

# Patient Survey

Date:

No.

**If you fill in this questionnaire**, you are agreeing that the researchers can ask the nurse or doctor you are seeing today for some information about the reason you are attending. The researchers will not know who you are, but will get information about what tests you had, your diagnosis (e.g. 'warts' or 'Chlamydia'), and treatment and action taken. They will tell us if you are a new patient, the name of your GP surgery, your ethnic group and also your date of birth and gender. The clinic will **not** give us your name or address, we will match the information using a number instead. The clinic staff will **not** see what you write on this questionnaire.

We are not asking you to sign your name to show you agree, because we don't need to know what your name is. But we do want to be sure that you understand that we will ask the clinic for this information.

**1. Please tick this box if you agree to us getting this information**

2. Are you: female  
male

5



**3. How old are you?** \_\_\_\_\_ years

**4. Have you been to this clinic in the past?**

Yes, a while ago

5

Yes, and I'm here for a follow-up, today

No, I have never been here before

5

Thank you very much  
for taking the time  
to complete this  
questionnaire

If there is anything you want to ask about this study, please contact:

**This is the last page of the questionnaire**

**17. Have you ever, in the past, been diagnosed with a sexually transmitted infection (STI)?**

Yes ☐  
I'm not sure ☐  
No ☐

**18. Have you ever had a Chlamydia test?**

No ☐  
I'm not sure ☐  
Yes ☒

**If yes, where?**

At a pharmacy / chemists ☐  
At a GP surgery ☐  
At a "GUM clinic" (a clinic like this one) ☐  
At a Family Planning Clinic ☐  
At a youth group or sports club ☐  
At a different place (please tell us where) ☐

**19. Do you have symptoms now? (e.g. pain or discharge)**

No ☐  
I'm not sure ☐  
Yes ☐

**If yes, how long ago did these symptoms start?**

My symptoms started today ☐

or My symptoms started ☐ days ago  
or ☐ weeks ago

**20. Are you registered with a GP?**

No ☐  
I'm not sure ☐  
Yes ☐

**Thinking about the reason why you came here today:**

**5. Why did you come to this clinic?** (You can tick more than one)

I have (or had) symptoms (e.g. itching, discharge) ☐  
My partner has (or had) symptoms ☐  
I did not have symptoms but wanted a check-up ☐  
My partner has been diagnosed with an infection and I needed to come to the clinic ☐  
Someone from the clinic called me in ☐  
I wanted to have an HIV test ☐  
My GP or practice nurse told me to come here ☐  
My symptoms have not gone away since I last came here for treatment ☐  
Last time I came here someone asked me to come back for more treatment, or for another check-up / test ☐  
For a different reason ☐ please tell us about this: ▼

**6. When did you first try to contact any clinic, GP or other health professional, about the reason you came here today?**

Today ☐  
Before today ☐ please say how many days ago: ▼  
days ago

I just walked in today ☒

**7. Before coming here today, did you use or try to use any other healthcare services for treatment or advice, for the problem you have today?** (This could be in person, by phone or on the internet)

No ☐ please go to question 9  
Yes ☐ please continue to question 8

If you change your mind about the survey, please cross out or tear the first page, put the survey in the envelope, and put it in the box. The researchers will destroy it confidentially, and the clinic will not give them any information about you.

**8. Which other services did you use or try to use for the problem you have today?**

**8a. A GP surgery**

No, I did not use or try to use a GP surgery ☐ *please go to question 8b*

Yes, I used (or tried to use) a GP surgery ☐ *please continue*

**How long ago?**

\_\_\_\_\_ days ago or \_\_\_\_\_ weeks ago

**Please tell us which GP surgery you used (or tried to use):**

\_\_\_\_\_

**What happened at that GP surgery?** (you can tick more than one box)

I tried to contact the surgery, but didn't manage to get through ☐

I went there in person ☐

I couldn't get an appointment soon enough ☐

I couldn't get an appointment at a convenient time ☐

I saw a GP or nurse ☐

I was given treatment ☐

I was given a prescription to collect treatment from a pharmacy ☐

I took the treatment I was given or prescribed ☐

I was advised to attend a GUM clinic (this clinic or a clinic like this one) ☐

I was advised to go somewhere else ☐ *please tell us where:* ▼

Other ☐ *please tell us what happened* ☐

\_\_\_\_\_

**16a. How many people have you had sex with since you thought you might need to go to a clinic or GP surgery for the reason you came here today?**

\_\_\_\_\_

**16b. How many of these people were new partners?** (people you first had sex with since you thought you might need to go to a clinic or GP surgery)

\_\_\_\_\_

**16c. Since you thought you might need to go to a clinic or GP surgery, approximately how many times have you had sex?** (with all partners)

\_\_\_\_\_ times

**16d. Since you thought you might need to go to a clinic or GP surgery, how often have you used condoms when you had sex?** (with all partners)

*please tick **one** box:*

Not at all ☐

Sometimes (about ¼ of the time) ☐

Half of the time ☐

Most times (about ¾ of the time) ☐

Every time ☐

These questions are about sex since you thought you might need to go to a clinic or GP surgery, for the reason you came here today.

