

Date \_\_\_\_\_

Test # \_\_\_\_\_

1) First name only: \_\_\_\_\_

2) Year of birth: \_\_\_\_\_

3) City of residence: \_\_\_\_\_

4) Gender:

Man
  Woman
  Transgender (F to M)
  Transgender (M to F)
  Other

We want to know if our programs are reaching people from different ethno-cultural backgrounds. Please help us by checking the group with which you identify.

Aboriginal (First Nations, Inuit, Métis)

African

Caribbean

East Asian (China, Japan, Vietnam, etc)

Latina/Latino

Middle Eastern

South Asian (Bangladesh, India, Pakistan, Sri Lanka)

White

Other

5) What is your preferred language? \_\_\_\_\_

6) Have you been to Options Clinic before?  Yes  No

7) Have you been tested for HIV before?  Yes  No

If you answered "yes," what year was your most recent HIV test? \_\_\_\_\_

8) How did you hear about Options Clinic?

Regional HIV/AIDS Connection

News media/advertising

Central Spa

Options Clinic matchbook

Youth Action Centre

Options Clinic brochure

Other community agency

School

Doctor's office

Word of mouth/friend

Internet

Other \_\_\_\_\_