

# Multi-centre evaluation of dedicated and point of care CD4 technologies

Version 1.0 ; 20-NOV-2013

We are interested to hear your experience & remarks after the finger prick. Please fill in this document a few days later, when you don't have any symptoms anymore. You can give this document back at the HIV/SOA reception at your next visit.

Administrative number : .....

## **A few days after** the prick (thick one choice)

- I prefer the usual venipuncture
- I prefer the finger prick
- No preference

## **Just after** the prick, I thought:

- I prefer the usual venipuncture
- I prefer the finger prick
- No preference

## Why ? (thick one or more choices)

- Pain  
Pain duration after venipuncture: ..... hours  
Pain duration after finger prick: ..... hours
- Bleeding  
Bleeding duration after venipuncture: ..... minutes  
Bleeding duration after finger prick: ..... minutes
- Wound reopening
- Infection
- Visible wound
- Bulky tape
- Other : .....
- .....

Any other comment or details on your answer (according to your situation etc): .....

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