

### D5a. SENTINEL2.0-South Africa Patient Testing Component

| Field                                         | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Answer                                                   |
|-----------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Screening form                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| Screening form > Form control                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| screening_no <i>(required)</i>                | Screening number<br><i>screeningno</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| surveyor <i>(required)</i>                    | Surveyor ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| specifysurveyor <i>(required)</i>             | Specify the surveyor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |
| district <i>(required)</i>                    | District name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| wr_facilities <i>(required)</i>               | Facility name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| mp_facilities <i>(required)</i>               | Facility name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| kzn_facilities <i>(required)</i>              | Facility name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| screeningdate <i>(required)</i>               | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                          |
| intro                                         | I. Introduction<br><i>Ask the patient for a few minutes of their time. Introduce yourself and the study. Provide information on the study as per the training and give the patient the information sheet for the study. If the patient expresses interest in being in the study, proceed to section II below and then complete the eligibility screening in section III. If the participant is not interested in being in the study, thank them for their time, end the interaction, and answer the questions in section II below.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| agreement                                     | II. Brief screening agreement<br><i>You are being asked to voluntarily give us some information to see if you might qualify to be enrolled in a research study. We are asking you to be in this study because you are testing for HIV today, and we are doing research on the different models of service delivery for HIV testing. If you agree, we will ask you to tell us your age, gender, and whether you plan to or have already tested for HIV at this clinic. This information will tell us if you are qualified to enroll in the study. If you qualify for the study and decide to join, the information that we get from you will become part of your study record. If you do not qualify or decide not to join the study, the information that we get from you will only be used to keep track of how many patients we have invited into the study and if those who do qualify and decide to join are different in age, gender, or receipt of HIV testing services, from those who do not join. We will keep this information until we have finished enrollment for the study, then destroy it. Saying yes to this screening does not mean you have to agree to be in the study. If you have any questions, please ask them now or at any time you can contact Sophie Pascoe, Principal Researcher, Health Economics and Epidemiology Research Office, Johannesburg, telephone 010 001 7930 or email <a href="mailto:spascoe@heroza.org">spascoe@heroza.org</a>.</i> |                                                          |
| Screening form > III. Demographic description |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| gender <i>(required)</i>                      | 1. Gender                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div>0 Male</div> <div>1 Female</div> <div>2 Other</div> |
| age <i>(required)</i>                         | 2. How old were you at your last birthday?<br><i>Age (years)</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |

| Field                                                                                                                                                                                                        | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Answer                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|-------------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------|---|-----------------------------------------------------------------------|---|------------|---|--------|---|---------|---|-----------|---|--------|---|----------|----|----------|
| Screening form > IV. Eligibility screening                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| Eligibilitynote                                                                                                                                                                                              | If both answers to the following screening questions 3 and 4 are "YES", proceed to administer the informed consent process. If any answers are "NO", thank the patient for their time and end the interaction.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| planningtotest <i>(required)</i>                                                                                                                                                                             | 3. Are you planning to test for HIV at this facility today or have you already tested for HIV at this facility today?<br><i>STOP if the response is NO!</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                                                      | 1 | Yes                                                                                             | 0 | No                                                                                            |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 1                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 0                                                                                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| ispatient18 <i>(required)</i>                                                                                                                                                                                | 4. Are you currently age 18 or older?<br><i>STOP if the response is NO!</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                                                      | 1 | Yes                                                                                             | 0 | No                                                                                            |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 1                                                                                                                                                                                                            | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 0                                                                                                                                                                                                            | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| Screening form > IV. Eligibility decision                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| eligible                                                                                                                                                                                                     | This patient is ELIGIBLE for the study. Please proceed with the informed consent process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| consenting <i>(required)</i>                                                                                                                                                                                 | This patient                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <table border="1"> <tr> <td>1</td> <td>CONSENTED to participate<br/>(Fill in survey instrument ID number below and proceed with survey)</td> </tr> <tr> <td>2</td> <td>DID NOT CONSENT to participate (Thank the participant for their time and end the interaction)</td> </tr> <tr> <td>3</td> <td>N/A (Target for this model has been reached)</td> </tr> </table>                                            | 1 | CONSENTED to participate<br>(Fill in survey instrument ID number below and proceed with survey) | 2 | DID NOT CONSENT to participate (Thank the participant for their time and end the interaction) | 3 | N/A (Target for this model has been reached)                          |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 1                                                                                                                                                                                                            | CONSENTED to participate<br>(Fill in survey instrument ID number below and proceed with survey)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 2                                                                                                                                                                                                            | DID NOT CONSENT to participate (Thank the participant for their time and end the interaction)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 3                                                                                                                                                                                                            | N/A (Target for this model has been reached)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| V. Patient survey                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| sid <i>(required)</i>                                                                                                                                                                                        | Survey ID options<br><i>For patients eligible for and consenting to the study, please indicate study survey ID number here:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <table border="1"> <tr><td>1</td><td>Barcode</td></tr> <tr><td>2</td><td>Enter manually</td></tr> </table>                                                                                                                                                                                                                                                                                                      | 1 | Barcode                                                                                         | 2 | Enter manually                                                                                |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 1                                                                                                                                                                                                            | Barcode                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 2                                                                                                                                                                                                            | Enter manually                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| barcode_scan <i>(required)</i>                                                                                                                                                                               | Scan survey ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| survey_id <i>(required)</i>                                                                                                                                                                                  | SURVEY ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| facilityloc <i>(required)</i>                                                                                                                                                                                | Location within facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| structurenote                                                                                                                                                                                                | For patients who are recruited before their HIV test, Section 1 questions will be asked before their HIV test and Section 2 questions will be asked after their HIV test. For those who are recruited after their HIV test, the questionnaire will start with Section 1 and proceed directly to Section 2.<br><i>Note on survey structure:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| intro_statement                                                                                                                                                                                              | "Thank you for agreeing to participate in this survey. My name is _____. I will be asking you the questions. Most of the questions require that you select one of the options as your answer, although some questions you can select all the answers that apply. I will specify the options and instructions for you as I ask each question. If your answer is not one of the specified options please tell me and I will write your answer down. Please feel free to tell me whatever you are comfortable sharing. You should also remember that you do not have to share anything that you are not comfortable sharing and that you can stop this interview at any time without any risk to your rights or treatment and care. There are no right or wrong answers, so please be honest and help us to understand what is true for you and your community. Are you ready to begin?<br><i>Read the following statement. Please repeat the statement translated into the local language based on primary languages.</i> |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| respondenttested <i>(required)</i>                                                                                                                                                                           | Has this respondent tested?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <table border="1"> <tr> <td>1</td> <td>a. Not yet tested (will complete section 1 now and section 2 after completing test)</td> </tr> <tr> <td>2</td> <td>b. Not yet tested (will complete section 1 now and follow up by telephone for section 2)</td> </tr> <tr> <td>3</td> <td>c. Tested and has results (will complete section 1 and section 2 now)</td> </tr> </table>                                     | 1 | a. Not yet tested (will complete section 1 now and section 2 after completing test)             | 2 | b. Not yet tested (will complete section 1 now and follow up by telephone for section 2)      | 3 | c. Tested and has results (will complete section 1 and section 2 now) |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 1                                                                                                                                                                                                            | a. Not yet tested (will complete section 1 now and section 2 after completing test)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 2                                                                                                                                                                                                            | b. Not yet tested (will complete section 1 now and follow up by telephone for section 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 3                                                                                                                                                                                                            | c. Tested and has results (will complete section 1 and section 2 now)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| section1note                                                                                                                                                                                                 | SURVEYOR NOW YOU ARE ABOUT TO START SECTION 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| note                                                                                                                                                                                                         | Surveyor: "I'm going to start by asking you some basic questions about who you are, where you live, and your education and employment."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Respondent demographics and socio-economic status |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| nationality <i>(required)</i>                                                                                                                                                                                | 1. What is your nationality/country of origin?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <table border="1"> <tr><td>1</td><td>South Africa</td></tr> <tr><td>2</td><td>Botswana</td></tr> <tr><td>3</td><td>Lesotho</td></tr> <tr><td>4</td><td>Mozambique</td></tr> <tr><td>5</td><td>Malawi</td></tr> <tr><td>6</td><td>Namibia</td></tr> <tr><td>7</td><td>Swaziland</td></tr> <tr><td>8</td><td>Zambia</td></tr> <tr><td>9</td><td>Zimbabwe</td></tr> <tr><td>10</td><td>Tanzania</td></tr> </table> | 1 | South Africa                                                                                    | 2 | Botswana                                                                                      | 3 | Lesotho                                                               | 4 | Mozambique | 5 | Malawi | 6 | Namibia | 7 | Swaziland | 8 | Zambia | 9 | Zimbabwe | 10 | Tanzania |
