study to help us improve the health outcomes of HIV-infected youth and young adults using social media and/or technology for engagement and retention in care. Ten sites and UCLA's evaluation center have been funded by the Health Resources and Services Administration (HRSA) for this project under the Social Media Initiative. This study is being paid for by HRSA.

What will happen if I take part in this research study?

Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if your parents say "yes" you can still decide not to do this.

If you volunteer to participate in this study, the researcher for this study will ask you to do the following:

- interview you in person for 60-90 minutes in a private office
- ask you questions about your experience being part of the care program at this site that uses social media and/or technology, and your opinions about what worked and how to improve it
- ask you about your experiences with HIV medical care
- interview will be audio recorded

How long will I be in the research study?

This is a one-time interview. Participation will take between 60 and 90 minutes.

Are there any potential risks or discomforts that I can expect from this study?

Some of the interview questions may make you uncomfortable, but you are free to decline to answer any questions that you do not wish to answer or to leave the interview at any time.

Are there any potential benefits if I participate?

There will be no direct benefit to you from participating in this study. However, the information you provide will help health professionals better understand how to use social media and technology in linkage and retention interventions to improve the quality of care for patients/clients living with HIV.

Will I receive any payment if I participate in this study?

You will receive a \$40 gift card (credit card) for completing the interview.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a Certificate of Confidentiality from the federal government. With this Certificate, the researchers cannot be forced to disclose information that may identify you, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Your name will not be attached to this interview. We will use the participant identification number that has been assigned to you by this site. Other researchers may look at your answers (without personal information that may identify you) for quality assurance and data analysis. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

Some of the sites funded under this initiative are conducting their own local evaluation. To minimize burden for you not to be interviewed twice (by the researcher for this study and a local evaluator), the UCLA team would like to share a copy of the transcript of your interview with the local evaluator, if requested. The transcript will not have your name on it. However, it is possible that the transcript's content will allow the evaluator to determine your identity. Local evaluators will not share the transcript with the clinic or agency where you receive services or anyone who is not part of their evaluation team.

Do you consent to have UCLA share a transcript of your interview with the local evaluator for this project at your site?

(Place an X on the line next to your response.)

Yes No

What are my rights if I take part in this study?

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

The investigator may withdraw you from participating in this research if circumstances arise which warrant doing so. If you become distressed because of the issues being discussed, you may have to drop out, even if you would like to continue. The decision may be made to protect your health and safety.

Who can answer questions I might have about this study?

The research team:

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact:

Ronald A. Brooks, Ph.D. at (310) 794-0619 x226 or Melissa Medich, Ph.D. MPH at (310) 794-0619 x233, you can call them collect.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: Box 951406, Los Angeles, CA 90095-1406.

You will be given a copy of this information to keep for your records.

SIGNATURE OF STUDY PARTICIPANT

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant

Signature of Participant

Date

SIGNATURE OF PERSON OBTAINING ASSENT

In my judgment the participant is voluntarily and knowingly agreeing to participate in this research study.

Name of Person Obtaining Assent

Contact Number

Signature of Person Obtaining Assent

Date

University of California, Los Angeles

PARENT PERMISSION FOR MINOR TO PARTICIPATE IN RESEARCH

Evaluation of the Use of Social Media to Improve Engagement, Retention, and Health Outcomes along the HIV Care Continuum Initiative

Ronald A. Brooks, Ph.D., and associates from the University of California, Los Angeles (UCLA) are conducting a research study.

Your child was selected as a possible participant in this study because they are enrolled in the SPNS Social Media project at this clinic / agency and they are HIV-positive. Your child's participation in this research study is voluntary.

Why is this study being done?

We are asking him/her to take part in this study to help us improve the health outcomes of HIV-infected youth and young adults using social media and/or technology for engagement and retention in care. Ten sites and UCLA's evaluation center have been funded by the Health Resources and Services Administration (HRSA) for this project under the Social Media Initiative. This study is being paid for by HRSA.

What will happen if my child takes part in this research study?

If you agree to allow your child to participate in this study, the researcher will ask him/her to do the following:

- interview him/her in person for 60-90 minutes in a private office
- ask him/her questions about his/her experience being part of the care program at this site that uses social media and/or technology, and his/her opinions about what worked and how to improve it
- ask him/her about his/her experiences with HIV medical care
- interview will be audio recorded

How long will my child be in the research study?

