

Introduction



Invitation to be Part of a Research Study

You are invited to participate in the *ReachHer* research study. You were selected to be in this study because you are a Black (African or African American) cisgender woman, 18+ years old, live in the United States, have not been previously diagnosed with HIV, and speak the English language. Taking part in this research project is voluntary.

Important Information about the Research Study

Things you should know:

- The purpose of the study is to learn about factors that influence Black women's decision to and experience with accessing a medicine that helps prevent someone from becoming infected with HIV.
- The survey will take 30 minutes
- Risks or discomforts from this research include sitting for 30 minutes
- Taking part in this research project is voluntary. You don't have to participate and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What will happen if you take part in this study?

If you agree and consent, you will be volunteering to participate in the research study. As a voluntary participant, once you enter the survey, you will be asked a few questions to determine your eligibility to complete the survey. If you are not eligible, you will be directed to the end of the survey. If you are eligible, you will move on to the next page to complete the survey. It should take you about 30 minutes to complete the survey if you do not stop to take a break. The main risks to you if you participate are minimal and only involve the possibility of discomfort in responding to questions regarding sexual health behaviors.

If you choose not to participate you may indicate your decision at the bottom of this page and you will not be further contacted by the investigator.

If you start the survey and do not complete it, you will receive a reminder after 14 days inviting you to complete the survey. Thereafter, there will be no more reminders and the research team may use the already collected information.

How will we compensate you for being part of the study?

You will receive compensation for your participation in this study. If you withdraw before the end of the study, compensation will be forfeited.

What are the costs to you to be part of the study?

There is no cost to you to be in this research study.

Your Participation in this Study is Voluntary

It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, the data provided will be utilized unless you state you would like your data removed.

Getting Dismissed from the Study

The researcher may dismiss you from the study at any time for the following reasons: (1) you have failed to comply with the study rules or you did not meet study criteria; or (2) the study sponsor decides to end the study.

Contact Information for the Study Team and Questions about the Research

If you have questions about this research, you may contact Dr. Whitney Irie via email at whitney.irie@bc.edu

Contact Information for Questions about Your Rights as a Research Participant

If you have questions about your rights as a research participant or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Boston College
Office for Research Protections
Phone: (617) 552-4778
Email: irb@bc.edu

Your Consent

Returning the completed survey questionnaire will indicate your consent and willingness to participate in the study.

Boston College IRB#23.033.01

I understand and would like to proceed with the screening questionnaire.

Yes

No

Screening



**The next set of questions
will help determine if you
are eligible for the study.**



What sex were you assigned at birth?

Female

Male

Prefer to self-describe

Prefer not to say

What is your gender identity?

Woman/Cisgender Woman/Cis-Woman (You identify as a WOMAN and were assigned FEMALE at birth)

Man/Cisgender Man/Cis-Man (You identify as a MAN and were assigned MALE at birth)

Transgender Woman/Trans Feminine (You identify as a WOMAN and were assigned MALE at birth)

Transgender Man/Trans Masculine (You identify as a MAN and were assigned FEMALE at birth)

Non-Binary/Genderqueer/Gender Fluid

Two-Spirit

Prefer to self-describe

Prefer not to answer

What is your sexual orientation?

Heterosexual

Gay/lesbian

Bisexual

Pansexual

Asexual

Questioning/Unsure

Prefer to self-describe

Prefer not to answer

Self-identification/other

How old are you?

What racial group do you identify with? Check all that apply.

Black, African American, African

American Indian or Alaska Native

Native Hawaiian or Pacific Islander

Asian

White

Other

Are you of Hispanic, Latino/a/x, origin?

Yes

No

Have you been sexually active with a male partner within the past 12 months?

Yes

No

Have you ever been told by a healthcare provider that you have HIV?

Yes

No

In the past 12 months, which of these best describes your healthcare visits?

I have been to the doctor for a scheduled health check-up/annual exam/screening/test

I have been to the doctor because I was sick

I have been to the doctor because I was sick and for a scheduled check-up/annual exam

I have been to the doctor for other reasons not described above

I have not been to the doctor in the past 12 months

Demographics



Tell us a bit more about yourself...
The next set of questions are about
you and where you are from.

