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**Figure S1.** Babson's BetterWay blood testing service model. (1) Clinician orders tests. Patient chooses preferred pharmacy location, enters payment / insurance information, and schedules an appointment. Patient receives unique code to show the pharmacy staff at check in. (2) Pharmacy staff greets the patient, verifies their identify, then collects the blood sample from the patient's finger with MiniDraw. The microsample(s) are placed into Art, the sample preparation device. (3) The sample preparation device, called Art, automates pre-analytics and maintains optimal microsample conditions. It is designed to reduce human interaction and error, while maximizing sample quality. (4) Babson Diagnostics' courier team safely collects and transports samples from the pharmacy to Babson's CLIA-certified, CAP-accredited high complexity laboratory. (5) Babson's accredited technicians use proprietary miniaturized assays to analyze each microsample, delivering medically accurate results to the clinician and patient in typically one to two days.

Table S1. Post-collection survey and response proportions

Figure	Question	Percent of Respondents			
		0-25	25-50	50-75	75-100
2	<b>How do you feel about this finger blood draw compared to a blood draw from the arm (venipuncture)?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
3	<b>How would you rate your overall experience with the finger blood draw you received for the study?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
4a	<b>How would you rate your satisfaction with the professionalism of the staff who performed the finger blood draw you received during the study?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
4b	<b>How would you rate your satisfaction with the location of the finger blood draw you received for the study? By location I mean the pharmacy where it was conducted.</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
4c	<b>How would you rate your satisfaction with the amount of time you spent getting the finger blood draw you received for the study?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
5a	<b>In your opinion, how trustworthy was the pharmacy team member that performed the finger blood draw during the study?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
5b	<b>When thinking about getting blood drawn from your finger like you did during the clinical study, how much do you trust a pharmacy compared to a hospital or doctor's office for this purpose?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
5c	<b>When thinking about getting blood drawn from your finger like you did during the clinical study, how much do you trust a pharmacy compared to a service center like LabCorp or Quest for this purpose?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
S2	<b>Which of the following best describes your feelings about having your blood drawn the traditional way from your arm, for testing purposes?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
S5	<b>How likely would you be to recommend the finger blood draw you received at the clinical study to others that need a blood test?</b>				
	<i>Favorable</i>				
	<i>Neutral</i>				
	<i>Unfavorable</i>				

1  
2

3 **SURVEYS**

4 **PRE-COLLECTION SURVEY QUESTIONS**

5 **DEMOGRAPHICS**

6 **NAME**

7 What is your first name?

8

9 **HEIGHT**

10 **1.** What is your height?

11

12 **DOMINANT HAND**

13 **2.** Which is your dominant hand?

14 Right

15 Left

16 Ambidextrous

17

18 **AGE**

19 **3.** What is your age?

20

21 **GENDER**

22 **4.** Are you...?

23 Male

24 Female

25 Non-binary

26 Other

27 Don't wish to disclose

28

29 **RACE**

30 **5.** How would you describe yourself? *If you are from multiple ethnic backgrounds,*  
31 *please select all the responses that apply.*

32 Caucasian/White

33 African-American/Black

34 Asian-American

35 Native Hawaiian/Other Pacific Islander

36 American Indian/Alaska native

37 Hispanic

38 Other race or ethnicity

39 Prefer not to answer

40

41 **6.** Which of these do you most strongly identify with?

42 Caucasian/White

43 African-American/Black

44 Asian-American

45 Native Hawaiian/Other Pacific Islander

46 American Indian/Alaska native

- 47 Hispanic
- 48 I identify with them equally
- 49 Other race or ethnicity
- 50 Prefer not to answer

51

## 52 **EDUCATION**

53 **7.** What is the highest level of education you have completed?

- 54 Less than high school
- 55 High school - no diploma
- 56 High school - diploma
- 57 Some college - no degree
- 58 Graduated college - Associate's Degree (2 years)
- 59 Graduated college - Bachelor's Degree (4 years)
- 60 Postgraduate degree - MA, MBA, MD, PhD, etc.
- 61 Prefer not to answer

62

## 63 **EMPLOYMENT**

64 **8.** Which of the following best describes your employment?

- 65 Full time
- 66 Part time
- 67 Retired
- 68 Homemaker
- 69 Student
- 70 Other
- 71 Prefer not to answer

72

## 73 **INCOME**

74 **9.** Which category best describes your total annual household income before taxes?

- 75 Less than \$25,000
- 76 \$25,000 to \$49,999
- 77 \$50,000 to \$74,999
- 78 \$75,000 to \$99,999
- 79 \$100,000 to \$124,999
- 80 \$125,000 to \$149,999
- 81 \$150,000 to \$199,999
- 82 \$200,000 to \$249,999
- 83 \$250,000 or more
- 84 Prefer not to answer

85

## 86 **MARITAL STATUS**

87 **10.** Which of the following best describes your marital status?