This is a one-time interview. Participation will take between 60 and 90 minutes.

Are there any potential risks or discomforts that my child can expect from this study?

Some of the interview questions may make your child feel uncomfortable, but he/she is free to decline to answer any questions he/she does not wish to answer or to leave the interview at any time.

Are there any potential benefits to my child if he or she participates?

There will be no direct benefit to your child from participating in this study. However, the information that he/she provides will help health professionals better understand how to

use social media and/or technology in linkage and retention interventions to improve the quality of care for patients/clients living with HIV.

Will my child be paid for participating?

Your child will receive a \$40 gift card (debit card) for the interview.

Will information about my child's participation be kept confidential?

Any information that is obtained in connection with this study and that can identify your child will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of a Certificate of Confidentiality from the federal government. With this Certificate, the researchers for this study cannot be forced to disclose information that may identify your child, even by a court subpoena, in any federal, state, or local civil, criminal, administrative, legislative, or other proceedings.

Their name will not be attached to this interview. We will use the participant identification number assigned to your child by this site. Other researchers may look at his/her answers (without personal information that may identify him/her) for quality assurance and data analysis. If information from this study is published or presented at scientific meetings, your child's name and other personal information will not be used.

Some of the sites funded under this initiative are conducting their own local evaluation. To minimize burden for your child not to be interviewed twice (by the researcher for this study and a local evaluator), the UCLA team would like to share a copy of the transcript of their interview with the local evaluator, if requested. The transcript will not have their name on it. However, it is possible that the transcript's content will allow the evaluator to determine their identity. Local evaluators will not share the transcript with the clinic or agency where they receive services or anyone who is not part of their evaluation team.

Do you consent to have UCLA share a transcript of your child's interview with the local evaluator for this project at this clinic / agency?

(Place an X on the line next to your response.)

Yes No

What are my and my child's rights if he or she takes part in this study?

- You can choose whether or not you want your child to be in this study, and you may withdraw your permission and discontinue your child's participation at any time.
- Whatever decision you make, there will be no penalty to you or your child, and no loss of benefits to which you or your child were otherwise entitled.
- Your child may refuse to answer any questions that he/she does not want to answer and still remain in the study.

The investigator may withdraw him/her from participating in this research if circumstances arise which warrant doing so. If he/she becomes distressed because of

the issues being discussed, he/she may have to drop out, even if he/she would like to continue. The decision may be made to protect his/her health and safety.

Who can I contact if I have questions about this study?

If you have any questions, comments or concerns about the research, you can talk to the one of the researchers. Please contact:

Ronald A. Brooks, Ph.D. at (310) 794-0619 x226 or Melissa Medich, Ph.D. MPH at (310) 794-0619 x233, you can call them collect.

UCLA Office of the Human Research Protection Program (OHRPP):

If you have questions about your rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers, you may contact the UCLA OHRPP by phone: (310) 206-2040; by email: participants@research.ucla.edu or by mail: Box 951406, Los Angeles, CA 90095-1406.

You will be given a copy of this information to keep for your records.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Name of Child

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent

Contact Number

Signature of Person Obtaining Consent

Date

SPNS Social Media Initiative Qualitative Multi-Site Evaluation Protocol

Overview

The qualitative evaluation will describe the use of social media interventions in each of the 10 demonstration sites and document the barriers and facilitators to their effective implementation. Qualitative research methodologies are valuable for understanding factors that facilitate or inhibit the implementation and the effectiveness of health-related interventions, thus informing health outcome data. In addition, qualitative methods afford better understanding of participant experiences with social media to link, engage, and remain in HIV medical care. They also provide a means to capture any unanticipated themes that may emerge in the data. Qualitative approaches to the multi-site evaluation will include individual, semi-structured interviews with participants/clients and key informants (site staff implementing the social media interventions).

Goal

The primary goal of the qualitative multi-site evaluation is to collect contextual and explanatory data that identify barriers and facilitators, and best practices associated with the use of social media and technology based interventions to support linkage, engagement and retention in HIV medical care and achieving viral suppression among youth and young adults living with HIV. To achieve this goal, the qualitative multi-site evaluation will be guided by the following aims:

- To explore the experiences of developing and implementing the social media interventions.
- To understand the process of using social media / technology as a delivery method for interventions that seek to engage and retain hard-to-reach, HIV+ young people in HIV medical care.
- To explore participants' experiences participating in social media / technology based interventions to engage and retain young people in HIV care.
- To understand participants' experiences receiving HIV medical care.
- To understand participants' attitudes towards and opinions of social media / technology and its use in supporting HIV medical care for youth and young adults.