Where were you born?

In the United States

Outside the United States

Were one or both of your parents born outside of the US?

Yes

No

What is the highest degree or level of school you have completed?

Less than 12th grade

High school diploma or GED

Some college, Associate or Technical Degree

Bachelor's degree (e.g. BA, BS)

Graduate Degree (Masters, Doctorate, or Professional Degree)

What is your current relationship status?

Single

Married or domestic partnership/living together

Divorce, Separated, or widowed

In a relationship/Monogamous/One Primary Partner

In relationships/Non-Monogamous/Dating

What is your current employment status?

Employed/Currently working

Unemployed/Not currently working

Student

What was your entire household income in (previous year) before taxes.

Less than \$15,000/year

\$15,001-30,000

30,001-50,000

\$50,001-80,000

More than \$80,000/year

What is the ZIP code of your primary residence?

In what state and county do you currently reside?

State

County



The next set of questions are
about ***religion or spirituality***.



To what extent do you consider yourself a religious or spiritual person?

Very Religious/Spiritual

Somewhat Religious/Spiritual

Not Very Religious/Spiritual

Not Religious/Spiritual At All

How important is your religion/spirituality to your medical decisions?

Very Important

Somewhat Important

Not Very Important

Not Important at All

How important is your religion/spirituality to your sexual behaviors and choices?

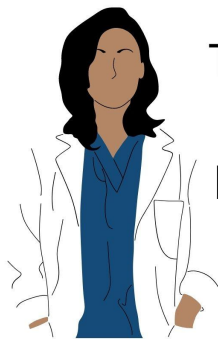
Very Important

Somewhat Important

Not Very Important

Not Important at All

Healthcare Experiences



The next set of questions
are focused on your
healthcare experiences.



Do you currently have health insurance coverage?

Yes

No

What type of health insurance do you currently have?

Employer/Health Insurance through your employment

Self-Pay/Private Insurance purchased by you directly from the insurance company

Medicaid/Medical Assistance Plan

Medicare

Military/Veterans Coverage

Other

Uninsured

If you do not have a health insurance coverage, why are you not insured?

I don't need insurance

I can't afford insurance

Employer does not offer insurance or cover payments

Dissatisfied with previous coverage

I do not believe in health insurance

Other

Do you have a primary care provider?

Yes

No

Your annual preventive health exam or wellness visit is scheduled with your primary care physician to catch potential health issues early, before they become serious, and to help you focus on wellness and a healthy lifestyle while identifying important screening tests, vaccinations, and other necessary testing. Most insurance plans cover your annual wellness exam—no copay required.

In the past 12 months, have you visited a doctor for a wellness visit or annual exam?

Yes

No

Why did you visit the doctor for a wellness visit or annual check-up?

Vaccinations

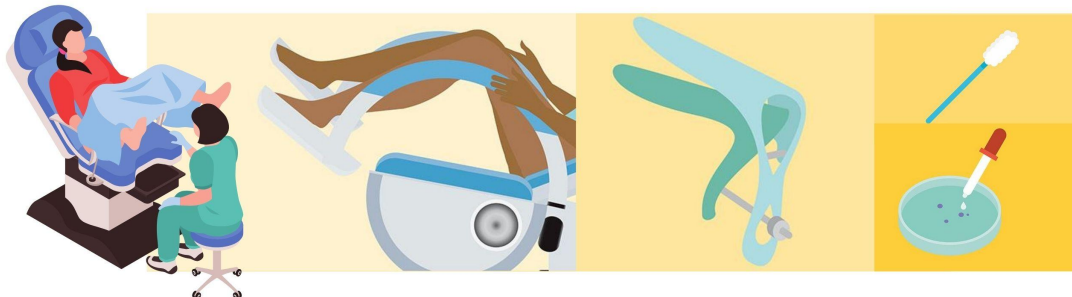
Screening test

Important Health Issue/Concern

Regularly Scheduled Check-up

Other/Not Listed

A *Pap test* or *Pap smear* is an intimate health test to prevent future problems/ or cancer. During the test, the doctor will use a plastic or metal instrument to look inside the vagina / where a baby comes from and swab the area for a sample to send to the lab for test results.