88 [SINGLE]

- 89 Single, never been married
- 90 Married or in a domestic partnership
- 91 Divorced/separated/widowed
- 92 Prefer not to answer



93

94 **CHILDREN UNDER 18 IN HOUSEHOLD**95 **11.** How many children, under the age of 18, live in your household?

96 None

97 1

98 2

99 3

100 4

101 5 or more

102 Prefer not to answer

103

104 **NEIGHBORHOOD**105 **12.** How would you describe the neighborhood in which you live?

106 [SINGLE]

107 Urban/city

108 Suburban

109 Small town

110 Rural/country

111 Prefer not to answer

112

113 **ZIP**114 **13.** What is your Zip code?

115

116 **MEDICAL INSURANCE**117 **14.** What form of medical insurance do you have?

118 Employer-provided plan

119 Medicare

120 Medicaid

121 Combination of Medicare/Medicaid and supplemental private insurance

122 Private insurance through the Affordable Care Act/your state's Exchange

123 Other private insurance (e.g., you're self-employed and buy your own insurance)

124 98. Other, specify:

125 99. I do not currently have medical insurance

126

127 **INSURANCE PROVIDER**128 **15.** What is the name of your medical insurance carrier?

129 Aetna

130 Anthem

131 Blue Cross Blue Shield

132 Centene

133 Cigna

134 CVS Health

135 HCSC

136 Humana

137 Kaiser Permanente

138 Molina Healthcare

139 United Healthcare  
140 Other, specify:

141

142 **DIAGNOSED HEALTH CONDITIONS**

143 **16.** Please list any chronic or ongoing medical conditions you have been diagnosed  
144 with.

145

146 **RECENT PROCEDURES**

147 **17.** Please list any relevant recent procedures you have had.

148 **BABSON EXPERIENCE THOUGHTS**

149 Thinking back on your experience with the finger blood draw you received for the clinical  
150 study, tell me a little about your overall thoughts on the experience.

151 [OPEN END]

152

153 **POST-COLLECTION SURVEY**154 **BABSON EXPERIENCE**

155 **A1.** How would you rate your overall experience with the finger blood draw you  
156 received for the study?

157 [SINGLE]

158 5. Very positive

159 4. Somewhat positive

160 3. Neither positive nor negative

161 2. Somewhat negative

162 1. Very negative

163

164 **BABSON DRAW LOCATION SATISFACTION**

165 **A2.** How would you rate your satisfaction with the location of the finger blood draw  
166 you received for the study? By location we mean the pharmacy where it was conducted.

167 [SINGLE]

168 5. Very satisfied

169 4. Somewhat satisfied

170 3. Neither satisfied nor dissatisfied

171 2. Somewhat dissatisfied

172 1. Very dissatisfied

173

174 **BABSON DRAW TIME SATISFACTION**

175 **A3.** How would you rate your satisfaction with the amount of time you spent getting  
176 the finger blood draw you received for the study?

177 [SINGLE]

178 5. Very satisfied

179 4. Somewhat satisfied

180 3. Neither satisfied nor dissatisfied

181 2. Somewhat dissatisfied

182 1. Very dissatisfied

183

184 **BABSON DRAW PROFESSIONALISM SATISFACTION**

185 **A4.** How would you rate your satisfaction with the professionalism of the staff who  
186 performed the finger blood draw you received during the study?

187 [SINGLE]

188 5. Very satisfied

189 4. Somewhat satisfied

190 3. Neither satisfied nor dissatisfied

191 2. Somewhat dissatisfied

192 1. Very dissatisfied

193

194 **TEAM TRUSTWORTHINESS**

195 **A5.** In your opinion, how trustworthy was the pharmacy team that performed the  
196 finger blood draw during the study?

197 [SINGLE]

198 5. Extremely trustworthy

199 4. Very trustworthy

200 3. Somewhat trustworthy

201 2. Not very trustworthy

202 1. Not at all trustworthy

203

204 **TRUSTWORTHINESS VERSUS DOCTOR'S OFFICE**

205 **A6.** When thinking about getting blood drawn from your finger like you did during the  
206 clinical study, how much do you trust a pharmacy compared to a hospital or doctor's  
207 office for this purpose?