-

Methods

The multi-site qualitative evaluation will use a combination of data sources tailored to address the characteristics of the social media interventions at each of the 10 demonstration sites.

1. Review of secondary sources of information (e.g., demonstration site grant proposals, notes from ETAC site liaisons, ETAC site visit reports, site presentations at grantee meetings and de-identified qualitative data collected by the sites for the purposes of local evaluation, including any formative work.)

Revised 5/16/2018

2. Key informant interviews with staff from demonstration sites implementing the social media interventions (e.g., project directors, social media specialists, health educators, interventionists).
3. In-depth semi-structured interviews with select participants at each demonstration site conducted by ETAC staff and/or in collaboration with evaluators at that demonstration site.
4. Observations of project operations and clinical settings at the demonstration sites (as appropriate) conducted during data collection for the qualitative interviews.

In-depth interviews will be the main source of data collected for the qualitative evaluation. Review of secondary data is designed to gain background information on the sites' social media interventions and to inform the tailoring of interview guides and the questions to ask key informants and clients/participants in the interviews. Observations will help us to better understand the context of the social media interventions and of the delivery of HIV medical care.

Timeline

When?	Who?	What?
Years 1 & 2 (2016)	ETAC and Sites	Hosted qualitative working group sessions
Year 3 & the 1 st half of Year 4 (2017-2018)	ETAC	Interview up to 4 Intervention Staff and 3-7 Participants at each Site, conducted during time of annual visit (when possible)
Years 3 & 4 (2018)	ETAC	Analyze and disseminate findings

Sampling

The sampling frame will be comprised of a purposeful selection of staff and clients/participants from demonstration sites.

Staff/Key Informants: Staff/Key Informants will be selected from demonstration site's staff involved in implementing the intervention (e.g., Project Director, Health Educators, Linkage Coordinators). During interviews, we will examine the perceptions and experiences of staff according to their role in implementing the social media interventions including client/participant response to the intervention, implementation challenges and facilitators, and lessons learned.

Intervention Clients/Participants: Clients/participants will be selected from among those participants in the quantitative multi-site evaluation to include individuals who were enrolled based on the following inclusion criteria:

1. Newly diagnosed, or
2. Not linked to care, or
3. Out of care / not fully retained in care, or
4. Who are not virally suppressed

Revised 5/16/2018

The ETAC will seek to include participants of different races/ethnicities, ages, gender, and sexual identity. Participants selected to participate in the qualitative interviews must provide informed consent (or assent and parental consent if ages 13-17).

During interviews, we will examine contextual and explanatory data that identify barriers and facilitators, and experiences associated with the use of social media and technology based interventions to support linkage, engagement and retention in HIV medical care and achieving viral suppression among youth and young adults living with HIV. In addition, we will explore their perceptions about being a person living with HIV, including how the use of social media may affect their HIV care.

Sample size

Our target sample size is up to 80 individuals, 40 intervention staff and 40 participants. We will interview up to 4 staff/key informants and 3-7 clients/participants per demonstration site during Years 3 & 4.

Procedures

Recruitment

Recruitment will be done with support from demonstration site staff to help identify participants and staff to interview.

Interviews with both with key informants and clients/participants will be conducted in Years 3 and 4 of the SPNS Initiative (2017-2018 and 2018-2019), when demonstration sites have implemented the intervention for at least four months and have approximately 20 clients/participants actively participating in the intervention.

Data Collection Procedures

An ETAC qualitative research team member will coordinate with demonstration site staff (PI/project director or their designee) to schedule the best time for a visit for the collection of qualitative data. The demonstration site will secure a private/confidential space suitable for interview purposes. In the event that time does not allow the ETAC representative to interview all staff/key informants these interviews may be done over the phone using a conference line to record the interviews. Interviews with clients/participants will always be done in person.

Before the interview, the interviewer will explain the purpose, procedures, and the risks and benefits of participating in this research. They will administer informed consent (if 18 years or older) or assent (if between 13-17 years of age) and parents' consent. Written consent will be obtained prior to any research activity. Following consent procedures, the interviewer will turn on the audio-recorder and record the interview. The interviewer will ask a series of questions following a semi structured interview guide. The interviewer may write down notes during the interview. All interviews will be digitally recorded and may take between 60 and 90 minutes to complete.

