

APPENDIX

DEMOGRAPHIC QUESTIONS (SERVICE ENROLMENT, PASSIVE RESULTS REPORTING)	
Question	Options
How do you describe yourself?	Single choice drop-down
	Man (including trans man)
	Woman (including trans woman)
	Non-binary
	Other
What sex were you assigned at birth?	Single choice vertical
	Male
	Female
	Indeterminate
Which of the following options best describes how you think of yourself?	Single choice drop-down
	Gay or lesbian
	Bisexual
	Straight or heterosexual
	Any other term
	I don't usually use a term
Were you born in the UK?	Single choice vertical
	Yes
	No
How long have you lived in the UK?	Single choice drop-down
	Less than 1 year
	1-3 years
	3-5 years
	5-10 years
	More than 10 years
Which country were you born in? If it does not exist any more, please select the country that best applies.	Single choice drop-down
	List of countries
How would you describe your ethnicity?	Single choice drop-down
	White - English/Welsh/Scottish/Northern Irish/British
	White - Irish
	White - Gypsy or Irish Traveller
	White - Any other White background
	Mixed - White and Black Caribbean
	Mixed - White and Black African
	Mixed - White and Asian
	Mixed - Any other Mixed/Multiple ethnic background
	Asian or Asian British - Indian
	Asian or Asian British - Pakistani
	Asian or Asian British - Bangladeshi
	Asian or Asian British - Any other Asian background

	Black or Black British - African
	Black or Black British - Caribbean
	Black or Black British - Any other Black/African/Caribbean background
	Arab
	Chinese
	Latin/South/Central American
	Any other ethnic group
	I don't know
	I'd rather not say
Please say which 'other' ethnicity?	Write-in 1 line
What is your highest educational qualification?	Single choice drop-down
	I have no educational qualifications
	GCSEs/CSEs/O-Levels or equivalent
	A-Levels or equivalent
	Higher education (eg. HNC, HND)
	University Degree or higher
	Other
Please say which 'other'?	Write-in 1 line
When did you last have an HIV test?	Single choice drop-down
	Within the last 3 months
	Within the last 12 months
	Within the last 5 years
	More than 5 years ago
	Never
Where did you go for your last HIV test?	Single choice drop-down
	At a sexual health clinic
	At hospital - as an inpatient or outpatient
	A community HIV testing service
	I used a self-sampling kit (I took my own sample and sent off for the results)
	I used a self-testing kit (I took a sample and found out the result on the spot)
	In a bar/pub, club or sauna
	At a General Practitioner/family doctor
	Somewhere else
When did you last have a test for sexually transmitted infections (STIs) such as syphilis or gonorrhoea?	Single choice drop-down
	Within the last 3 months
	Within the last 12 months
	Within the last 5 years
	More than 5 years ago
	Never

Can you tell us the total number of partners that you have had sex with in the last 3 months?	Single choice drop-down
	None
	1
	2
	3-4
	5-6
	7-9
	10-30
	More than 30
How many partners have you had sex with without a condom in the last 3 months?	Single choice drop-down
	None
	1
	2
	3-4
	5-6
	7-9
	10-30
	More than 30
PrEP stands for pre-exposure prophylaxis. PrEP is taken by HIV negative people before sex to protect against HIV. PrEP usually involves two HIV drugs combined in a single pill. For example, Truvada or Tenvir-EM.	Medium text
Have you ever taken any PrEP (e.g. Truvada or Tenvir-EM)?	Single choice vertical
	Yes
	No
Do you currently use PrEP?	Single choice vertical
	Yes
	No
[if yes to currently taking PrEP] How do you take your PrEP?	Single choice vertical
	Every day
	When I need to (on-demand dosing)
	In another way
RESULTS REPORTING QUESTIONS (CAN ALSO BE USED IN MONITORING MONITORING/EVALUATION)	
Question	Options
Have you received your free HIV self-test kit?	Single choice vertical
	Yes
	No
Have you used the kit to test yourself?	Single choice vertical
	Yes
	No