208 [SINGLE]

209 5. Trust the pharmacy much more

210 4. Trust the pharmacy a little more

211 3. Trust the pharmacy and hospital/doctor's office equally

212 2. Trust the hospital/doctor's office a little more

213 1. Trust the hospital/doctor's office much more

214

215 **TRUSTWORTHINESS VERSUS SERVICE CENTER**

216 **A7.** When thinking about getting blood drawn from your finger like you did during the  
217 clinical study, how much do you trust a pharmacy compared to a service center like  
218 LabCorp or Quest for this purpose?

219 [SINGLE]

220 5. Trust the pharmacy much more

221 4. Trust the pharmacy a little more

222 3. Trust the pharmacy and service center equally

223 2. Trust the service center a little more

224 1. Trust the service center much more

225

226 **USAGE LIKELIHOOD**

227 **A8.** Assuming it is available to you, how likely are you to try the finger blood draw you  
228 received during the study for a future blood test in the future?

229 [SINGLE]

230 5. Definitely will try it

231 4. Probably will try it

232 3. May or may not try it

233 2. Probably will not try it

234 1. Definitely will not try it

235

236 **[BASE: ONLY ASK IF WOULD USE (QA9=4-5)]**

237 **REASONS FOR USAGE**

238 **A9.** For which of the following reasons would you be likely to try this finger blood  
239 draw in the future?

240 [MULTI]

- 241 1. Saves me time
- 242 2. Saves me money
- 243 3. Is conveniently located
- 244 4. Offered at my local pharmacy
- 245 5. Is less painful
- 246 6. Doesn't use a needle
- 247 7. Provides accurate results
- 248 8. Requires only a small amount of blood
- 249 9. I can order it for myself online
- 250 10. I receive results within 48 hours
- 251 11. It's covered by insurance
- 252 12. Scheduling and results are all digital
- 253 13. Backed by clinical studies
- 254 14. Results are as accurate as traditional blood draw
- 255 97. Other, please specify:
- 256 99. None of the above reasons interest me in trying this new technology and service

257

258 **[BASE: ONLY ASK IF WOULD USE (QA9=4-5)]**

259 **TOP REASON**

260 **A10.** What is the main reason why you would be likely to try this finger blood draw in  
261 the future?

262 [TOP REASON OF THOSE SELECTED AT PREVIOUS LIST]

263

264 **[BASE: ONLY ASK IF WOULD USE (QA9=4-5)]**

265 **USE CASES**

266 **A11.** For what purposes would you consider using the finger blood draw you received  
267 during the study for a future blood test?

268 [MULTI PUNCH; RANDOMIZE]

- 269 1. Annual physical blood work
- 270 2. To stay on top of a medical condition
- 271 3. Medical emergency
- 272 4. Hormone management
- 273 5. Fertility treatment
- 274 6. Personal curiosity/I just want to know my numbers
- 275 7. Check if existing/new medication is working
- 276 8. Check for hereditary diseases (e.g., cancer)
- 277 9. Diagnose new symptoms
- 278 97. Other, please specify

279

280 **[BASE: ONLY ASK IF MAY OR MAY NOT USE (QA9=3)]**

281 **MAY OR MAY NOT**

282 **A12.** Why do you say you may or may not try the finger blood draw you received  
283 during the clinical study in the future?

284 [OPEN END]

285

286 **[BASE: ONLY ASK IF WOULD NOT USE (QA9=1-2)]**

287 **REASONS WOULD NOT USE**

288 **A13.** For which of the following reasons would you be unlikely to try the finger blood  
289 draw you received during the study in the future?

290 [MULTI]

- 291 1. Wouldn't know where it was offered
- 292 2. Seems expensive
- 293 3. Not sure if insurance would cover it
- 294 4. Don't think it could do what it says
- 295 5. Wouldn't know how to access it
- 296 6. Seems painful
- 297 7. Cleanliness concerns
- 298 8. Privacy concerns
- 299 9. Not sure my doctor could order it
- 300 10. Test result accuracy concerns
- 301 11. Don't trust a pharmacy technician to do it
- 302 12. Don't want to have to use website/app to access
- 303 13. It's too new
- 304 14. It's not proven
- 305 97. Something else, please specify
- 306 99. None of the above

307

308 **[BASE: ONLY ASK IF WOULD NOT USE (QA9=1-2)]**

309 **TOP REASON WOULD NOT USE**

310 **A14.** What is the main reason you would be unlikely to try the finger blood draw you  
311 received during the study in the future?

312 [TOP REASON OF THOSE SELECTED AT PREVIOUS LIST]

313

314 **DRAW PREFERENCE**

315 **A15.** How do you feel about this finger blood draw compared to a blood draw from the  
316 arm (venipuncture)?