15. Since you thought you might need to go to a clinic or GP surgery, have you had sex?

No ☐ please go to question 17

Yes ☐ please continue to question 16

8b. Another service

No, I did not use or try to use any other service ☐ please go to question 9

Yes, I used (or tried to use) another service ☐ please continue

How long ago?

\_\_\_\_\_ days ago or \_\_\_\_\_ weeks ago

What was that service called?

\_\_\_\_\_

What happened?

(you can tick more than one box)

I tried to contact them, but didn't manage to get through ☐

I went there in person ☐

I couldn't get an appointment soon enough ☐

I couldn't get an appointment at a convenient time ☐

I saw a doctor or nurse ☐

I was given treatment ☐

I was given a prescription to collect treatment from a pharmacy ☐

I took the treatment I was given or prescribed ☐

I was advised to attend a GUM clinic (*this clinic or a clinic like this one*) ☐

I was advised to go to my own GP ☐

I was advised to go somewhere else ☐ please tell us where: ▼

Other ☐ please tell us what happened ▼

**These questions are about you and your partner (or partners):**

9. In the last 12 months (since this time last year), how many people have you had sex with?

Number of women: \_\_\_\_\_ Number of men: \_\_\_\_\_

10. How many of these people were new partners who you had sex with for the first time during the last 12 months?

Number of women: \_\_\_\_\_ Number of men: \_\_\_\_\_

11. In the last 3 months, how many people have you had sex with?  
\_\_\_\_\_

**The next questions are about your most recent sexual partner or partners, in the last 3 months. If you have not had sex in the last 3 months, please go to question 15.**

**Thinking about the person you most recently had sex with:**

12a. When did you first have sex with this person?

*please tell us how long ago* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago  
or \_\_\_\_\_ years ago

12b. When did you most recently have sex with this person?

*please tell us how long ago* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago

12c. Many people find it difficult to use condoms consistently. How often did you use condoms when you had sex with this person?

Not at all ☐ The first few times ☐ Almost every time ☐ Every time ☐

12d. Do you expect to have sex with this person again?

No ☐ Probably not ☐ I don't know ☐ Probably ☐ Yes ☐

**If you have had sex with just this one person in the last 3 months, please go to question 15. If you have had sex with more than one person in the last 3 months, please continue.**

If you change your mind about the survey, please cross out or tear the first page, put the survey in the envelope, and put it in the box. The researchers will destroy it confidentially, and the clinic will not give them any information about you.

**Thinking about your second most recent sexual partner:**

13a. When did you first have sex with this person?

*please tell us how long ago:* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago  
or \_\_\_\_\_ years ago

13b. When did you most recently have sex with this person?

*please tell us how long ago:* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago

13c. Many people find it difficult to use condoms consistently. How often did you use condoms when you had sex with this person?

Not at all ☐ The first few times ☐ Almost every time ☐ Every time ☐

13d. Do you expect to have sex with this person again?

No ☐ Probably not ☐ I don't know ☐ Probably ☐ Yes ☐

**If you have had sex with just these 2 people in the last 3 months, please go to question 15. If you have had sex with more than 2 people in the last 3 months, please continue.**

**Thinking about your third most recent sexual partner:**

14a. When did you first have sex with this person?

*please tell us how long ago* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago  
or \_\_\_\_\_ years ago

14b. When did you most recently have sex with this person?

*please tell us how long ago* \_\_\_\_\_ days ago  
or \_\_\_\_\_ weeks ago  
or \_\_\_\_\_ months ago

14c. Many people find it difficult to use condoms consistently. How often did you use condoms when you had sex with this person?

Not at all ☐ The first few times ☐ Almost every time ☐ Every time ☐

14d. Do you expect to have sex with this person again?

No ☐ Probably not ☐ I don't know ☐ Probably ☐ Yes ☐