

# RAPID

## CLIENT SATISFACTION FORM

Please answer the questions below and return to your Peer Education and Testing Officer

**1. When were you last tested for HIV?**

- Never                       Less than a week                       1-4 weeks                       1-6 months  
 7-12 months                       1-2 years                       2-4 years                       More than 4 years

**2. Which of the following best describe your usual testing frequency of HIV testing?**

- Every 3 months (or more often)                       Twice a year                       Once a year  
 Less than once a year                       I have never been tested before

**3. Would the availability of rapid HIV testing affect the frequency that you test for HIV?**

- Yes, I would test more often                       No, I would not test more often                       Unsure/don't know

**4. How likely would you be to test more frequently at a peer-based service, like Rapid?**

- Much more likely                       More likely                       Same as a clinical setting  
 Less likely                       Much less likely

**5. How much stress and anxiety did you experience today having a rapid HIV test compared to conventional HIV testing?**

- Much less stress and anxiety                       Less stress and anxiety                       Similar stress and anxiety  
 More stress and anxiety                       Much more stress and anxiety                       I haven't been tested for HIV before

**6. How did the comfort of a finger prick puncture for the rapid HIV test compare with the comfort of having blood drawn from your arm for conventional HIV testing?**

- Much more comfortable                       More comfortable                       Similarly comfortable  
 Less comfortable                       Much less comfortable                       I haven't been tested for HIV before

**7. Overall, I was satisfied with my experience of peer-based rapid HIV testing.**

- Strongly agree                       Agree                       Neutral  
 Disagree                       Strongly Disagree

**8. Lastly, why did you decide to come for a test today? (please tick all that apply)**

- Had condomless sex                       Shared injecting equipment  
 Dating app advertisement                       Regular 3/6/12 month test  
 Have not had a test in more than a year                       Because results are in 20 minutes  
 About to enter/finish a relationship                       Someone I know has been diagnosed with HIV  
 Media coverage about HIV or Rapid                       Recommended by a friend or other person  
 Contact with HIV outreach worker                       Other \_\_\_\_\_

Thankyou for your time ☺

# RAPID

## REGISTRATION FORM

Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email address (optional): \_\_\_\_\_

Do you have a Medicare Number?

Yes

No

Do you identify as:

Male

Female

Trans\*

Do you identify as:

Aboriginal

Torres Strait  
Islander

Both

Neither

Would you like a reminder for your next test?

SMS

Phone

Email

How did you first hear about Rapid?

Dating site/App

Facebook

Press

Venue

Google

YouTube

Recommendation/Word of mouth

Please turn over and read the Privacy Statement and Follow Up Protocol. Once read, please show you consent to the information by signing at the bottom of the page.