317 [SINGLE]

- 318 5. Strongly prefer the finger blood draw from the study
- 319 4. Somewhat prefer the finger blood draw from the study
- 320 3. Do not have a preference either way
- 321 2. Somewhat prefer blood draw from arm
- 322 1. Strongly prefer blood draw from arm

323

324 **LIKELIHOOD TO RECOMMEND**

325 **A16.** On a scale of 0-10, with 0 being not at all likely and 10 being extremely likely,  
326 how likely are you to recommend the blood draw you received at the clinical study to  
327 others that need a blood test?

328 [NUMERIC OPEN END FROM 0-10]

329 **USUAL HEALTHCARE ROUTINE AND NEEDS**330 **PCP**331 **B1.** Do you have a designated primary care provider (PCP)?

332 [SINGLE]

333 1. Yes

334 2. No

335

336 **REGULAR PROVIDER VISITS**337 **B2.** In a typical year, how many times do you visit a provider for **wellness exams**  
338 **and/or for a condition check-up?**

339 [SINGLE]

340 1. 1 time per year

341 2. 2 times per year

342 3. 3-5 times per year

343 4. More than 5 times per year

344 99. You don't visit a provider

345

346 **SICK PROVIDER VISITS**347 **B3.** In a typical year, how many times do you visit a provider for a **sick visit/when**  
348 **you aren't feeling well?**

349 [SINGLE]

350 1. 1 time per year

351 2. 2 times per year

352 3. 3-5 times per year

353 4. More than 5 times per year

354 99. You don't visit a provider

355

356 **ARM BLOOD TEST FEELINGS**357 **B4.** Which of the following best describes your feelings about having your blood  
358 drawn the traditional way from your arm, for testing purposes?359 *This includes routine and non-routine blood tests but does not include blood donations.*

360 [SINGLE]

361 5. It's no big deal

362 4. I don't enjoy it, but do it when I need to

363 3. I dread it, but do it when I need to

364 2. I dread it, so I generally don't do it

365 1. I absolutely will not ever have my blood drawn/tested this way

366 **ARM BLOOD DRAW FREQUENCY**

367 **B5.** In general, how often do you typically get your blood drawn from your arm for  
368 testing purposes?

369 *This includes routine and non-routine blood tests.*

370 [SINGLE.]

- 371 1. Once a week or more
- 372 2. 2-3 times a month
- 373 3. Once a month
- 374 4. A few times a year
- 375 5. Once a year
- 376 6. Once every 2 years
- 377 7. Less often than once every 2 years
- 378 99. I never get my blood drawn

379

380 **ARM BLOOD DRAW RECENCY**

381 **B6.** When was the **last time** you had your blood drawn from your arm for testing  
382 purposes?

383 *This includes routine and non-routine blood tests.*

384 [SINGLE]

- 385 1. Past 6 months
- 386 2. Past 7 to 12 months
- 387 3. More than a year to 2 years ago
- 388 4. More than 2 years ago
- 389 99. Never

390

391 [BASE: HAS HAD A BLOOD DRAW IN ARM PREVIOUSLY (QB6#99)]

392 **ARM BLOOD DRAW LOCATION**

393 **B7.** Where did you get your most recent blood draw from your arm?

394 [SINGLE]

- 395 1. At a hospital
- 396 2. At a private physician's office
- 397 3. At a clinic
- 398 4. At a pharmacy
- 399 5. At a service center like LabCorp or Quest
- 400 98. Other, please specify:

401

402 [BASE: HAS HAD A BLOOD DRAW IN ARM PREVIOUSLY (QB6#99)]

403 **ARM BLOOD DRAW EXPERIENCE**

404 **B8.** How would you rate your overall experience with your most recent blood draw  
405 from your arm?

406 [SINGLE]

- 407 5. Very positive
- 408 4. Somewhat positive
- 409 3. Neither positive nor negative
- 410 2. Somewhat negative
- 411 1. Very negative



412 [BASE: HAS HAD A BLOOD DRAW IN ARM PREVIOUSLY (QB6#99)]

413 **ARM BLOOD DRAW LOCATION SATISFACTION**

414 **B9.** How would you rate your satisfaction with the location where you got your most  
415 recent blood draw from your arm? By location we mean doctor's office, pharmacy, clinic,  
416 service center, etc.

417 [SINGLE]

- 418 5. Very satisfied
- 419 4. Somewhat satisfied
- 420 3. Neither satisfied nor dissatisfied
- 421 2. Somewhat dissatisfied
- 422 1. Very dissatisfied

423

424 [BASE: HAS HAD A BLOOD DRAW IN ARM PREVIOUSLY (QB6#99)]

425 **ARM BLOOD DRAW TIME SATISFACTION**

426 **B10.** How would you rate your satisfaction with the amount of time you spent getting  
427 your most recent blood draw from your arm?

