

eSTAMP part 4 Follow-up Surveys

KNOW at HOME

Form Approved

OMB No 0920-XXXX

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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.

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* 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

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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

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*** 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