**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?
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