428 [SINGLE]

- 429 5. Very satisfied
- 430 4. Somewhat satisfied
- 431 3. Neither satisfied nor dissatisfied
- 432 2. Somewhat dissatisfied
- 433 1. Very dissatisfied

434

435 [BASE: HAS HAD A BLOOD DRAW IN ARM PREVIOUSLY (QB6#99)]

436 **ARM BLOOD DRAW PROFESSIONALISM SATISFACTION**

437 **B11.** How would you rate your satisfaction with the professionalism of the staff who  
438 performed your most recent blood draw from your arm?

439 [SINGLE]

- 440 5. Very satisfied
- 441 4. Somewhat satisfied
- 442 3. Neither satisfied nor dissatisfied
- 443 2. Somewhat dissatisfied
- 444 1. Very dissatisfied

445

446 **CAPILLARY BLOOD DRAW USAGE**

447 **B12.** In which of the following ways, if any, have you had blood drawn from your finger  
448 in the past (not including the recent clinical study)?

449 [MULTI]

- 450 1. By a healthcare worker
- 451 2. At a blood donation center
- 452 3. For at-home glucose monitoring or similar testing that you do daily/regularly
- 453 4. Using an at-home kit that is not a daily/regular test
- 454 99. You haven't had blood drawn from a finger

455

456 [BASE: HAS HAD CAPILLARY BLOOD DRAW (QB12#99)]

457 **CAPILLARY BLOOD TEST FEELINGS**

458 **B13. Prior to the clinical study**, which of the following best describes your feelings  
459 about having your blood drawn from your finger for testing purposes?

460 [SINGLE]

- 461 5. It's no big deal
- 462 4. I don't enjoy it, but do it when I need to
- 463 3. I dread it, but do it when I need to
- 464 2. I dread it, so I generally don't do it
- 465 1. I absolutely will not ever have my blood drawn/tested this way

466

467 [BASE: HAS HAD CAPILLARY BLOOD DRAW (QB12≠99)]

468 CAPILLARY BLOOD DRAW RECENCY

469 **B14.** When was the **last time** you had your blood drawn from your finger for testing  
470 purposes?

471 *Again, please exclude the finger blood draw you received during the clinical study.*

472 [SINGLE]

- 473 1. Past 6 months
- 474 2. Past 7 to 12 months
- 475 3. More than a year to 2 years ago
- 476 4. More than 2 years ago

477

478 [BASE: HAS HAD CAPILLARY BLOOD DRAW THAT IS NOT FOR REGULAR  
479 TESTING (QB12=1, 2, OR 4)]

480 CAPILLARY BLOOD DRAW LOCATION

481 **B15.** Where did you **most recently** have blood collected from your finger (not  
482 including the recent clinical study)?

483 [IF SELECTED PUNCH 3 AT B12] Please think of the most recent time that was NOT  
484 at-home glucose monitoring or similar testing that you do daily/regularly.

485 [SINGLE]

- 486 1. At a hospital
- 487 2. At a private physician's office
- 488 3. At a clinic
- 489 4. At a pharmacy
- 490 5. At a service center like LabCorp or Quest
- 491 6. At home, using an at-home home kit that is not a daily/regular test
- 492 97. Other, please specify:

493

494 [BASE: HAS HAD CAPILLARY BLOOD DRAW OUTSIDE HOME (QB12=1 OR 2)]

495 CAPILLARY BLOOD DRAW FREQUENCY

496 **B16.** How often do you typically have blood collected from your finger in a year in a  
497 professional setting (not by yourself)?

498 [SINGLE]

- 499 1. Once a week or more
- 500 2. 2-3 times a month
- 501 3. Once a month
- 502 4. A few times a year
- 503 5. Once a year

- 504 6. Once every 2 years  
505 7. Less often than once every 2 years  
506 8. I never get my blood drawn  
507

508 [BASE: HAS HAD CAPILLARY BLOOD DRAW OUTSIDE HOME (QB12=1 OR 2)]

509 CAPILLARY BLOOD DRAW EXPERIENCE

510 **B17.** How would you rate your most recent experience having blood drawn from your  
511 finger in a professional setting (not including the recent clinical study)?

512 [SINGLE]

- 513 5. Very positive  
514 4. Somewhat positive  
515 3. Neither positive nor negative  
516 2. Somewhat negative  
517 1. Very negative  
518

519 [BASE: HAS HAD CAPILLARY BLOOD DRAW OUTSIDE HOME (QB12=1 OR 2)]

520 CAPILLARY DRAW LOCATION SATISFACTION

521 **B18.** How would you rate your satisfaction with the location where you most recently  
522 had blood collected from your finger (not including the recent clinical study)? By location  
523 we mean doctor's office, pharmacy, clinic, service center like Quest or Labcorp, etc. that  
524 you went to.