| 1                                                                                                                                                                                                            | South Africa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 2                                                                                                                                                                                                            | Botswana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 3                                                                                                                                                                                                            | Lesotho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 4                                                                                                                                                                                                            | Mozambique                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 5                                                                                                                                                                                                            | Malawi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 6                                                                                                                                                                                                            | Namibia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 7                                                                                                                                                                                                            | Swaziland                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 8                                                                                                                                                                                                            | Zambia                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 9                                                                                                                                                                                                            | Zimbabwe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |
| 10                                                                                                                                                                                                           | Tanzania                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                 |   |                                                                                                 |   |                                                                                               |   |                                                                       |   |            |   |        |   |         |   |           |   |        |   |          |    |          |

| Field                                                                                                                                                                                                                               | Question                                                                            | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----------------------------------------------------|----|-----------------------------------------------------|----|-----------------------------------------|---|-----------------------------------------------------------------------------------|---|------------------------------|---|----------------------------------------------------------|---|---------------------------------|---|--------------------|---|---------|----|----------------------------|----|-------------------------------------|----|-----------------|
|                                                                                                                                                                                                                                     |                                                                                     | <table border="1"> <tr><td>11</td><td>Burundi</td></tr> <tr><td>12</td><td>Other African country (specify)</td></tr> <tr><td>13</td><td>Other (specify)</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11 | Burundi                                             | 12 | Other African country (specify)                     | 13 | Other (specify)                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 11                                                                                                                                                                                                                                  | Burundi                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 12                                                                                                                                                                                                                                  | Other African country (specify)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 13                                                                                                                                                                                                                                  | Other (specify)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| othernationality <i>(required)</i>                                                                                                                                                                                                  | Please specify nationality/country of origin                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| maritalstatus <i>(required)</i>                                                                                                                                                                                                     | 2. What is your marital status?                                                     | <table border="1"> <tr><td>1</td><td>Never married</td></tr> <tr><td>2</td><td>Married (customary/traditional or legal/civil)</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Widowed</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1  | Never married                                       | 2  | Married (customary/traditional or legal/civil)      | 3  | Divorced                                | 4 | Separated                                                                         | 5 | Widowed                      |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | Never married                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Married (customary/traditional or legal/civil)                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | Divorced                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 4                                                                                                                                                                                                                                   | Separated                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 5                                                                                                                                                                                                                                   | Widowed                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| partner <i>(required)</i>                                                                                                                                                                                                           | 3. Is there someone who you have a relationship with and who you call your partner? | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1  | Yes                                                 | 0  | No                                                  |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | Yes                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 0                                                                                                                                                                                                                                   | No                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| livingwithspouse <i>(required)</i>                                                                                                                                                                                                  | 4. Do you currently live with your husband/wife or your partner?                    | <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes, married or living together</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1  | No                                                  | 2  | Yes, married or living together                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | No                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Yes, married or living together                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Respondent demographics and socio-economic status > Demographic subgroup |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| currenthousehold <i>(required)</i>                                                                                                                                                                                                  | 5. Do you think of the house you currently live in as your main house?              | <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No, my main house is somewhere else in South Africa</td></tr> <tr><td>3</td><td>No, my main house is in another country</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1  | Yes                                                 | 2  | No, my main house is somewhere else in South Africa | 3  | No, my main house is in another country |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | Yes                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | No, my main house is somewhere else in South Africa                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | No, my main house is in another country                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| reading <i>(required)</i>                                                                                                                                                                                                           | 6. Do you know how to read and write?                                               | <table border="1"> <tr><td>1</td><td>No</td></tr> <tr><td>2</td><td>Yes – read and write</td></tr> <tr><td>3</td><td>Yes – read only</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1  | No                                                  | 2  | Yes – read and write                                | 3  | Yes – read only                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | No                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Yes – read and write                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | Yes – read only                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| edulevel <i>(required)</i>                                                                                                                                                                                                          | 7. What was the highest level of school that you completed?                         | <table border="1"> <tr><td>1</td><td>No schooling</td></tr> <tr><td>2</td><td>Primary</td></tr> <tr><td>3</td><td>Secondary</td></tr> <tr><td>4</td><td>Certificate/Diploma/ Post-secondary</td></tr> <tr><td>5</td><td>Graduate degree</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1  | No schooling                                        | 2  | Primary                                             | 3  | Secondary                               | 4 | Certificate/Diploma/ Post-secondary                                               | 5 | Graduate degree              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | No schooling                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Primary                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | Secondary                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 4                                                                                                                                                                                                                                   | Certificate/Diploma/ Post-secondary                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 5                                                                                                                                                                                                                                   | Graduate degree                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| occupation <i>(required)</i>                                                                                                                                                                                                        | 8. What is your occupation?                                                         | <table border="1"> <tr><td>1</td><td>Farming (my own or my family's farm)</td></tr> <tr><td>2</td><td>Farm worker (someone else's farm)</td></tr> <tr><td>3</td><td>Domestic worker or carer (paid)</td></tr> <tr><td>4</td><td>Informal sector job (not farming or domestic) (e.g. trader, day service provider)</td></tr> <tr><td>5</td><td>Formal sector job (salaried)</td></tr> <tr><td>6</td><td>Household work and/or childcare (my own house, not paid)</td></tr> <tr><td>7</td><td>Unemployed but looking for work</td></tr> <tr><td>8</td><td>Student or trainee</td></tr> <tr><td>9</td><td>Retired</td></tr> <tr><td>11</td><td>Self-employed/own business</td></tr> <tr><td>12</td><td>Unemployed but not looking for work</td></tr> <tr><td>10</td><td>Other (specify)</td></tr> </table> | 1  | Farming (my own or my family's farm)                | 2  | Farm worker (someone else's farm)                   | 3  | Domestic worker or carer (paid)         | 4 | Informal sector job (not farming or domestic) (e.g. trader, day service provider) | 5 | Formal sector job (salaried) | 6 | Household work and/or childcare (my own house, not paid) | 7 | Unemployed but looking for work | 8 | Student or trainee | 9 | Retired | 11 | Self-employed/own business | 12 | Unemployed but not looking for work | 10 | Other (specify) |
