

User Proficiency Assessment Survey

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

Self-test Results

Date:

Tests Conducted by Participant ID #

Instructions: After performing each self-test, please check the result option. Write down any comment you have in the comment boxes.

Rapid Self-Test 1: OraQuick

Sample Type: Oral Fluid

Result:

- Preliminary Positive
- Negative
- Invalid

Rapid Self-Test 2: SURE CHECK®

Sample Type: Whole blood finger stick

Result:

- Preliminary Positive
- Negative
- Invalid

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Proficiency Assessment Survey

Date:

Participant ID #

What is the highest level of education you have completed?

- Less than high school
- Some high school
- High school diploma or GED
- Some college, Associate's Degree, or Technical Degree
- College, post graduate or professional school

What is your age?

Do you consider yourself to be Hispanic or Latino?

- No
- Yes

Which racial group or groups do you consider yourself to be in? Check all that apply:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Have you ever had a job where you conduct laboratory tests or experiments?

- Yes
- No

Have you ever used “The Home Access® HIV-1 Test System”, where you collect your own blood sample and ship it to the Home Access laboratory?

- Yes
- No

Have you ever used any other kind of over-the-counter self-test before? Examples of these tests include cholesterol.

- Yes. Which test?

- No

Post-test Evaluation

Self-testing

What type of additional training or information, if any, would you have liked to have had before performing the tests?
(Check all that apply)

- No additional training/information was needed besides the instructions provided
- Additional video demonstration
- Demonstration in person by laboratory worker
- More detailed written instructions
- Other:

After you completed the OraQuick (oral fluid test), how confident were you that you could perform the test according to the instructions?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

After you completed the Sure Check test (finger stick test), how confident were you that you could perform the test according to the instructions?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

What questions, if any, do you still have about how to perform the test?

DBS specimen collection and packaging

What type of additional training, if any, would you have liked to have had before the dried blood spot sample? (Check all that apply)

- No additional training was needed besides the instructions provided
- Additional video demonstration
- Demonstration in person by laboratory worker
- More detailed written instructions
- Other:

After you collected the blood sample on the DBS card, how confident were you that you could collect your own blood sample according to the instructions?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

After you finished packaging the DBS card, how confident were you that you could package the DBS card according to directions?

- Very confident
- Somewhat confident
- Not very confident
- Not confident at all

What questions, if any, do you still have about how to collect and package a DBS sample?