

PID: Visit Date:

dd

MMM

yy

Visit: **SELF REPORT HIV****SELF-REPORT OF HUMAN IMMUNODIFICIENCY VIRUS (HIV) TESTING**

1. Have you ever been tested for HIV? Yes No Don't know Refused
 → *Skip to end of form.*
2. When did you have your most recent HIV test? **OR** Don't know
 dd MMM yy
3. What was the result of your most recent HIV test?
 Positive
 Negative
 Indeterminate
 Never obtained results
 Don't know
 Refused to answer
4. Are you on HIV treatment? Yes No Don't know Refused
 → *Skip to end of form.*
- 4.1. If Yes, when did you initiate (start) HIV treatment? **OR** Don't know
 dd MMM yy