| 1                                                                                                                                                                                                                                   | Farming (my own or my family's farm)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Farm worker (someone else's farm)                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | Domestic worker or carer (paid)                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 4                                                                                                                                                                                                                                   | Informal sector job (not farming or domestic) (e.g. trader, day service provider)   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 5                                                                                                                                                                                                                                   | Formal sector job (salaried)                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 6                                                                                                                                                                                                                                   | Household work and/or childcare (my own house, not paid)                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 7                                                                                                                                                                                                                                   | Unemployed but looking for work                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 8                                                                                                                                                                                                                                   | Student or trainee                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 9                                                                                                                                                                                                                                   | Retired                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 11                                                                                                                                                                                                                                  | Self-employed/own business                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 12                                                                                                                                                                                                                                  | Unemployed but not looking for work                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 10                                                                                                                                                                                                                                  | Other (specify)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| otheroccupation <i>(required)</i>                                                                                                                                                                                                   | Please specify your occupation                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| mostmoney <i>(required)</i>                                                                                                                                                                                                         | 9. Where do you get MOST of your money from?                                        | <table border="1"> <tr><td>1</td><td>Salary, business or job (formal or informal sector)</td></tr> <tr><td>2</td><td>Government social grant</td></tr> <tr><td>3</td><td>Spouse/partner</td></tr> <tr><td>4</td><td>Parents/relatives</td></tr> <tr><td>5</td><td>Friends</td></tr> <tr><td>6</td><td>Other (specify)</td></tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1  | Salary, business or job (formal or informal sector) | 2  | Government social grant                             | 3  | Spouse/partner                          | 4 | Parents/relatives                                                                 | 5 | Friends                      | 6 | Other (specify)                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 1                                                                                                                                                                                                                                   | Salary, business or job (formal or informal sector)                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 2                                                                                                                                                                                                                                   | Government social grant                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 3                                                                                                                                                                                                                                   | Spouse/partner                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 4                                                                                                                                                                                                                                   | Parents/relatives                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 5                                                                                                                                                                                                                                   | Friends                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |
| 6                                                                                                                                                                                                                                   | Other (specify)                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |                                                     |    |                                                     |    |                                         |   |                                                                                   |   |                              |   |                                                          |   |                                 |   |                    |   |         |    |                            |    |                                     |    |                 |

| Field                                                                                                                                                                                                                                | Question                                                                                                                                                                                     | Answer                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| specifymoney <i>(required)</i>                                                                                                                                                                                                       | Please specify                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Respondent demographics and socio-economic status > Demographic subgroup2 |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |
| foodsecurity <i>(required)</i>                                                                                                                                                                                                       | 10. Do you or the people in your household go without food often, sometimes, seldom, never?                                                                                                  | <div>1 Never</div> <div>2 Seldom</div> <div>3 Sometimes</div> <div>4 Often</div>                                                                                                                                                                                                                                                  |
| governmentgrant <i>(required)</i>                                                                                                                                                                                                    | 11. Do you or does anybody in your household, currently receive any support or grant from the government?<br><i>Tick all that apply</i>                                                      | <div>0 No</div> <div>1 Child grant</div> <div>2 Partial disability / illness grant / temporary grant</div> <div>3 Pension grant</div> <div>4 Disability grant</div> <div>5 Unemployment grant/UIF</div> <div>7 COVID social relief grant</div> <div>6 Other (specify)</div>                                                       |
| othersupportgrant <i>(required)</i>                                                                                                                                                                                                  | Please specify the support or grant from the government                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                   |
| healthcare_money <i>(required)</i>                                                                                                                                                                                                   | 12. If a person in your household became ill and 100 Rands was needed for treatment or medicines, would you say it would be very easy, easy, difficult, or very difficult to find the money? | <div>1 Very difficult</div> <div>2 Difficult</div> <div>3 Easy</div> <div>4 Very easy</div>                                                                                                                                                                                                                                       |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Healthcare access and cost                                                |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |
| visitreason <i>(required)</i>                                                                                                                                                                                                        | 13. What is the main reason for you coming to this facility today?                                                                                                                           | <div>1 HIV test</div> <div>2 Pregnancy/antenatal</div> <div>3 Chronic condition (specify)</div> <div>4 Acute care (specify)</div> <div>5 Other (specify)</div>                                                                                                                                                                    |
| specifyvisitreason <i>(required)</i>                                                                                                                                                                                                 | Please specify                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |
| additional services <i>(required)</i>                                                                                                                                                                                                | 14. Which health care services are you routinely receiving at this facility?<br><i>(Tick all that apply)</i>                                                                                 | <div>0 None</div> <div>1 TB treatment</div> <div>2 Diabetes</div> <div>3 Hypertension</div> <div>4 Asthma</div> <div>5 Mental health</div> <div>6 Malaria</div> <div>7 Family planning</div> <div>8 Antenatal care</div> <div>9 Child health care</div> <div>10 TB preventative therapy (TPT)</div> <div>11 Other (specify)</div> |
| specifyservices <i>(required)</i>                                                                                                                                                                                                    | Please specify                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                   |
| transporttoclinic <i>(required)</i>                                                                                                                                                                                                  | 15. How do you usually get to the clinic?<br><i>Tick all that apply</i>                                                                                                                      | <div>1 Walk</div> <div>2 Mini-bus/common taxi</div> <div>3 Own car</div> <div>4 Meter taxi/Uber/Taxify/Hired taxi</div> <div>5 Brought by family/friends in their vehicles</div> <div>6 Other (specify)</div>                                                                                                                     |
| othertransport <i>(required)</i>                                                                                                                                                                                                     | Please specify other means of getting to the clinic                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                   |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Healthcare access and cost > Travel time subgroup                         |                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                   |