525 [SINGLE]

- 526 5. Very satisfied  
527 4. Somewhat satisfied  
528 3. Neither satisfied nor dissatisfied  
529 2. Somewhat dissatisfied  
530 1. Very dissatisfied  
531

532 [BASE: HAS HAD CAPILLARY BLOOD DRAW OUTSIDE HOME (QB12=1 OR 2)]

533 CAPILLARY DRAW TIME SATISFACTION

534 **B19.** How would you rate your satisfaction with the amount of time you spent getting  
535 your most recent blood draw from your finger in a professional setting (not including the  
536 recent clinical study)?

537 [SINGLE]

- 538 5. Very satisfied  
539 4. Somewhat satisfied  
540 3. Neither satisfied nor dissatisfied  
541 2. Somewhat dissatisfied  
542 1. Very dissatisfied  
543

544 [BASE: HAS HAD CAPILLARY BLOOD DRAW OUTSIDE HOME (QB12=1 OR 2)]

545 CAPILLARY DRAW PROFESSIONALISM SATISFACTION

546 **B20.** How would you rate your satisfaction with the professionalism of the staff who  
547 performed your most recent blood draw from your finger (not including the recent clinical  
548 study)?

549 [SINGLE]

- 550 5. Very satisfied  
551 4. Somewhat satisfied  
552 3. Neither satisfied nor dissatisfied  
553 2. Somewhat dissatisfied  
554 1. Very dissatisfied  
555  
556 [BASE: HAS USED A HOME KIT (QB12=4)]  
557 REASON FOR USING AT HOME KIT  
558 **B21.** Why did you most recently use an at-home blood test kit that is not a  
559 daily/regular test?  
560 [MULTI; RANDOMIZE]  
561 1. I was curious to see the results  
562 2. I didn't want to get a traditional blood test  
563 3. I needed a quick answer  
564 4. I was concerned about privacy  
565 5. My doctor refused to order me one  
566 6. I was worried about some symptoms  
567 97. Other, please specify:  
568  
569 [BASE: HAS USED A HOME KIT (QB12=4)]  
570 BRAND USED FOR AT HOME KIT  
571 **B22.** What brand(s) of at-home blood test have you used?  
572 [MULTI]  
573 1. EverlyWell  
574 2. Hims/Hers  
575 3. ImAware  
576 4. LabMe  
577 5. Let's Get Checked  
578 98. Other, specify:

579 **RETAIL PHARMACY EXPERIENCE**580 **RETAIL PHARMACY VISITS**581 **C1.** On average, how often do you visit a retail pharmacy?

582 [SINGLE]

- 583 1. Multiple times per week
- 584 2. Every week
- 585 3. 1 time per month
- 586 4. 2 times per month
- 587 5. 3-5 times per month
- 588 6. More than 5 times per month
- 589 99. You never visit retail pharmacies

590

591 **PHARMACY VISITED**592 **C2.** What type of pharmacy do you typically visit?

593 [MULTI]

594 [RANDOMIZE]

- 595 1. Retail chain pharmacy like Walgreens, CVS, HealthMart and Rite-Aid
- 596 2. Independently owned pharmacy
- 597 3. Pharmacy within a grocery store like Wegmans, Kroger or Giant
- 598 4. Pharmacy within a big box store like Wal-Mart, Costco and Target
- 599 5. Hospital pharmacy
- 600 98. Other, specify:

601

602 **PREFERRED PHARMACY**603 **C3.** What is your preferred pharmacy?

604 [SINGLE]

- 605 1. CVS
- 606 2. Walgreens
- 607 3. Rite-Aid
- 608 4. Wal-Mart
- 609 5. Kroger
- 610 6. Albertson's
- 611 7. Publix
- 612 8. Costco
- 613 9. H-E-B
- 614 10. Other, please specify:

615

616 [BASE: VISITS RETAIL PHARMACY (QC1≠99)]

617 **RETAIL PHARMACY USAGE**618 **C4.** Do you fill prescriptions at a retail pharmacy?

619 [SINGLE]

- 620 1. Yes
- 621 2. No

622

623 [BASE: FILLS PRESCRIPTIONS AT RETAIL PHARMACY (QC4=1)]

624 **RETAIL PHARMACY FREQUENCY**

625 **C5.** Roughly, how many prescriptions do you fill at a retail pharmacy annually?  
626 [NUMERIC OPEN END. MUST BE WHOLE NUMBER.]

627

#### 628 HEALTHCARE SERVICES USED

629 **C6.** What other healthcare services do you visit a retail pharmacy for, if any?

