

Young people participating in HIV testing services

Quality assessment questionnaire

1. Gender: male and female;
2. Age:
3. City of residence:
4. Is this your first time receiving an HIV test:
A yes; B No;
(if the answer is B) Age the first time you were tested:
5. Did you seek an HIV test alone? A Yes; B No
6. Category of HIV testing institution:
A School clinic
B Community Health Service Center/Clinic; Name of the clinic _____
C Hospital; Name of the Hospital _____;
D CDC; Name of CDC _____
E Other
7. HIV service availability:
A Yes B No
(if answer is A)
7.1 Whether or not to provide ID card or any other identity certification
(If answer is B)
7.2 Is HIV testing referral applicable: Yes or no.
8. Duration of the HIV testing:
A less than 30 minutes; B 30-60 minutes; C 60 minutes or more.
9. How much have you paid for the services?
A 0 B 0-20 C 20-50 D 50 or more
10. How do you feel about this test?
A It was similar to a general physical examination.
B I was treated strangely.
C I felt good.
D I felt awkward.
11. Would you be willing to introduce HIV testing services to your friends if they need it?

A Yes B No

12. Will you receive HIV testing regularly after this activity?

A Yes B No

13. What's the implication you perceived after participating the activity?

A know my status.

B anxiety generated

C will change my high risk behavior

D other