Table 2: Client Data Card

Thank you for taking this bold step to perform your own HIV testing. This information will remain anonymous and will assist in improving Self-testing services. Please do not include your name or your phone number

Age (years): [ ____ ]

Gender: Female [ ___ ] Male [ ___ ]

Have you ever tested for HIV before?:
Yes [ ___ ] No [ ___ ]

How long ago did you have the HIV test
Never [ ___ ] Last three months [ ___ ] Last one year [ ___ ] Longer than one year [ ___ ]

What Type of HIV self-test kit have you purchased today:
Oral [ ___ ] Blood [ ___ ]

What is the main reason for testing?
(select one only):
- To understand illness/ symptoms that I have/had
- Advice from the pharmacist/ my doctor
- I recently had a possible exposure to HIV
- To plan the future/ take charge of my own health/ getting married
- Encouraged by sex partner
- It has been longer than 1 year since I last tested
- Other reason (please indicate): __________________________
  __________________________
  __________________________
  __________________________