


**Table 2: Client Data Card**

<p>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</p> <p>Age (years): [ ____ ]</p> <p>Gender: Female [ ___ ]      Male [ ___ ]</p> <p><b>Have you ever tested for HIV before?:</b> Yes [ ___ ] No [ ___ ]</p> <p><b>How long ago did you have the HIV test</b> Never [ ___ ] Last three months [ ___ ] Last one year [ ___ ] Longer than one year [ ___ ]</p> <p><b>What Type of HIV self-test kit have you purchased today:</b> Oral [ ___ ] Blood [ ___ ]</p>	<div style="text-align: center;">  </div> <p style="text-align: center;"><b>What is the main reason for testing?</b> (select one only):</p> <ul style="list-style-type: none"> <li>• To understand illness/ symptoms that I have/had</li> <li>• Advice from the pharmacist/ my doctor</li> <li>• I recently had a possible exposure to HIV</li> <li>• To plan the future/ take charge of my own health/ getting married</li> <li>• Encouraged by sex partner</li> <li>• It has been longer than 1 year since I last tested</li> <li>• Other reason (please indicate): _____ _____ _____</li> </ul>
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