Have you EVER received a Pap test or Pap smear?

Yes

No

When did you receive your last Pap test or Pap smear?

Within the last year

Over a year ago but less than 2 years ago

Over 2 years ago

How easy is it for you to schedule healthcare appointments?

1 - Very Easy ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Very difficult ☐

How easy is it for you to travel to your doctor's appointments?

1 - Very Easy ☐ 2 ☐ 3 ☐ 4 ☐ 5 - Very difficult ☐

If driving by car, how long does it take for you to get to the nearest hospital?

Less than 15 minutes

16-25 minutes

26-30 minutes

31-45 minutes

46-60 minutes/1 hours

More than 60 minutes / 1 hour +

Did you ever want to go to the doctor but did not go because of how much it would cost/payments?

Yes

No

Did you ever want to go to the doctor but did not go because you could not take time off from work/school?

Yes

No

Did you ever want to go to the doctor but did not go because you could not find childcare?

Yes

No

Is there a place that you usually go to when you are sick, need treatment, or need advice about your health?

YES, there is one place I usually go to

There is NO one place I usually go to

There is MORE THAN ONE place I usually go to

Select where you usually go when you are sick, need a physical, or check-up.

Primary Care Provider's office

Health Department

Emergency room (ER)

Urgent Care Center

Family Planning Clinic

What kind of medical providers have you seen in the past 12 months?
Select all that apply.

Primary care provider

Medical specialist (for example, cardiologist, neurologist, dermatologist, etc.)

HIV or PrEP specialist

OB/GYN, midwife, or other women's health specialist

Mental health professional

STD clinic provider

Dentist

Have not seen any type of medical/healthcare provider in past 12 months

The next few questions ask about your experiences with your doctors/healthcare providers in the past 12 months. Please select how much do you agree or disagree with the following statements.

	Strongly disagree	Disagree	Agree	Strongly agree
I have been totally satisfied with my visits to my healthcare provider.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
I have followed my healthcare providers' advice because I think they are absolutely right.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree

	Strongly disagree	Disagree	Agree	Strongly agree
The time I have been allowed to spend with my healthcare provider was not long enough to deal with everything I want.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
I have felt able to tell my healthcare provider about very personal things.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
My healthcare provider has always told me everything about my treatment.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
Some things about my discussions with my healthcare provider could have been better.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
My healthcare provider has examined me very thoroughly.	☐	☐	☐	☐
	Strongly disagree	Disagree	Agree	Strongly agree
I think my healthcare provider took notice of me as a person.	☐	☐	☐	☐

The next questions ask about how you feel about medications. These are statements other people have made about medications.

There are no right or wrong answers, we are interested in your *personal views*.

Please select how much do you agree or disagree with the following statements.

Doctors use too many medicines.

- Strongly agree
- Agree
- Uncertain
- Disagree
- Strongly disagree

People who take medicines should stop their treatment for a while every now and again.

- Strongly agree
- Agree
- Uncertain
- Disagree
- Strongly disagree

Most medicines are addictive.

- Strongly agree
- Agree
- Uncertain
- Disagree

Strongly disagree

Natural remedies are safer than medicines.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

All prescription medicines are poisons.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

Doctors place too much trust in medicines.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

If doctors had more time with patients, they would prescribe fewer medicines.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

It is always better to do without medications if possible.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

The good things about medications outweigh the bad.

Strongly agree

Agree

Uncertain

Disagree

Strongly disagree

In the past 12 months, have you used any homeopathic, alternative, or natural therapies or products not prescribed by your medical provider, such as herbal remedies, vitamins or other supplements, or natural folk remedies?

Yes

No

The next questions ask about how you feel about people of your racial/ethnic group and healthcare.

Please select how much do you agree or disagree with the following statements.

People of my racial/ethnic group cannot trust doctors and healthcare workers.

Strongly agree

Agree

Disagree

Strongly disagree

People of my racial/ethnic group should not share private information with doctors and healthcare workers.