| traveltime <i>(required)</i>                                                                                                                                                                                                         | 16. How long does it take you to get to the clinic? (One way – from home to the clinic)<br><i>Enter hours</i>                                                                                |                                                                                                                                                                                                                                                                                                                                   |
| travelminutes <i>(required)</i>                                                                                                                                                                                                      | Surveyor: Now enter minutes<br><i>Minutes</i>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |
| otherwisedoing <i>(required)</i>                                                                                                                                                                                                     | 17. What would you otherwise have been doing if you had not come to the clinic today?                                                                                                        | <div>1 Housework</div> <div>2 Childcare (own children)</div> <div>3 Caring for a relative or friend</div> <div>4 Voluntary work</div> <div>5 Leisure activities</div> <div>6 Attending school or university</div>                                                                                                                 |

| Field                                                                                                                                                                                                                                              | Question                                                                                   | Answer                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                    |                                                                                            | <div>7 On sick leave</div> <div>8 Seeking work</div> <div>9 Paid work</div> <div>10 Other (specify)</div>                                                                                                                                                                                              |
| specifyotherwisedoing <i>(required)</i>                                                                                                                                                                                                            | Please specify other expenses/costs you incur for each clinic visit                        |                                                                                                                                                                                                                                                                                                        |
| expenses <i>(required)</i>                                                                                                                                                                                                                         | 18. What expenses/costs do you incur for each clinic visit?                                | <div>0 No costs</div> <div>1 Transport</div> <div>2 Loss of income due to missing work</div> <div>3 Child care</div> <div>4 Food/drinks</div> <div>5 Other (specify)</div>                                                                                                                             |
| otherexpenses <i>(required)</i>                                                                                                                                                                                                                    | Please specify other expenses/costs you incur for each clinic visit                        |                                                                                                                                                                                                                                                                                                        |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Questions related to HIV test experience                                                |                                                                                            |                                                                                                                                                                                                                                                                                                        |
| whytest <i>(required)</i>                                                                                                                                                                                                                          | 19. Why are you testing for HIV today?                                                     | <div>1 Pregnancy</div> <div>2 Feeling ill</div> <div>3 Partner or former partner was diagnosed with HIV</div> <div>4 Workplace requirement</div> <div>5 PrEP</div> <div>6 Just checking my status/voluntary testing</div> <div>7 Recommended by healthcare provider</div> <div>8 Other (specify)</div> |
| specifywhytest <i>(required)</i>                                                                                                                                                                                                                   | Please specify                                                                             |                                                                                                                                                                                                                                                                                                        |
| evertested <i>(required)</i>                                                                                                                                                                                                                       | 20. Have you ever taken an HIV test before?<br><i>(If no, skip to post-test questions)</i> | <div>0 No</div> <div>1 Yes</div> <div>2 Don't know/can't remember</div>                                                                                                                                                                                                                                |
| howmanytimes <i>(required)</i>                                                                                                                                                                                                                     | How many times have you tested for HIV?                                                    |                                                                                                                                                                                                                                                                                                        |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Questions related to HIV test experience > Follow up questions (ever tested before) (1) |                                                                                            | (Repeated group)                                                                                                                                                                                                                                                                                       |
| recalltestdate <i>(required)</i>                                                                                                                                                                                                                   | Can you recall the test date?                                                              | <div>0 No</div> <div>1 Yes, month and year</div> <div>2 Yes, day month and year</div>                                                                                                                                                                                                                  |
| testdatemy <i>(required)</i>                                                                                                                                                                                                                       | Test date (MM/YYYY)                                                                        |                                                                                                                                                                                                                                                                                                        |
| testdatedmy <i>(required)</i>                                                                                                                                                                                                                      | Test date (DD/MM/YYYY)                                                                     |                                                                                                                                                                                                                                                                                                        |
| testresult <i>(required)</i>                                                                                                                                                                                                                       | HIV test result                                                                            | <div>0 Negative</div> <div>1 Positive</div> <div>2 Indeterminate</div>                                                                                                                                                                                                                                 |
| location <i>(required)</i>                                                                                                                                                                                                                         | Location of HIV test                                                                       | <div>1 Public clinic or hospital</div> <div>2 Private provider</div> <div>3 Mobile HIV testing vehicle</div> <div>4 At home</div> <div>5 Workplace testing</div> <div>6 Other (specify)</div>                                                                                                          |
| specifylocation <i>(required)</i>                                                                                                                                                                                                                  | Please specify                                                                             |                                                                                                                                                                                                                                                                                                        |
| reasonfortest <i>(required)</i>                                                                                                                                                                                                                    | Reason(s) for testing                                                                      | <div>1 Pregnancy</div> <div>2 Feeling ill</div> <div>3 Partner or former partner was diagnosed with HIV</div> <div>4 Workplace requirement</div> <div>5 PrEP</div> <div>6 Just checking my status/voluntary testing</div> <div>7 Recommended by healthcare provider</div> <div>8 Other (specify)</div> |
| specifyreason <i>(required)</i>                                                                                                                                                                                                                    | Please specify                                                                             |                                                                                                                                                                                                                                                                                                        |
| V. Patient survey > Section 1: Pre-test questions for those recruited before their HIV test, or starting point for those recruited after their HIV test. > Questions related to HIV test experience > Follow up questions (ever tested before) (2) |                                                                                            | (Repeated group)                                                                                                                                                                                                                                                                                       |

| Field                                                                                                                                                                                                                                                       | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Answer                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| recalltestdate <i>(required)</i>                                                                                                                                                                                                                            | Can you recall the test date?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <div>0 No</div> <div>1 Yes, month and year</div> <div>2 Yes, day month and year</div>                                                                                                                                                                                                                  |
| testdatemy <i>(required)</i>                                                                                                                                                                                                                                | Test date (MM/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                        |
| testdatedmy <i>(required)</i>                                                                                                                                                                                                                               | Test date (DD/MM/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                        |
