

## **Appendix A: Electronic Study Summary, Part 1 (Oral HPV Screening)**

[Note: Text in brackets indicate directions for web-app]

### **BRIEF STUDY DESCRIPTION AND PATIENT INTEREST**

Please select a language [Display in English and Spanish]:

1. English
2. Spanish

[Selection determines language display for remaining text displayed to patients]

You are being asked to participate in a study. Participation is voluntary. The purpose of this study is to learn more about an infection in the mouth called human papillomavirus, or HPV.

Everyone in the study will complete a short survey on this tablet computer.

About 3 out of 10 people who complete the survey will be asked to provide a mouth rinse sample for HPV testing and may be asked to participate in a follow-up study. If you are asked to provide a mouth rinse sample, you will also be asked to provide your contact information so that you can be given your test results.

If you participate, you will receive at least a \$10.00 pre-paid payment card at today's visit.

Are you interested in learning more about the study?

1. Yes
2. No

[If 1, Yes, selected, continue with eligibility criteria]

[If 2, No, selected, display: "Thank you for your consideration. Please give this iPad back to the dental office staff member."]

## **ELIGIBILITY CRITERIA**

Next, we will ask you questions to determine if you are eligible to participate.

[Inclusion criteria]

1. Are you 30 to 69 years old?

- 1. Yes
- 2. No

2. If you are asked to provide a mouth rinse sample (3 out of 10 people), are you willing to provide your contact information so that clinic or study staff can follow-up about your test results and participation?

- 1. Yes
- 2. No

3. If you are asked to provide a mouth rinse sample (3 out of 10 people), are you willing to provide contact information of one person living at a different address who will know how to reach you in case we cannot reach you?

- 1. Yes
- 2. No

[Exclusion criteria]

4. Have you ever been diagnosed with a head and neck cancer? This includes cancer of the mouth or throat. DO NOT include skin cancer on the face or neck, or eye or brain cancer.

- 1. Yes
- 2. No

5. Do you plan to be a patient at this dental office for the next 6 months?

- 1. Yes
- 2. No

[To be eligible, ALL inclusion criteria questions must equal 1, Yes; question #4 must equal 2, No; question #5 must equal 1, Yes.]

[If eligible, display: "Thank you for your responses. You are eligible to participate in the study. Please tap the "Continue" button below to continue." Continue with electronic informed consent.]

[If ineligible, display: "Thank you for your responses. You are ineligible to participate in the study. Thank you for your consideration. Please give this iPad back to the dental office staff member."]