

Assessment of a Comprehensive HIV Clinic-Based Intervention to Improve Patients'
Health and Reduce Transmission Risk

Appendix 9: Patient Exit Survey (English)

Public reporting burden of this collection of information is estimated to average 5 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-New)

PATIENT EXIT SURVEY

Would you be willing to answer a few questions about your experiences during your visit today? It will only take less than 5 minutes. The survey will NOT include your name, your medical record number, or any other identification. You may refuse to be part of this survey. Your decision will not affect your care at this clinic. By agreeing to participate you are giving your consent to be part of this survey.

[Begin Survey](#)

Powered by:



PATIENT EXIT SURVEY

[To be completed by study coordinator]

- Patient agreed Patient refused

1. Today's Date

06/26/2013

2. Study Site

- Birmingham Houston San Diego
 Boston Miami Seattle

3. What gender to you consider yourself to be? (choose one)

- Male Female Transgender

4. What is your ethnicity? (choose one)

- Hispanic or Latino Not Hispanic or Latino

5. What is your Race? (check all that apply)

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

6. What was your most recent viral load result? (choose one)

- Undetectable (controlled - as low as possible)
 Detectable (not controlled - not as low as possible)
 I don't know

PATIENT EXIT SURVEY

1 2

Exit Survey

7. Are you currently taking any antiretroviral medicines for your HIV infection?

Yes No

8. At your clinic visit today, did your health care provider talk to you about the importance of taking all doses of your antiretroviral medicines?

Yes No

9. At your clinic visit today, did your health care provider talk to you about starting antiretroviral medicines?

Yes No

10. At your clinic visit today, did your health care provider talk to you about the importance of keeping all of your HIV medical appointments at this clinic?

Yes No

11. At your clinic visit today, did your health care provider talk to you about safer sex (for example, the importance of using condoms)?

Yes No

12. At today's clinic visit, did your healthcare provider talk to you about doing the computer video program on taking HIV medicines and coming to clinic appointments?

Yes No