| testresult <i>(required)</i>                                                                                                                                                                                                                                | HIV test result                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div>0 Negative</div> <div>1 Positive</div> <div>2 Indeterminate</div>                                                                                                                                                                                                                                 |
| location <i>(required)</i>                                                                                                                                                                                                                                  | Location of HIV test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div>1 Public clinic or hospital</div> <div>2 Private provider</div> <div>3 Mobile HIV testing vehicle</div> <div>4 At home</div> <div>5 Workplace testing</div> <div>6 Other (specify)</div>                                                                                                          |
| specifylocation <i>(required)</i>                                                                                                                                                                                                                           | Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        |
| reasonfortest <i>(required)</i>                                                                                                                                                                                                                             | Reason(s) for testing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div>1 Pregnancy</div> <div>2 Feeling ill</div> <div>3 Partner or former partner was diagnosed with HIV</div> <div>4 Workplace requirement</div> <div>5 PrEP</div> <div>6 Just checking my status/voluntary testing</div> <div>7 Recommended by healthcare provider</div> <div>8 Other (specify)</div> |
| specifyreason <i>(required)</i>                                                                                                                                                                                                                             | Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        |
| thankparticipant                                                                                                                                                                                                                                            | <p>Surveyor: Please thank the participant for their time so far and ask if they have any additional questions about the study. Explain that there is a second portion of the survey to be conducted after their HIV test is complete and they can either come to you after the test or you can follow up with them telephonically after one week.</p> <p><i>For participants who have not tested yet</i></p>                                                                                                                                                              |                                                                                                                                                                                                                                                                                                        |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test.                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                        |
| section2note                                                                                                                                                                                                                                                | SURVEYOR NOW YOU ARE ABOUT TO START SECTION 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                        |
| sectionnote                                                                                                                                                                                                                                                 | <p>Surveyor: "Thank you for returning to complete the survey after your test. As with before, I will be asking you the questions. Please feel free to tell me whatever you are comfortable sharing. You should also remember that you do not have to share anything that you are not comfortable sharing and that you can stop this interview at any time without any risk to your rights or treatment and care. There are no right or wrong answers, so please be honest and help us to understand what is true for you and your community. Are you ready to begin?"</p> |                                                                                                                                                                                                                                                                                                        |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for all patients after testing for HIV |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                        |
| todaylocation <i>(required)</i>                                                                                                                                                                                                                             | 1. Location of today's HIV test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div>1 In-facility: VCT clinic</div> <div>2 In-facility: ANC</div> <div>3 In-facility: Other (specify)</div> <div>4 Out-of-facility (specify)</div>                                                                                                                                                    |
| specifytestloc <i>(required)</i>                                                                                                                                                                                                                            | Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        |
| testwhere <i>(required)</i>                                                                                                                                                                                                                                 | 2. If given a choice, where would you have preferred to have today's HIV test:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <div>1 Here at the clinic</div> <div>2 At the pharmacy in your community</div> <div>3 At home</div> <div>4 Somewhere else (specify)</div>                                                                                                                                                              |
| specifywhere <i>(required)</i>                                                                                                                                                                                                                              | Please specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                        |
| referral <i>(required)</i>                                                                                                                                                                                                                                  | 3. Were you referred from another department within the clinic before your test?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <div>1 Yes</div> <div>0 No</div>                                                                                                                                                                                                                                                                       |
| specify <i>(required)</i>                                                                                                                                                                                                                                   | 4. Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <div>1 Acute care</div> <div>2 Chronic care</div> <div>3 ANC</div> <div>4 Other (specify)</div>                                                                                                                                                                                                        |
| specifydepartment <i>(required)</i>                                                                                                                                                                                                                         | Specify department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                        |
| who <i>(required)</i>                                                                                                                                                                                                                                       | 5. Who conducted your HIV test?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <div>1 Nurse</div> <div>2 Counsellor</div> <div>3 Self</div> <div>4 Other (specify)</div>                                                                                                                                                                                                              |

| Field                                                                                                                                                                                                                                                                                  | Question                                                                                                                                                                                                                      | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| specifywho <i>(required)</i>                                                                                                                                                                                                                                                           | Specify                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| preferwho <i>(required)</i>                                                                                                                                                                                                                                                            | 6. Would you preferred to have someone else conduct your HIV test?                                                                                                                                                            | <div>0 No</div> <div>1 Yes, nurse</div> <div>2 Yes, counsellor</div> <div>3 Yes, self</div> <div>4 Yes, other (specify)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| specifyprefer <i>(required)</i>                                                                                                                                                                                                                                                        | Specify                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| confirmatory <i>(required)</i>                                                                                                                                                                                                                                                         | 7. Was this test a confirmatory (re)-testing after first indeterminate test?                                                                                                                                                  | <div>1 Yes</div> <div>0 No</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| firsttestloc <i>(required)</i>                                                                                                                                                                                                                                                         | 8. Where was first test conducted?                                                                                                                                                                                            | <div>1 In-facility: VCT clinic</div> <div>2 In-facility: ANC</div> <div>3 In-facility: Other (specify)</div> <div>4 Out-of-facility (specify)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| specifyfirsttestloc <i>(required)</i>                                                                                                                                                                                                                                                  | Specify                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| when <i>(required)</i>                                                                                                                                                                                                                                                                 | 9. When was first test conducted?                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. ><br>Questions for all patients after testing for HIV > Satisfaction subgroup |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| satisfaction <i>(required)</i>                                                                                                                                                                                                                                                         | 10. How satisfied were you with the care you received today during your HIV testing experience                                                                                                                                | <div>1 Very satisfied</div> <div>2 Satisfied</div> <div>3 Moderately satisfied</div> <div>4 Slightly satisfied</div> <div>5 Not satisfied</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| elaborate <i>(required)</i>                                                                                                                                                                                                                                                            | 11. Could you please elaborate on the reasons for your level of satisfaction?                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| serviceimprovement <i>(required)</i>                                                                                                                                                                                                                                                   | 12. I would now like to ask a few questions specifically about your experience with the HIV testing component of your experience today. How could services on this HIV testing be improved?<br><i>(select all that apply)</i> | <div>1 More staff</div> <div>2 More information provided by staff</div> <div>3 More information provided by staff</div> <div>4 Better, more polite, or friendlier nurse attitude</div> <div>5 Better, more polite, or friendlier reception and admin staff attitude</div> <div>6 Better location for testing events</div> <div>7 Testing offered on different days</div> <div>8 Testing offered at different times of day</div> <div>9 Testing offered outside of work hours</div> <div>10 Shorter waiting time</div> <div>11 More counselling when there are problems</div> <div>12 More counselling overall</div> <div>13 Less counselling</div> <div>14 Being able to test at different and more convenient sites</div> <div>15 Having somebody to support you take your HIV test</div> <div>16 Better access to a nurse or clinic staff</div> <div>17 Other (specify and elaborate )</div> |
