

Testing History Questionnaire

Thank you for filling out this form. Please read all questions carefully. Enter estimated dates if you can not recall exact dates. Remember that all the answers you give will be kept private.

Name _____ Date of Birth ___/___/____ (month/day/year)

1. Today's date ___/___/____ (month/day/year)

2. What was the month and year of the very first time you ever tested positive for HIV?
List when you got your test, not when you got your results. We will refer to this date again.

___/____ (month/year)

3. Have you ever had an HIV test that was negative?

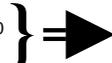
Yes....._1



Please go to Question 4

No....._0

Don't know.....



Please go to Question 6 on the next page

4. Before your first positive HIV test (in question 2), when did you last test negative for HIV?
List when you got the test, not when you got the results.

___/____ (month/year)

5. In the two years before your first positive test (on the date in question 2), how many times did you get tested for HIV?

Your first positive test has been included for you in the count below.

1 (my first positive test) + ___ (tests before) =

These last questions are about HIV medicines. Sometimes these are used to try to prevent HIV infection. This is called post-exposure prophylaxis, or PEP. Some of the medicines are also used to treat Hepatitis B. These medicines can also be used in HIV treatments called HAART or the AIDS cocktail. PLEASE USE THE PICTURES OF ANTI-RETROVIRAL MEDICINES ATTACHED WHEN ANSWERING THE NEXT QUESTIONS.

6. Have you taken any medicines to treat or try to prevent HIV or Hepatitis?

Yes..... <input type="checkbox"/> 1	⇒	Please go to question <u>6a</u>
No..... <input type="checkbox"/> 0 Don't know..... <input type="checkbox"/> 9	} ⇒	STOP, You are Finished

6a. Which ones did you take? Please list them. (If you are not sure of when you took the medicines, please include the ones you MIGHT have taken.)

6b. What was the first day on which you took any of the medicines?
Please make your best guess if you are not sure.

___/___/____ (month/day/year)

6c. Are you now taking any of the medicines?

No..... <input type="checkbox"/> 0	⇒	Please go to question <u>6d</u>
Yes <input type="checkbox"/> 1 Don't know <input type="checkbox"/> 9	} ⇒	STOP, You are Finished

6d. When was the last day you took any of the medicines?
Please you're your best guess if you are not sure.

___/___/____ (month/day/year)

Thank you for your time today. Your answers will help us better understand HIV infection rates.