S2 Appendix. Participant Form (including Ease-of-use questionnaire) and Observation Form

Validation of self-testing with Ag-RDTs study

Participant's Form_v1.0_17012022

Participant should fill in this form after conducting the self-testing

1. Date *(dd/mm/yy)* _ _/_ _/_ _
2. My test result is: Positive ☐   Negative ☐   Invalid ☐   I don't know ☐

Only to be filled in if invalid result:

3. If Invalid, have you repeated the self-testing?   Yes ☐   No ☐

4. What is the result of your second test? Positive ☐   Negative ☐   Invalid ☐   I don't know ☐

1	EASE	*How easy was the Panbio COVID AgRDT to do?*	1 = Very easy 2 = Somewhat easy 3 = Somewhat difficult 4 = Very difficult	☐
2	DFCTY	*Which part of the test did you find the most difficult to perform?*	**1=** Putting the buffer into the extraction tube **2 =** Collecting the nasal swab. **3 =** Swirling the swab in the extraction tube **4 =** Dispensing 5 drops from the tube into the test device **5 =** Reading the test. **6 =** All the steps were easy 7 = None of the steps were difficult **7 =** Other difficulty ………………………….	☐
3	INSTR	*How easy was it to understand the instructions provided?*	1 = Very easy 2 = Somewhat easy 3 = Somewhat difficult 4 = Very difficult	☐
3.1		*If responded very difficult, explain why (open text)*	_____ _____ _____	
4	WRREF	*How much did you rely on the pictures to conduct the test?*	1 = Very much 2 = Somewhat 3 = A little 4 = Not at all	☐

5	MHELP	*Which was the most helpful piece of instruction?*	1 = Pictures 2 = Written instructions	☐
6	SATIS	*Overall, how satisfied were you with the self-testing process?*	1 = Very satisfied 2 = Somewhat satisfied 3 = A little satisfied 4 = Not satisfied at all	☐
6.1		*If responded Little satisfied or Not satisfied, explain why (open text)*	_____ _____ _____	
7	RECOM	*What would you recommend to improve the experience of self-testing?*	…………………………………………… …………………………………………… …………………………………………… …………………………………………… ……………………………………………	
8		*Do you believe that your test <u>result</u> was <u>correct</u>?*	1 = Definitely correct 2 = Probably correct 3 = Not correct	☐
9	RCKIT	*Would you recommend this COVID test kit for self-testing to friends and family?*	1 = Yes 2 = No	☐
10	STFT	*How likely would you be to self-test in the future if kits were made available for the general public?*	1 = Very likely 2 = Somewhat likely 3 = Not likely at all 4 = Never again	☐

Validation of self-testing with Ag-RDTs study

Observation Form_v1.0_26012022

1. Date *(dd/mm/yy)* _ _/_ _/_ _

2. Name of person filling-in the form: _____

Steps	Correctly performed?		Comments (if no why not, what went wrong)
1. Opening of the packaging	Yes ☐		
	No ☐		
2. Opening the Buffer Bottle while keeping it vertically	Yes ☐		
	No ☐		
3. Squeezing liquid from Buffer Bottle into Tube	Yes ☐		
	No ☐		
4. Filling the Tube with liquid up or slightly above the fill line	Yes ☐		
	No ☐		
5. Placing the Tube in the rack	Yes ☐		
	No ☐		
6. Open swab protective package and taking swab out while keeping fingers out of swab end	Yes ☐		
	No ☐		
7. Inserting soft end of swab less than one inch (about 2 cm) into nostril	Yes ☐		
	No ☐		
8. Rotating the swab five times against the nasal wall.	Yes ☐		
	No ☐		
9. Using the same swab repeat collection procedure with the second nostril	Yes ☐		
	No ☐		
10. Inserting the swab into the Tube	Yes ☐		
	No ☐		
11. Swirling the swab tip inside the Tube, pushing into the wall of Tube at least five times	Yes ☐		
	No ☐		
12. Squeezing out the swab by squeezing the Tube with fingers	Yes ☐		
	No ☐		
13. Breaking the swab at the breakpoint and closing the cap of Tube	Yes ☐		
	No ☐		

14. Remove test device from package and place flat on surface	Yes ☐ No ☐	
15. Check liquid fin the Tube for bubbles	Yes ☐ No ☐	
16. Opening the white cap and dispensing 5 drops vertically on the device	Yes ☐ No ☐	
17. Do not move or touch device until the test is finished	Yes ☐ No ☐	
18. Reading result at 15 minutes.	Yes ☐ No ☐	
19. Has the participant completed the self-testing procedure?	Yes ☐ No ☐	
Results section **(please check result on test device and recorded result on Participant Form)**		
20. What is the **result on the test device**?	Positive ☐ Negative ☐ Invalid ☐	
21. What is the **result recorded on Participant's Form**?	Positive ☐ Negative ☐ Invalid ☐	
22. Was the self-testing repeated?	Yes ☐ No ☐	
23. What is the **result on the test device for repeated testing ?**	Positive ☐ Negative ☐ Invalid ☐	
24. What is the **result recorded on Participant's Form for repeated testing**?	Positive ☐ Negative ☐ Invalid ☐	