PRE-TEST QUESTIONNAIRE [DCF3]

Now I will ask you a number of questions about previous tests you may have taken and your views towards HIV self-testing provided through pharmacies. I request that you answer all the questions truthfully. If you do not want to answer any of the questions you may say so and I will move on to the next question.

1. Have you ever tested/ been tested for HIV?
   1 - Yes (Go to Q3)
   2 - No

2. [If not tested before] **What is the main reason for not testing?** (select one)  (After this, Go to Q9)
   1 - I don’t think I have HIV/ I have no reason to test
   2 - I am afraid of learning a positive HIV status
   3 - It takes too much time/ I don’t have time
   4 - I don’t like needles/ testing procedure
   5 - Other, specify:_________________

3. How many times have you ever tested/ been tested for HIV?  1  2  3  >4 times

4. (a) Month and year when you last tested for HIV (mmm/yyyy): _____ / _____
   (b) Results:  0 – Not willing to disclose  1- NEG  2- POS  3 – indeterminate/ don’t know

5. (a) Where did you do the last test?
   1 - Government hospital/ clinic
   2 - Private hospital/ clinic (including NGO, CBO and faith-based facilities)
   3 - VCT/ HTC center
   4 - Mobile testing service
   5 - Other, specify:_________________

   (b) **What was the main reason for choosing this facility?** (select one)
   0 - I didn’t choose myself, I had gone for other services
   1 - Easily accessible
   2 - Confidential/ private/ discreet
   3 - Presence of skilled staff/ quality services/ information/ support
   4 - Other, specify:_________________

6. **What was the main reason/ motivation for testing?** (select one)
   0 - Employment/ travel requirement
   1 - Advice from doctor or health provider/ ANC invitation
   2 - Encouraged by friend or family member
   3 - Encouraged by sex partner
   4 - Possible exposure to HIV
   5 - To understand illness or symptoms that I had
   6 - To plan the future/ getting married/ take charge over one’s health
   7 - Other, specify:_________________

7. Have you ever tested with your sex partner?
   1—Yes  2—No  3—Don’t have a partner
8. (a) Have you ever tested yourself for HIV in the past? Yes No (Go to Q9)
(b) Where did you get a test kit? 1 – Pharmacy 2 – other, specify: __________________________
(c) What type of test kit was it? ___________________________________________________

9. Before today, have you heard about the oral HIV self-test? Yes No
If yes, briefly describe: ________________________________

10. Have you ever tested yourself for other health conditions? Yes No
If yes, briefly describe: __________________________________________________________________

11. (a) How much do you agree or disagree with the statement:
    “HIV self-test kits should be made available to the general public”?

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<td>Strongly disagree</td>
<td>Disagree</td>
<td>Undecided</td>
<td>Agree</td>
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Briefly explain: _____________________________________________________________________________

12. (a) Who specifically do you think need access to HST kits? ____________________________

(b) Briefly explain: _______________________________________________________________________

13. What do you think is the main advantage of self-testing for HIV? (select one)

0 - I don't see any advantage
1 - Privacy/ anonymity/ confidentiality
2 - Personal empowerment / taking charge of one's own health
3 - Saves cost/ No fare to the vct or clinic
4 - No pricking/ painless
5 - Saves time / no waiting in queues
6 - Other, specify:_________________

14. What do you think would be the main disadvantage of self-testing for HIV? (select one)

0 - I don't see any disadvantage
1 - Illiterate people may not be able to use the method
2 - Difficulties/mistakes in performing the test or interpreting the results
3 - Absence of counsellor when testing/ increased distress after a positive result / increased possibility of self-harm or suicide/ increased possibility of harming others
4 - Testing others without their consent
5 - Reduced chance of disclosure / enrolment in care
6 - Production of fake or poor quality test kits
7 - Other, specify:_________________

15. How much do you agree or disagree that:

    “A pharmacy like this one is the best place to buy a HIV self-test kit”?

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Briefly explain: _____________________________________________________________________________

16. Do you have any question or any additional information?
____________________________________________________________________________________
17. RA’s comments about the pre-test interview and pre-test counselling

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18. Sale of test kit

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<th>Did the client buy a test kit?</th>
<th>Yes</th>
<th>No</th>
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**If yes, mode of delivery:**
1 - Over the counter
2 - Home delivery
3 - Courier (bus, etc)

**If no, comment:** ______________________________________________________________

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19. Queries & feedback after the participant leaves the pharmacy

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Form completed by (initials): ________