630 [MULTI]

631 [RANDOMIZE. ROTATE 1-3 TOGETHER.]

632 1. Flu shot

633 2. Covid vaccine

634 3. Other vaccines (shingles, pneumonia, etc.)

635 4. Blood test

636 5. Retail clinic/medical clinic

637 6. Covid test

638 7. Health screening

639 98. Other, specify:

640 99. You do not visit pharmacies for healthcare services

641

#### 642 HEALTHCARE SERVICES ATTITUDES

643 **C7.** How much do you agree with the following statements about receiving healthcare  
644 services at a retail pharmacy?

645 [SINGLE PUNCH ON SCALE FOR EACH STATEMENT]

646 [RANDOMIZE STATEMENTS]

647 STATEMENTS

648 1. It's convenient

649 2. It's safe

650 3. It's reliable

651 4. You prefer it to going to a doctor's office when you can

652 5. It saves time

653

654 SCALE:

655 5. Completely agree

656 4. Somewhat agree

657 3. Neither agree nor disagree

658 2. Somewhat disagree

659 1. Completely disagree

660

661

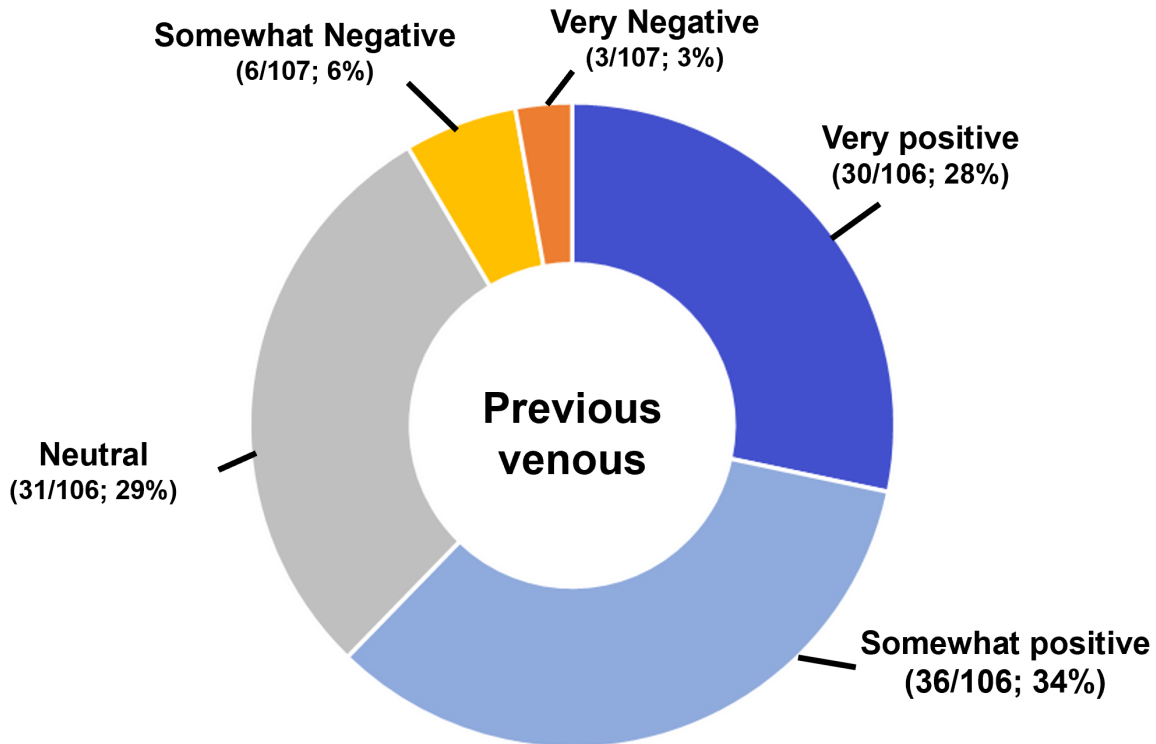
**Table S2.** Participant demographics

<b>Age (years)<sup>a</sup></b>	<b>n (%<sup>b</sup>)</b>
18-44	50 (47%)
≥45	57 (53%)
<b>Gender</b>	
Male	33 (31%)
Female	74 (69%)
<b>Race / Ethnicity</b>	
Caucasian/White	71 (66%)
Hispanic	20 (19%)
African American/Black	11 (10%)
Asian American	3 (3%)
Native American/Alaskan Native	2 (2%)
Native Hawaiian/Other Pacific Islander	0 (0%)
<b>Employment</b>	
Employed	71 (66%)
Unemployed	32 (30%)
Unknown	4 (4%)
<b>Income (annual)<sup>c</sup></b>	
<\$75,000	59 (58%)
≥\$75,000	42 (42%)
<b>Education</b>	
Some college or less	47 (44%)
College degree or higher	60 (56%)
<b>Relationship</b>	
Married/domestic partnership	44 (42%)
Unmarried/no domestic partner	62 (58%)
<b>Children in household</b>	
None	70 (65%)
One or more	37 (35%)
<b>Neighborhood</b>	
Suburban	52 (48%)
Urban	51 (48%)
Small town	2 (2%)
Rural	2 (2%)

