

Multimedia Appendix 4. Consent comprehension questions used in a randomized trial of informed consent methods, United States, 2014.

STUDY DETAILS

1. What is the purpose of this research?
 - a. To learn more about the sexual behaviors of men who have sex with men, especially the use of online hookup websites (like A4A, Jack'd, Grindr, etc.)
 - b. **To better the experience of online surveys and to create better research methods to create better HIV prevention programs.**
 - c. To learn what men think about being in an online HIV research study and how to improve online surveys
 - d. To learn more about the best ways to help men avoid sexually transmitted infections through online methods
 - e. Don't know
2. Who is eligible for this study?
 - a. **Men who are over 18 who use the internet**
 - b. Men who have sex with men and women who have recently been tested for HIV
 - c. Men who have participated in an online study in the last 12 months
 - d. Men who are over 18 years of age and who have recently been tested for HIV
 - e. Don't know
3. Who is the Principal Investigator of the study?
 - a. Patricia Shapiro, MPH, PhD from Emory University in Atlanta
 - b. Phram Surawit, DVM, PhD from Emory University in Atlanta
 - c. **Patrick Sullivan, DVM, PhD from Emory University in Atlanta**
 - d. Paul Sullivan, MPH, PhD from Georgia Tech University in Atlanta
 - e. Don't know

FUNDING

4. Who is sponsoring the study?
 - a. The Elton John Foundation
 - b. The Kellogg Foundation
 - c. The Center for Disease Control and Prevention
 - d. **The National Institutes of Health**
 - e. The Bill and Melinda Gates Foundation

BENEFITS

5. What benefit can you or others reasonably expect from this research? (Check all that apply)
 - a. **Researchers will learn new things to design better online HIV studies to improve HIV testing and prevention programs.**
 - b. You will have an opportunity to ask sensitive health questions to a trained medical practitioner.
 - c. You will be given personalized services based on your answers from an outside counselor or therapist.
 - d. Researchers can learn more about how HIV is transmitted.

INCENTIVES

6. How will you be compensated for your participation in this study?
 - a. A wire-transfer of \$45 dollars to your personal bank account.
 - b. **A \$20 Amazon.com gift-card that will be emailed to you.**
 - c. \$15 in cash that will be mailed to your home address.
 - d. A \$25 Starbucks gift certificate that will be texted to your phone.
 - e. There is no compensation for this study.

RISKS/DISCOMFORTS

7. What are some risks or discomforts you may experience during the research study?
 - a. Your contact information will be shared with advertisers
 - b. **Some questions, especially those about sex and drugs, might make you uncomfortable.**
 - c. Your de-identified information on HIV and STI testing history will be shared with your local health department.
 - d. Your answers and identifying information will be shared publically for comparison purposes.
 - e. Don't know

CONFIDENTIALITY

8. What personal information will researchers collect about me? (select all that apply)
 - a. Name
 - b. **IP Address**
 - c. Email address
 - d. **Age**
 - e. **Facebook ID**
9. What will this identifying information be used for? (Check all that apply)
 - a. **To send you your incentive.**
 - b. To be used for federal government files.
 - c. To sell to advertisers and mailing lists for research study funding.
 - d. **To make sure you don't take the survey more than once.**
 - e. Don't know
10. Who will have access to your health information?
 - a. **The principal investigator**
 - b. **The research staff**
 - c. **Organizations that help conduct the research study**
 - d. **Government agencies and University units who make sure the study is being conducted correctly and safely**

ALTERNATIVES

11. True or false: Participation in this study is voluntary.
 - a. **True**
 - b. False
 - c. Don't know

CONTACT INFORMATION

12. Who can you contact if you have questions, concerns or complaints about the study?
- Patrick Sullivan, at EMAIL@emory.edu**
 - The Consumer Protection Board at consumerprotection@cpb.gov
 - The National Institutes of Health Helpline at nihhelp@NIH.gov
 - The Institutional Review Board at irb@emory.edu**
 - Don't know
13. Who should you contact if you have questions about your rights as a research subject?
- Emory University's Center for Ethics at 404-712-5555 or EUCFE@emory.edu
 - The Institutional Review Board at irb@emory.edu**
 - Phram Surawit at psurawit@emory.edu
 - The National Institutes of Health Helpline at 301-575-5432 or NIHHELP@NIH.gov
 - Don't know

WITHDRAWAL FROM THE STUDY

14. How do you revoke your Authorization?
- By writing to the Institutional Review Board at irb@emory.edu
 - By writing to Patrick Sullivan at EMAIL@emory.edu**
 - By writing to the HIPAA Control Board @ controlboard@HIPAA.gov
 - By writing to the Consumer Protection Agency at consumerprotection@cpb.gov.
 - You cannot revoke your Authorization.

CONSEQUENCES OF WITHDRAWAL

15. What will happen if you revoke your Authorization?
- Researchers will not collect any more health information that identifies you, but will continue to use your information in the study.
 - Researchers will not collect any more health information from you, but they may keep some identifiable information to maintain the integrity of the study.**
 - Researchers will delete all your identifiable information and your responses to the survey.
 - Researchers will continue to use your health information and will keep your identifiable information to report to authorities.
 - You cannot revoke your Authorization.
 - Don't know