


eSTAMP part 4 Follow-up Surveys

KNOW at HOME

Form Approved
OMB No 0920-XXXX
Expiration Date XX/XX/XXXX

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-XXXX)

0%  100%

Group B1
Test Distribution

Section B. Test Distribution


▪ **Since the last survey, did you give away any study home HIV test?**
Choose one of the following answers

- No
- Yes
- I prefer not to answer
- I don't know

[Resume later](#) [Next](#) [Exit and clear survey](#)

This survey is currently not active. You will not be able to save your responses.

KNOW at HOME


0%  100%

* Where did you get the positive HIV test result?

Choose one of the following answers

- At home, when using one of the study home HIV tests received by mail [intervention arm only]
- At home, when using a rapid home HIV test bought from a store or online (such as Oraquick® In-Home HIV test)
- At home, when using a blood collection/testing kit (such as HomeAccess® HIV-1 Test System)
- Private doctor's office
- Hospital (in patient)
- Emergency room
- Sexually Transmitted Disease (STD) Clinic
- Public health clinic/Community health clinic
- HIV counseling and testing site
- Street outreach program/mobile unit
- Correctional facility (jail or prison)
- I don't know
- Other location (Specify)
- I prefer not to answer

KNOW at HOME

0%  100%

The next questions are about medical appointments to a see a health care provider (doctor, physician's assistant or nurse) because of a positive HIV test result or to get care for your HIV infection.

* Since the last survey, have you been seen by a health care provider after getting a HIV positive test result or for your HIV infection?

Choose one of the following answers

- No
- Yes
- I prefer not to answer

* What are the reasons you have NOT gone to a health care provider after getting a HIV positive test result or for your HIV infection?

Check any that apply

- I don't want anyone to know I have HIV
- I felt good and didn't need to go
- I didn't believe that I am HIV positive or want to think about it
- I didn't have enough money or health insurance

KNOW at HOME

0%  100%

*** Are you taking HIV medicines prescribed by your doctor (also known as antiretrovirals, ART, or HAART) for your HIV infection?**

Choose one of the following answers

- No
- Yes
- I prefer not to answer

*** Since the last survey, which of the following best describes your general experience taking your HIV medicines (also known as antiretrovirals, ART, or HAART)?**

Choose one of the following answers

- I take them exactly as prescribed, almost never missing a dose
- I sometimes skip a dose or forget to take my pills
- I often skip a dose or forget to take my pills
- I rarely take my pills as prescribed
- I do not take my medication at all
- I prefer not to answer