SELF REPORT HIV

SELF-REPORT OF HUMAN IMMUNODIFICIENCY VIRUS (HIV) TESTING

1. Have you ever been tested for HIV?
   - Yes
   - No
   - Don’t know
   - Refused

   → Skip to end of form.

2. When did you have your most recent HIV test?
   - dd
   - MMM
   - yy
   OR
   - Don’t know

3. What was the result of your most recent HIV test?
   - Positive
   - Negative
   - Indeterminate
   - Never obtained results
   - Don’t know
   - Refused to answer

4. Are you on HIV treatment?
   - Yes
   - No
   - Don’t know
   - Refused

   → Skip to end of form.

4.1. If Yes, when did you initiate (start) HIV treatment?
   - dd
   - MMM
   - yy
   OR
   - Don’t know