Primary Care Physicians' Understanding and Counseling Practices of Sexually Transmitted Diseases - Survey

1) Sociodemographic data

a. Personal information:

1. **Gender:** Are you...
   - ☐ Male
   - ☐ Female
2. **Age:**
   - ☐ 28-35
   - ☐ 36-45
   - ☐ 46-55
   - ☐ >55

b. Medical background information:

1. **Experience:** How many years have you been practicing as a family physician?
   - ☐ 2-5 years
   - ☐ 6-10 years
   - ☐ 11-15 years
   - ☐ 16-20 years
   - ☐ 21+ years
2. **Rank:** What rank are you currently? Please tick the one answer that best applies to you
   - ☐ Consultant sub-specialty, please specify:
     a. Geriatric care
     b. Home healthcare
     c. Adolescent medicine
     d. Diabetic care
     e. Occupational medicine
     f. Palliative care
     g. Research field
     h. Women's Health
     i. Not yet sub-specialized
     j. Other (please specify)
   - ☐ Consultant
   - ☐ Associate consultant
   - ☐ Assistant consultant
   - ☐ General practitioner
3. **Practice sector:** Please select the one answer that best applies to you (select all applicable)
   - ☐ Governmental hospital
   - ☐ Academic/university hospital
   - ☐ Private hospital
   - ☐ Primary healthcare center

4. **Region** of practice?
   - ☐ Western Region
   - ☐ Central Region
   - ☐ Eastern Region
   - ☐ Northern Region
   - ☐ Southern Region
5. Please indicate the level of your training in **STD counseling** (chose all the applicable answers):
   - ☐ Received training during professional/medical school
   - ☐ Received training during post-graduate/residency training
   - ☐ Continuing medical education course
   - ☐ No specific training received in STD counseling
6. On average, how many patients with STDs did you diagnose or treat in the previous 6 months?
   - ☐ None
   - ☐ 1-5
   - ☐ 6-10
   - ☐ 11 or more

c. Patient information:

1. Which **gender** constitutes the majority of your patients?
   - ☐ Male
   - ☐ Female
   - ☐ No gender predominates
2. Which **age group** constitutes the majority of your patients?
   - ☐ 0-20
   - ☐ 21-30
   - ☐ 31-40
   - ☐ 41-50
   - ☐ >60

2) Risk Assessment, Prevention Counseling, and STD Test Offering Practices by Primary Care Physicians

a) Risk assessment: how frequently do you implement each of the following statements in your medical practice?

	Never	Rarely	Sometimes	Frequently	Always
1. Rather than initiate discussion, I wait to respond to questions and concerns patients raise about STDs.	□	□	□	□	□
2. I ask questions about the risk if patients come in to request contraception.	□	□	□	□	□
3. I use cues (e.g., appearance, medical history, age group, marital status, lifestyle, etc.) that might put the patient at increased risk of STD to pursue a discussion of such risks.	□	□	□	□	□

4. I ask questions about sexual and behavioral risk as a routine part of the patient's history.	□	□	□	□	□
5. I depend on my knowledge of each patient to identify patients who may be at increased risk.	□	□	□	□	□
6. I do a history with specific questions about STDs plus a comprehensive medical exam.	□	□	□	□	□
b) STD prevention counseling practices: how frequently do you implement each of the following statements in your medical practice?					
	Never	Rarely	Sometimes	Frequently	Always
1. Rather than initiate discussion, I provide prevention advice to patients who raise questions or concerns about STDs.	□	□	□	□	□
2. I do prevention counseling with patients who have symptoms of STDs.	□	□	□	□	□
3. I do prevention counseling with all patients seeking contraception.	□	□	□	□	□
4. I do prevention counseling with all patients seeking premarital testing.	□	□	□	□	□
5. I do prevention counseling with all patients planning to travel.	□	□	□	□	□
6. I provide educational resources regarding STD to patients concerned/diagnosed with STD.	□	□	□	□	□
7. Once I have identified patients at increased risk (based on cues, demographics, or questions about sexual practice), I provide personalized, interactive, prevention counseling to them.	□	□	□	□	□
c) STD Test Offering Practices by Primary Care: how frequently do you implement each of the following statements in your medical practice?					
	Never	Rarely	Sometimes	Frequently	Always
1. I ask specific questions about sexual practices to determine if testing is necessary.	□	□	□	□	□
2. I look for cues that the patient may be at high risk and I offer testing, as necessary.	□	□	□	□	□
3. I offer testing for STDs if the patient comes in with concerns about sexual practices.	□	□	□	□	□

4. I offer STD testing to all new patients on their first visit.	□	□	□	□	□
5. I offer testing to patients who have partners who are positive for STDs.	□	□	□	□	□
6. I test patients with abnormal pap smear results, even if they have no other symptoms.	□	□	□	□	□

3) Primary care physicians' perceived barriers regarding STD counseling:

a) Lack of knowledge: how much do you agree or disagree with each of the following statements?					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I find it challenging to answer my patient's questions regarding mode of transmission in the case of STDs.	□	□	□	□	□
2. I have trouble explaining the proper treatment of STDs to my patients.	□	□	□	□	□
3. I face difficulties explaining the complications of STDs to my patients.	□	□	□	□	□
4. I am not sure how to test for STDs.	□	□	□	□	□
5. I am not sure how to educate my patients on the prevention of STDs.	□	□	□	□	□
b) Age and gender differences: how much do you agree or disagree with each of the following statements?					
	Strongly disagree	disagree	neutral	agree	Strongly agree
1. As a physician of an opposing gender from the patient it creates a barrier when discussing STDs.	□	□	□	□	□
2. Age gap between the physician and the patient creates a barrier when discussing STDs.	□	□	□	□	□

4) Patient's perceived barriers regarding STD counseling:

a) Stigma and discrimination: how much do you agree or disagree with each of the following statements?					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Some of my patients are afraid of being stigmatized and discriminated against if they tell me about their STD.	□	□	□	□	□
2. Some of my patients are afraid of their privacy being violated if they tell me about their STD.	□	□	□	□	□

b) Cost & Access of services: how much do you agree or disagree with each of the following statements?					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. The STD testing and treatment services in my patient's area are not convenient or accessible.	□	□	□	□	□
c) Fear of legal and social consequences: how much do you agree or disagree with each of the following statements?					
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. Some patients are afraid of legal consequences if they tell me about their STD.	□	□	□	□	□
2. Some patients are afraid of social consequences if they tell me about their STD.	□	□	□	□	□