Strongly agree

Agree

Disagree

Strongly disagree

People of my racial/ethnic group should be suspicious of information from doctors and healthcare.

Strongly agree

Agree

Disagree

Strongly disagree

People of my racial/ethnic group receive the same medical care from doctors and healthcare workers as people from other groups.

Strongly agree

Agree

Disagree

Strongly disagree

People of my racial/ethnic group should be suspicious of modern medicine.

Strongly agree

Agree

Disagree

Strongly disagree

People of my racial/ethnic group are treated the same as people of other groups by doctors and healthcare workers.

Strongly agree

Agree

Disagree

Strongly disagree

Doctors and healthcare workers do not take the medical complaints of people of my racial/ethnic group seriously.

Strongly agree

Agree

Disagree

Strongly disagree

In most hospitals, people of different racial/ethnic groups receive the same kind of care.

Strongly agree

Agree

Disagree

Strongly disagree

Thinking about your life and experiences, please take time to answer the following questions about discrimination.

Have you ever experienced discrimination
been prevented from doing something,
or been hassled or made to feel inferior in any of the following
situations

because of your race or ethnicity?

	Yes	No
At school	☐	☐
Getting a job	☐	☐
Getting housing	☐	☐
At work	☐	☐
Getting medical care	☐	☐
On the street or in public	☐	☐

Have you ever experienced discrimination
been prevented from doing something,
or been hassled or made to feel inferior in any of the following
situations

because you are a woman?

	Yes	No
At school	☐	☐

	Yes	No
Getting a job	☐	☐
Getting housing	☐	☐
At work	☐	☐
Getting medical care	☐	☐
On the street or in public	☐	☐

Sexual Health/HIV



The next set of questions
are focused on your
sexual health.

Please select how easy or difficult are the following tasks for you to do now.

	Cannot do or always difficult	Usually difficult	Sometimes difficult	Usually easy	Always easy
Find information about sexual health concerns.	☐	☐	☐	☐	☐

	Cannot do or always difficult	Usually difficult	Sometimes difficult	Usually easy	Always easy
Feel able to discuss your sexual health concerns with a healthcare provider.	☐	☐	☐	☐	☐
Get sexual health information in words you understand.	☐	☐	☐	☐	☐

How many male sexual partners have you had in the past 6 months?

How **concerned** are you that you might get HIV in the future?

- Very concerned
- Concerned
- Somewhat concerned
- Not concerned at all

How **confident** are you that you can protect yourself from getting HIV?

- Very confident
- Somewhat confident
- A little confident
- Not at all confident

In the past 12 months, have you been told by a doctor or other medical provider that you had **any** of the following STIs (sexually transmitted infections)?

Please read the list below carefully and select all that apply

- Syphilis
- Gonorrhea ("clap", "the drip")
- Chlamydia
- Trichomoniasis ("tric")
- Genital or anal warts (HPV)
- Genital herpes
- Pelvic inflammatory disease (PID)
- I had an STI but can't remember the name
- No, I have not had an STI in the past 12 months

Have you **EVER** been told by a doctor or other medical provider that you had **any** of the following STIs (sexually transmitted infections)?

Please read the list below carefully and select all that apply

- Syphilis
- Gonorrhea ("clap", "the drip")
- Chlamydia
- Trichomoniasis ("tric")
- Genital or anal warts (HPV)
- Genital herpes
- Pelvic inflammatory disease (PID)
- I had an STI but can't remember the name
- No, I have never had an STI

Which methods of birth control have you **EVER used in your lifetime**.

Please read each carefully and select all that apply

Birth control implant / Nexplanon
IUD (intrauterine device)
Birth control shot/Depo-Provera (injection)
Vaginal ring (inserted into vagina)
Birth control patch (skin patch)
Birth control pill
Condom (worn by men)
Internal condom (female condom worn by women)
Diaphragm (small cup inserted into vagina)
Withdrawal method (pull out penis before ejaculation)
Rhythm method (tracking your periods)
Emergency contraception pills (EC, Plan B)
Have oral or anal sex instead of vaginal sex
Tubal ligation (sterilization, "tubes tied")
Male sterilization (partner had vasectomy)
Other

None- I have never used any form of birth control

Which methods of birth control do you use **CURRENTLY**.