| specifyservice <i>(required)</i>                                                                                                                                                                                                                                                       | Specify                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. ><br>Questions for all patients after testing for HIV > Experience subgroup   |                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| helpfulpart <i>(required)</i>                                                                                                                                                                                                                                                          | 13. In conclusion, what is the most helpful or supportive part for you about your experience testing for HIV today and why?                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| worstpart <i>(required)</i>                                                                                                                                                                                                                                                            | 14. And what is the worst part for you about your experience testing for HIV today and why?                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| hivtestresult <i>(required)</i>                                                                                                                                                                                                                                                        | T1. What was the result of your HIV test today?<br><i>HIV test result</i>                                                                                                                                                     | <div>1 Positive</div> <div>2 Negative</div> <div>3 Indeterminate</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| Field                                                                                                                                                                                                                                                                                                                                 | Question                                                                                                                                                                                             | Answer                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>3</div> <div>Indeterminate</div> </div>                                             |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>4</div> <div>Not willing to disclose (end survey)</div> </div>                      |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV                                                                            |                                                                                                                                                                                                      |                                                                                                |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience                      |                                                                                                                                                                                                      |                                                                                                |
| previousmed <i>(required)</i>                                                                                                                                                                                                                                                                                                         | 1. Have you previously taken any medication for treatment of HIV?<br>(Interviewer be sure to specify this does not include medication for HIV prevention (PrEP or PEP)) (If no, skip to question 12) | <div> <div>1</div> <div>Yes</div> </div>                                                       |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>0</div> <div>No</div> </div>                                                        |
| table                                                                                                                                                                                                                                                                                                                                 | Please complete the following table:                                                                                                                                                                 |                                                                                                |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience > Previous ART (1)   |                                                                                                                                                                                                      | (Repeated group)                                                                               |
| recaldate <i>(required)</i>                                                                                                                                                                                                                                                                                                           | Can you recall ART start date?                                                                                                                                                                       | <div> <div>0</div> <div>No</div> </div>                                                        |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>1</div> <div>Yes, month and year</div> </div>                                       |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>2</div> <div>Yes, day month and year</div> </div>                                   |
| artstartdatemy <i>(required)</i>                                                                                                                                                                                                                                                                                                      | ART start date (MM/YYYY)                                                                                                                                                                             |                                                                                                |
| artstartdatedmy <i>(required)</i>                                                                                                                                                                                                                                                                                                     | ART start date (DD/MM/YYYY)                                                                                                                                                                          |                                                                                                |
| reasonforstarting <i>(required)</i>                                                                                                                                                                                                                                                                                                   | Reason for starting/re-starting ART<br>(see list)                                                                                                                                                    | <div> <div>1</div> <div>Pregnancy</div> </div>                                                 |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>2</div> <div>Feeling ill and wanted to feel better</div> </div>                     |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>3</div> <div>Worried about my future or children's future</div> </div>              |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>4</div> <div>Health care provider recommended treatment</div> </div>                |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>5</div> <div>Other (specify)</div> </div>                                           |
| otherreason <i>(required)</i>                                                                                                                                                                                                                                                                                                         | Specify                                                                                                                                                                                              |                                                                                                |
| artenddate <i>(required)</i>                                                                                                                                                                                                                                                                                                          | ART end date<br>(DD/MM/YYYY)                                                                                                                                                                         |                                                                                                |
| reasonforstopping <i>(required)</i>                                                                                                                                                                                                                                                                                                   | Reason for stopping medication                                                                                                                                                                       | <div> <div>1</div> <div>Travel made it difficult to obtain medication</div> </div>             |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>2</div> <div>Work made it difficult to obtain medication</div> </div>               |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>3</div> <div>I was worried that someone would find out about my status</div> </div> |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>4</div> <div>I had nowhere to discreetly store my medication</div> </div>           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>5</div> <div>I started using alternative medication</div> </div>                    |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>6</div> <div>I started feeling better</div> </div>                                  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>7</div> <div>I started feeling worse or had bad side effects</div> </div>           |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>8</div> <div>The wait times were too long</div> </div>                              |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>9</div> <div>I was no longer pregnant</div> </div>                                  |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>10</div> <div>I didn't believe my test result</div> </div>                          |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>11</div> <div>I thought I was cured</div> </div>                                    |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>12</div> <div>Other</div> </div>                                                    |
| otherreason2 <i>(required)</i>                                                                                                                                                                                                                                                                                                        | Specify                                                                                                                                                                                              |                                                                                                |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience > Previous med group |                                                                                                                                                                                                      |                                                                                                |
| disclosetostaff <i>(required)</i>                                                                                                                                                                                                                                                                                                     | 3. Did you disclose the fact that you were previously on ART to any staff at the clinic today?                                                                                                       | <div> <div>1</div> <div>Yes</div> </div>                                                       |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>0</div> <div>No</div> </div>                                                        |
| where <i>(required)</i>                                                                                                                                                                                                                                                                                                               | 4. Where in the process did you disclose your previous ART?                                                                                                                                          | <div> <div>1</div> <div>Upon arrival</div> </div>                                              |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>2</div> <div>During the testing process</div> </div>                                |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>3</div> <div>With the ART nurse</div> </div>                                        |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>4</div> <div>Other</div> </div>                                                     |
| specifywhere2 <i>(required)</i>                                                                                                                                                                                                                                                                                                       | Specify                                                                                                                                                                                              |                                                                                                |