[if No to tested self] Why not?	Single choice drop-down
	I tested somewhere else instead
	I didn't know how to use the test
	I changed my mind about self-testing
	The instructions were too difficult
	I gave the test to someone else
	Not yet, but I still plan to use it later
	Other
[If Other to why not] Please give more details	Write-in 3 line
What was the result?	Single choice vertical
	Negative (one line appeared)
	Positive (two lines appeared)
	My test did not work (no lines appeared or there was another problem with the test)
[if My test did not work to Result] Please give more details	Write-in 3 line
[if Positive to Result] Have you been to a clinic or doctor to have this result confirmed?	Single choice vertical
	Yes
	No
	I already knew my HIV positive status
[if Yes to Confirmed result] Which clinic did you attend?	Write-in 3 line
[if No to Confirmed result] What was the confirmed result?	Single choice vertical
	Positive
	Negative
	I'm waiting for the result
[if No to Confirmed result] Present link to NAM HIV clinic finder widget	
[if negative result] Would you want to test in this way again in the future?	Single choice vertical
	Yes
	No
	Don't know
[if negative result] Would you want to test in this way again in the future?	Single choice vertical
	Yes
	No
	Don't know
[if not or don't know] Why not?	Write-in 3 line
MONITORING AND EVALUATION QUESTIONS	
Question	Options
The following questions refer only to other HIV tests you might have taken not the free HIV self-test kit from [name of this service].	Medium text
Have you had any HIV tests in the last 3 months?	Single choice vertical
	Yes
	No

How many tests did you have in the last 3 months?	Single choice drop-down
	1
	2
	3
	More than 3
Where did you go for your last HIV test?	Single choice drop-down
	At a sexual health clinic
	At hospital - as an inpatient or outpatient
	A community HIV testing service
	I used a self-sampling kit (I took my own sample and sent off for the results)
	I used a self-testing kit (I took a sample and found out the result on the spot)
	In a bar/pub, club or sauna
	At a General Practitioner/family doctor
	Somewhere else
Were any of the HIV tests positive?	Single choice vertical
	Yes
	No
[if reports an HIV positive test] Are you now under the care of an HIV doctor?	Single choice vertical
	Yes
	No
Have you had a test for sexually transmitted infections (STIs) such as syphilis or gonorrhoea in the last 3 months?	Single choice vertical
	Yes
	No
Were you diagnosed with an STI in the last three months?	Single choice vertical
	Yes
	No
Please select from the list any STIs you have been diagnosed with in the last 3 months Select all that apply	Multiple choice vertical
	Chlamydia
	Gonorrhea
	Non-specific urethritis (NSU)
	Genital warts
	Herpes
	Syphilis
	Hepatitis B
	Hepatitis C
	Other
	I don't know
Please specify	Write-in 1 line

Where did you go for your last STI test?	Single choice drop-down
	At a sexual health clinic
	At hospital - as an inpatient or outpatient
	A community HIV testing service
	I used a self-sampling kit (I took my own sample and sent off for the results)
	I used a self-testing kit (I took a sample and found out the result on the spot)
	In a bar/pub, club or sauna
	At a General Practitioner/family doctor
	Somewhere else
Did you feel like you needed support after using your HIV self-test?	Single choice drop-down
	Yes
	No
[if yes to needed support] Were you able to get the support you needed?	Single choice drop-down
	Yes
	No
HARMS QUESTIONS	
Question	Options
Did your HIV self-test give you a result which was later confirmed to be incorrect through another test?	Multiple choice vertical
	Yes
	No
[if yes to incorrect HIV self-test] What was the result from your HIV self-test?	Multiple choice vertical
	Positive (I had a positive HIV self-test which was confirmed to be negative)
	Negative (I had a negative HIV self-test which was confirmed to be positive)
Has using HIV self-testing or accessing this service had a negative impact on your wellbeing?	Multiple choice vertical
	Yes
	No
[if yes to negative impact on wellbeing] Can you tell us more about what happened?	Free text box
Has using HIV self-testing or accessing this service had a negative impact on your relationships?	Multiple choice vertical
	Yes
	No
[if yes to negative impact on relationships] Can you tell us more about what happened?	Free text box
Has someone pressured or persuaded you to use HIV self-testing when you did not want to?	Multiple choice vertical
	Yes
	No
[if yes to negative pressured/persuaded] Can you tell us more about what happened?	Free text box