Please read each carefully and select all that apply

Birth control implant / Nexplanon
IUD (intrauterine device)
Birth control shot/Depo-Provera (injection)
Vaginal ring (inserted into vagina)
Birth control patch (skin patch)
Birth control pill
Condom (worn by men)
Internal condom (female condom worn by women)
Diaphragm (small cup inserted into vagina)
Withdrawal method (pull out penis before ejaculation)
Rhythm method (tracking your periods)
Emergency contraception pills (EC, Plan B)
Have oral or anal sex instead of vaginal sex
Tubal ligation (sterilization, "tubes tied")

Male sterilization (partner had vasectomy)

Other

None- I am not currently using any form of birth control

Have you been tested for HIV in the past 12 months?

Yes

No

In the past 6 months, how often did you use condoms during sex with male partners?

Always

Sometimes

Never

How much control do you have over the following?

	I have no control	I have little control	I have some control	I mostly have control	I have complete control
...whether and when to have sex?	☐	☐	☐	☐	☐
...the type of sex you have with your sex partner or partners (for example, oral sex, anal sex, different sex positions)?	☐	☐	☐	☐	☐
...whether or not you use birth control and the type of birth control you use?	☐	☐	☐	☐	☐

	I have no control	I have little control	I have some control	I mostly have control	I have complete control
...whether and when you get pregnant?	☐	☐	☐	☐	☐
...whether or not you would have an abortion?	☐	☐	☐	☐	☐
...whether or not to use condoms during sex?	☐	☐	☐	☐	☐

For each of the next few statements, select the best answer from below.

	All of the time	Most of the time	Some of the time	Rarely
I feel comfortable initiating sex with my sexual partner or partners.	☐	☐	☐	☐
I communicate my sexual desires to my sexual partner or partners.	☐	☐	☐	☐
I find myself having sex when I do not really want to.	☐	☐	☐	☐
	All of the time	Most of the time	Some of the time	Rarely
Pleasing my sexual partner or partners is more important than my own pleasure.	☐	☐	☐	☐

	All of the time	Most of the time	Some of the time	Rarely
I am in control of the sexual aspects of my life.	☐	☐	☐	☐

PrEP



PrEP (pre-exposure prophylaxis)
is highly effective at preventing sexual transmission of HIV
 when taken as prescribed.

It can also reduce the risk of getting HIV from using injection drugs.

There are **two PrEP medications approved for use by women** and other people who may have receptive vaginal sex (such as some transgender men or nonbinary people):

- **Truvada®** (or a generic equivalent), **a pill** that is taken by mouth every day.
- **Apretude®**, **a shot** that is taken every 2 months.

Click to write the question text

PrEP (pre-exposure prophylaxis) is a medicine that is highly effective at preventing HIV.

There are two PrEP medications that women can use and other people who have vaginal sex. One is a pill that women can take daily and the second is a shot the doctor can give women every 2 months.

Before your participation in this study, had you ever heard of PrEP?

No

Yes

How did you first hear about PrEP?

- A medical provider
- A non-medical service provider
- Internet or social media
- Advertising (TV, billboards, magazine, etc.)
- Your sexual partner(s)
- Word of mouth (family, friend, co-worker, etc)
- A different research study
- I just learned about PrEP from this survey study

Currently, you can take PrEP as a daily pill or an injection (shot) every 2 months, other potential PrEP options will include an injection (shot) every 6 months, or a vaginal ring that you insert inside the vagina.

Please tell us your preference for these PrEP methods from **most preferred to least preferred**.

Reorder the options for the method you prefer the most; then for the method you prefer second, and so on.

- One pill by mouth every day
- Shot every 2 months (injection)
- Shot every 6 months (injection)
- Vaginal ring

The next question is about your preferences for medicines that can protect you from HIV, STIs, and prevent pregnancy.

Currently, researchers are developing medicine that can prevent multiple sexual health outcomes.

Considering these potential options please let us know what you would prefer.