Revised 5/16/2018

Key Informant interviews with demonstration site staff will be done in person, when possible, or may be done remotely by phone or using other technologies (e.g., conference line, WebEx audio conference, or Zoom audio conference).

Once the interview is finalized, the following procedures will be followed:

1. The recording will be copied to the interviewer's laptop computer. The laptop computer will be encrypted and password protected.
2. At the end of the day, the interviewer will use a secure, encrypted connection to the UCLA servers to upload all recordings.
3. Once the files are uploaded, they will be deleted from the laptop and recording machine.

After completion of a batch of interviews, they will be sent to a transcription service and transcribed verbatim, with any personally identifying information removed that may have been revealed during the interviews. The transcripts will then be sent back to UCLA for coding and analyses.

If time permits, observations conducted during data collection for the qualitative interviews at the demonstration sites will be unobtrusive and will only include descriptions of the environment and interactions.

Incentives

Clients/participants will be provided a \$40 gift card (debit card) incentive for their interview. Gift cards will be provided by the ETAC. Only the ETAC qualitative research team member will handle the gift cards and supply them to the participants. Demonstration site team members will not be given an incentive as they will be individuals employed by the sites already receiving funding through this SPNS Initiative.

Timeline

Data collection for the multi-site qualitative evaluation will be conducted in Years 3 and 4 of the Social Media Initiative. Data collection will start after each site has implemented the intervention for at least six months and has approximately 20 clients/participants participating in the intervention.

ETAC qualitative staff will need between 1-2 days per site to complete all data collection activities. The exact length of time will be determined on a site-by-site basis and will depend mainly on the number of interviews to be conducted and distance necessary to travel if the interviews need to be conducted in more than one location.

Data Analysis

The qualitative multi-site evaluation will be conducted, coded and analyzed by the SMI ETAC qualitative team using standard qualitative data analysis procedures.

The ETAC qualitative team will use ATLAS.ti 8.0 software for data management and analysis. Qualitative analysts generate a preliminary codebook based on the interview guides and then

Revised 5/16/2018

add, modify, or delete codes based on a line-by-line review of a sample of transcripts, then agree on a final set of codes, resolving disagreements by consensus. The final codebooks will be used to code all transcripts.

The ETAC qualitative team will perform a content analysis to identify recurring and significant themes, and identify patterns that provide illuminating, robust descriptions of clients/participants and staff experiences that facilitate or inhibit the effectiveness of social media / technology-based interventions focused on HIV-positive youth and young adults. For example, factors will be identified from intervention staff experiences that either facilitate or inhibit the implementation and effectiveness of these interventions, thus informing health outcome data. In addition, qualitative analysis is crucial to understanding participants' experiences with the social media interventions that facilitate or inhibit them to link, engage, and remain in HIV medical care.

Evaluation Tailoring

The ETAC will work with each demonstration site to tailor the multi-site qualitative evaluation procedures to that demonstration site. Such tailoring will include:

- Review and approval of the multi-site qualitative evaluation by local IRBs
- Selection of appropriate key informants and clients/participants
- Scheduling of appropriate timeline for data collection
- Collaboration with site evaluators on data collection (as appropriate)

Collaboration with Demonstration Sites on Data Collection

Upon request from demonstration sites, and to minimize participant burden and to avoid having the ETAC and the demonstration site evaluators interview clients/participants twice, a copy of the interview transcripts with clients/participants (with no identifying data) will be sent to the local evaluator at each demonstration site for purposes of their local evaluation. In those instances, we will ask the evaluator not to share those data with other staff at their demonstration site.

Sites that are conducting local evaluation interviews that have significant overlap with multi-site qualitative evaluation questions may, in collaboration with the ETAC, collect the data on our behalf (thereby also reducing participant burden), and provide the ETAC with original audio recordings and/or with transcripts of the interviews. To ensure consistency in the multi-site evaluation, the ETAC requires that sites considering this option use an interview guide reviewed in advance by the ETAC in order to ensure that a set of core questions are asked in the interviews. The ETAC reserves the right to conduct its own interviews if data collected as part of the local evaluation prove insufficient in meeting the aims of the multi-site qualitative evaluation.