| transferletter <i>(required)</i>                                                                                                                                                                                                                                                                                                      | 5. Did you bring a transfer letter to the clinic today?                                                                                                                                              | <div> <div>1</div> <div>Yes</div> </div>                                                       |
|                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                      | <div> <div>0</div> <div>No</div> </div>                                                        |
| nottransferletter <i>(required)</i>                                                                                                                                                                                                                                                                                                   | 6. What was the reason that you did not bring a transfer letter?                                                                                                                                     | <div> <div>1</div> <div>Did not know I would need one</div> </div>                             |

| Field                                                                                                                                                                                                                                                                                                                                                        | Question                                                                                                                                                      | Answer                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Did not have time to go to previous clinic           |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 Did not have money to go to previous clinic          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 4 Was not treated nicely at previous clinic            |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 5 Other                                                |
| specifynoletter <i>(required)</i>                                                                                                                                                                                                                                                                                                                            | Specify                                                                                                                                                       |                                                        |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience > Previous med group > Without ART subgroup |                                                                                                                                                               |                                                        |
| withoutart <i>(required)</i>                                                                                                                                                                                                                                                                                                                                 | 7. How long have you been without ART medication?<br><i>Days</i>                                                                                              |                                                        |
| withoutartmonths <i>(required)</i>                                                                                                                                                                                                                                                                                                                           | Now enter number of months                                                                                                                                    |                                                        |
| withoutartyears <i>(required)</i>                                                                                                                                                                                                                                                                                                                            | Now enter number of years                                                                                                                                     |                                                        |
| accessart <i>(required)</i>                                                                                                                                                                                                                                                                                                                                  | 8. Were you able to access any ARV treatment in between your last clinic visit and today?                                                                     | 1 Yes                                                  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 0 No                                                   |
| howyouaccessed <i>(required)</i>                                                                                                                                                                                                                                                                                                                             | 9. How did you access ARV treatment?                                                                                                                          | 1 Borrowed from a spouse or family member              |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Accessed from a different clinic                     |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 Purchased from someone in the community              |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 4 From a private pharmacy                              |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 5 Other                                                |
| specifyaccess <i>(required)</i>                                                                                                                                                                                                                                                                                                                              | Specify                                                                                                                                                       |                                                        |
| calls <i>(required)</i>                                                                                                                                                                                                                                                                                                                                      | 10. Did you receive any calls, home visits, or SMSes from your previous clinic after you did not return for a clinic visit or to collect your ART medication? | 0 No                                                   |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 1 Call                                                 |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Home visit                                           |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 SMSs                                                 |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 4 Other tracing method (specify)                       |
| specifycalls <i>(required)</i>                                                                                                                                                                                                                                                                                                                               | Specify                                                                                                                                                       |                                                        |
| influence <i>(required)</i>                                                                                                                                                                                                                                                                                                                                  | 11. How did these influence your decision to come to the clinic to test today?                                                                                |                                                        |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience > Questions about ART initiation            |                                                                                                                                                               |                                                        |
| readiness <i>(required)</i>                                                                                                                                                                                                                                                                                                                                  | 12. How ready do you feel to initiate or re-initiate ART today?                                                                                               | 1 Definitely ready                                     |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Somewhat ready                                       |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 Not ready at all                                     |
| startart <i>(required)</i>                                                                                                                                                                                                                                                                                                                                   | 13. Were you offered the chance to start or restart ART today?                                                                                                | 1 Yes                                                  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 0 No                                                   |
| acceptoffer <i>(required)</i>                                                                                                                                                                                                                                                                                                                                | 14. Did you accept the offer to start ART today, meaning did the nurse or pharmacist give you ARVs to take home with you today?                               | 1 Yes                                                  |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 0 No                                                   |
| why <i>(required)</i>                                                                                                                                                                                                                                                                                                                                        | Why or why not?                                                                                                                                               |                                                        |
| expecttostart <i>(required)</i>                                                                                                                                                                                                                                                                                                                              | 15. When do expect to start?                                                                                                                                  | 1 This week                                            |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 This month                                           |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 Later this year                                      |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 4 Sometime in the future                               |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 5 Never                                                |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 6 Don't know                                           |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 7 Other (specify)                                      |
| specifywhen <i>(required)</i>                                                                                                                                                                                                                                                                                                                                | Specify                                                                                                                                                       |                                                        |
| mainreason <i>(required)</i>                                                                                                                                                                                                                                                                                                                                 | 16. What is your main reason for starting or restarting ART today?                                                                                            | 1 Pregnancy                                            |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Feeling ill and wanted to feel better                |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 3 Diagnosed with TB                                    |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 4 Health care provider recommended starting/restarting |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 5 Was worried about not being on treatment             |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 6 Other (specify)                                      |
| specifymainreason <i>(required)</i>                                                                                                                                                                                                                                                                                                                          | Specify                                                                                                                                                       |                                                        |