Reorder the options for the method you prefer the most; then for the method you prefer second, and so on.

Medicine that prevents HIV and STIs

Medicine that prevents HIV and Pregnancy

Medicine that prevents STIs and Pregnancy

Medicine that prevents HIV only

Medicine that prevents STIs only

Medicine that prevents Pregnancy only

Are you currently being prescribed PrEP by a healthcare professional?

No

Yes, PrEP as a daily pill

Yes, PrEP as a shot every two months

How long have you been taking PrEP?

Less than 3 months,

3-6 months

6-12 months

Over 12 months

What type of health care clinic or center do you go to for your PrEP care?

Primary care clinic or office

HIV or infectious disease specialty care

OB-GYN or women's health care

Sexually transmitted disease (STD) clinic

Drug use treatment clinic

Other

Did any of the following people have an influence on your decision to take PrEP? (Please select all that apply)

Your sexual partner(s)

Medical provider

Family

Friends

Would you take PrEP if it were available for free?

Yes

No

Unsure

Do you plan to begin taking PrEP?

Yes

No

Unsure

PrEP is currently available with a prescription and most types of insurance cover all or most of the cost of PrEP.

From the list below, which one best describes your current thinking about taking PrEP?

I have made the decision NOT to start PrEP right now

I am still undecided about whether to take PrEP

I have decided to start taking PrEP but I haven't started taking it yet

What are the main reasons that you are not currently taking PrEP?
[Please select all that apply]

I had never heard of PrEP before

My health provider never mentioned PrEP to me

I don't feel comfortable asking my provider about PrEP

My health provider advised me not to take PrEP

My primary partner was against me taking PrEP

I don't think I need it because I'm not at high risk for getting HIV

Concerns about side effects

Concerns about the safety of PrEP

Concerns about high costs of PrEP

Concerns about visiting a doctor every 3 months to get prescription

Concerns about taking the PrEP pill every day

Would rather avoid taking medications

My current HIV prevention methods are working well enough

Other reason

Do any of the following people have an influence on your decision not to take PrEP? (Please select all that apply)

Your sexual partner(s)

Medical provider

Family
Friends

If you did decide to start taking PrEP, what type of health care clinic or center would you go to for your PrEP care?

Primary care clinic or office

HIV or infectious disease specialty care

OB-GYN or women's health care

Sexually transmitted disease (STD) clinic

Drug use treatment clinic

Other

Thinking about PrEP for HIV prevention, please say how much you agree or disagree with these sentences.

	Strongly Disagree	Disagree	Agree	Strongly agree
People in the community would gossip or spread rumors about me if I take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
People will think I am HIV-positive if I take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
People will think that I have a lot of sex partners if I take PrEP.	☐	☐	☐	☐

	Strongly Disagree	Disagree	Agree	Strongly agree
	Strongly Disagree	Disagree	Agree	Strongly agree
Medical providers would judge me negatively if I asked about taking PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
People will think I am having high-risk sex if I take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
People will judge me negatively for not using condoms if I take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
My partner would think I was cheating on him if I decided to take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
Telling others that I was taking PrEP would be a mistake.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
I would be concerned if someone saw me take PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree

	Strongly Disagree	Disagree	Agree	Strongly agree
	Disagree			
Friends or family would judge me negatively if they knew I was taking PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
I would be ashamed to tell others I was taking PrEP.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
It would be important to keep my PrEP use a secret from most people.	☐	☐	☐	☐
	Strongly Disagree	Disagree	Agree	Strongly agree
If I take PrEP, people will assume that I have an HIV-positive partner.	☐	☐	☐	☐

Please say how much you agree or disagree with these sentences.

	Strongly disagree	Disagree	Agree	Strongly agree
My sexual partner(s) would approve of me taking PrEP.	☐	☐	☐	☐
My family would approve of me taking PrEP.	☐	☐	☐	☐

	Strongly disagree	Disagree	Agree	Strongly agree
My friends would approve of me taking PrEP.	☐	☐	☐	☐

Thank you

Can we contact you for future surveys about Black women's health and wellness?

Yes

No