<sup>a</sup>Mean age = 49years; the minimum and maximum ages of 18 and 71 years, respectively

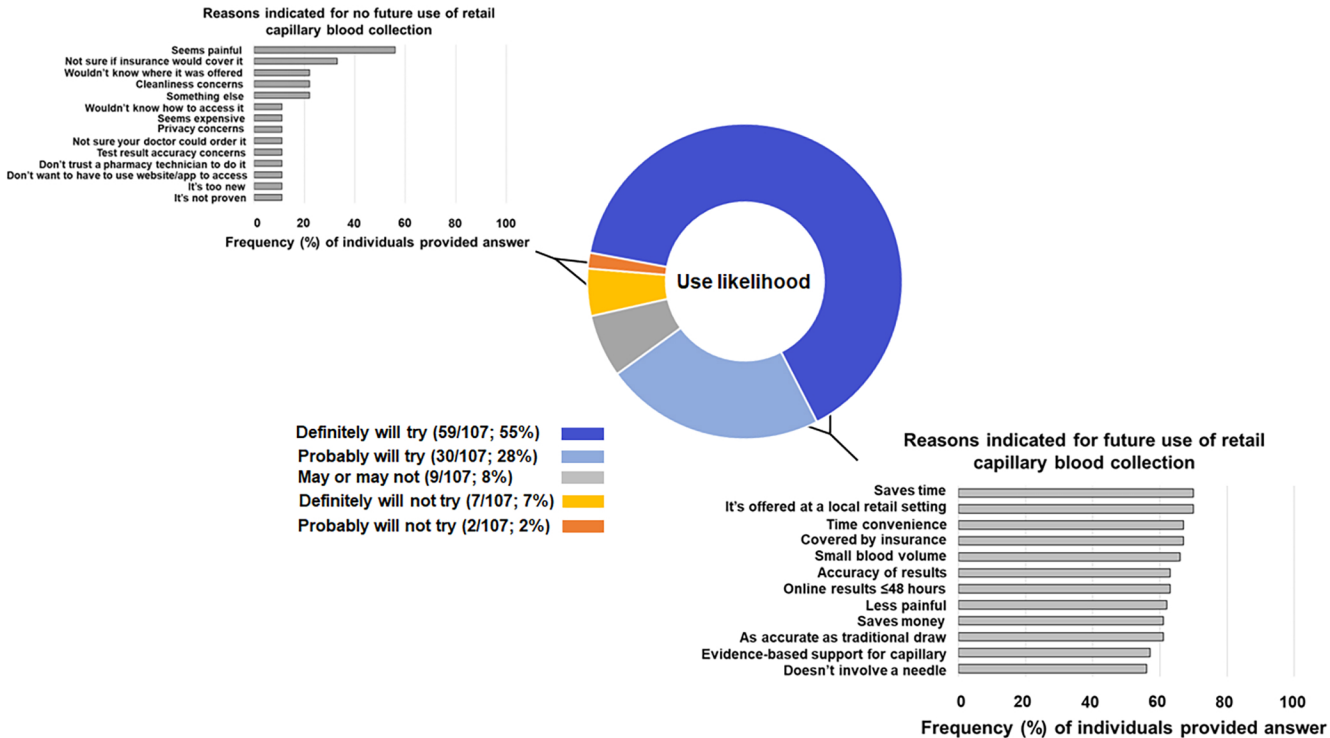
<sup>b</sup>Percentage based on 107 participants complete both the pre- and post-blood collection surveys

<sup>c</sup>Mean income = \$87,000



**Figure S2.** Satisfaction of 107 participants for overall experience with previous venous blood draw.





**Figure S3.** Likelihood for future use of the investigational capillary collection device (BD Minidraw) reported by 107 study participants following study-related activities. Reasons for those that indicated likelihood for future use or likelihood for no future use are superimposed on the figure and are listed from most- to least-frequently recorded.

## REFERENCES

1. Altman DG. *Practical statistics for medical research*. Chapman & Hall; 1991.
2. Sheskin DJ. *Handbook of parametric and nonparametric statistical procedures*. Third ed. Chapman & Hall /CRC; 2004.