| servicesprovided <i>(required)</i>                                                                                                                                                                                                                                                                                                                           | 17. Could you please list the services that were provided to you as part of HIV testing today?                                                                | 1 Pre-test counselling                                 |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                               | 2 Post-test counselling                                |

| Field                                                                                                                                                                                                                                                                                                                                                                          | Question                                                                                                                                                                    | Answer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                             | <div> <div>3</div> <div>Confidential space</div> </div> <div> <div>4</div> <div>Condoms</div> </div> <div> <div>5</div> <div>Family planning</div> </div> <div> <div>6</div> <div>TB symptom screen</div> </div> <div> <div>7</div> <div>STI symptom screen</div> </div> <div> <div>8</div> <div>GBV screening</div> </div> <div> <div>9</div> <div>TB prevention medication (IPT)</div> </div> <div> <div>10</div> <div>TB treatment</div> </div> <div> <div>11</div> <div>ART initiation</div> </div> <div> <div>12</div> <div>Adherence counselling</div> </div> <div> <div>13</div> <div>CD4 testing</div> </div> <div> <div>14</div> <div>TB test</div> </div> <div> <div>15</div> <div>Other lab test (specify)</div> </div> <div> <div>16</div> <div>Other service (specify)</div> </div> <div> <div>17</div> <div>Referral to other services (specify)</div> </div> <div> <div>18</div> <div>Return date for next clinic visit</div> </div> |
| specifyservicesprovided (required)                                                                                                                                                                                                                                                                                                                                             | Specify                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| learnabouthiv (required)                                                                                                                                                                                                                                                                                                                                                       | 18. Did you learn as much about HIV and HIV prevention as you wanted to know?                                                                                               | <div>0 No</div> <div>1 Yes</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| learnwhatelse (required)                                                                                                                                                                                                                                                                                                                                                       | Specify what else you would have liked to learn                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| followupservices (required)                                                                                                                                                                                                                                                                                                                                                    | 19. Do you intend to follow up on anything else you might have been offered? (e.g. using condoms or family planning, referral to other services)                            | <div>1 Yes</div> <div>0 No</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| specifywhynot1 (required)                                                                                                                                                                                                                                                                                                                                                      | Specify which service(s) and why not)                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| specifywhy1 (required)                                                                                                                                                                                                                                                                                                                                                         | Specify which service(s)                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing positive for HIV > Questions for patients with previous ART experience > Questions about ART initiation > Services received subgroup |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| supportive (required)                                                                                                                                                                                                                                                                                                                                                          | 20. Do you consider the service that you received today to be welcoming and supportive?                                                                                     | <div>1 Very supportive</div> <div>2 Supportive</div> <div>3 Moderately supportive</div> <div>4 Slightly supportive</div> <div>5 Not supportive</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| providereason (required)                                                                                                                                                                                                                                                                                                                                                       | 21. Please provide reasons for your response to Q20                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| timespent2 (required)                                                                                                                                                                                                                                                                                                                                                          | 22. About how long did you spend at the clinic today, including for this survey?<br><i>Interviewer note: we want to know how long it takes to get a test, start ART etc</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| timespentmin2 (required)                                                                                                                                                                                                                                                                                                                                                       | Surveyor: Now enter the minutes                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| V. Patient survey > Section 2: Post-test questions for those recruited before their HIV test. Questionnaire will continue directly from Section 1 to Section 2 for those recruited after their HIV test. > Questions for patients testing negative for HIV                                                                                                                     |                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| testingexp (required)                                                                                                                                                                                                                                                                                                                                                          | 1. What services did you receive as part of your testing experience today?                                                                                                  | <div>1 Pre-test counselling</div> <div>2 Post-test counselling</div> <div>3 Confidential space</div> <div>4 Condoms</div> <div>5 Family planning</div> <div>6 Offered PrEP</div> <div>7 TB symptom screen</div> <div>8 STI symptom screen</div> <div>9 GBV screening</div> <div>10 TB treatment</div> <div>11 TB test</div> <div>12 Other lab test (specify)</div> <div>13 Other service (specify)</div> <div>14 Referral to other services (specify)</div> <div>15 Return date for next clinic HIV test</div>                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| specifyexp (required)                                                                                                                                                                                                                                                                                                                                                          | Specify                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| learn (required)                                                                                                                                                                                                                                                                                                                                                               | 2. Did you learn as much about HIV and HIV prevention as you wanted to know?                                                                                                | <div>0 No</div> <div>1 Yes</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| whatelse (required)                                                                                                                                                                                                                                                                                                                                                            | Specify what else you would have liked to learn                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| acceptprep (required)                                                                                                                                                                                                                                                                                                                                                          | 3. Did you accept PrEP if offered?                                                                                                                                          | <div>0 No, did not accept</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| Field                                | Question                                                                                                                                                                   | Answer                |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                                      |                                                                                                                                                                            | 1 No, was not offered |
|                                      |                                                                                                                                                                            | 2 Yes                 |
| specifyprep <i>(required)</i>        | Specify why not                                                                                                                                                            |                       |
| followuponservices <i>(required)</i> | 4. Do you intend to follow up on anything else you might have been offered? (e.g. using condoms or family planning, referral to other services)                            | 1 Yes                 |
|                                      |                                                                                                                                                                            | 0 No                  |
| specifywhynot <i>(required)</i>      | Specify which service(s) and why not)                                                                                                                                      |                       |
| specifywhy <i>(required)</i>         | Specify which service(s)                                                                                                                                                   |                       |
| timespent <i>(required)</i>          | 5. About how long did you spend at the clinic today, including for this survey?<br><i>Interviewer note: we want to know how long it takes to get a test, start ART etc</i> |                       |
| timespentmin <i>(required)</i>       | Surveyor: Now enter the minutes                                                                                                                                            |                       |
| closing                              | Please thank the participant for their time and ask if they have any additional questions about the study.                                                                 |                       |
| notes <i>(required)</i>              | Surveyor notes                                                                                                                                                             |                       |
| sid_2 <i>(required)</i>              | Survey ID options                                                                                                                                                          | 1 Barcode             |
|                                      |                                                                                                                                                                            | 2 Enter manually      |
| barcode_scan_2 <i>(required)</i>     | Scan survey ID                                                                                                                                                             |                       |
| survey_id_repeat <i>(required)</i>   | SURVEY ID                                                                                                                                                                  |                       |
| not_eligible                         | This patient is NOT ELIGIBLE for the study. Thank the participant for their time but do not proceed with the survey                                                        |                       |
| surveyor_initials <i>(required)</i>  | Surveyor initials                                                                                                                                                          |                       |