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Please complete all questions as fully as you can.

By completing the questionnaire, you are indicating that you agree to participate and are giving your consent for the information you provide to be used in this research study. There is no way that the completed questionnaire can be traced back to you.

Please remember that you don't have to complete this questionnaire (or any question in it) if you don't want to - this is entirely your choice.

SECTION 1: Your feelings about the proposed testing

Please remember that your responses are confidential and your answers will not affect your treatment today

1	In future, if you thought you would get MORE ACCU swab your throat (i.e (taking a test using a cotton b of your throat) was also included as part of Chlamyo happy to DO THIS YOURSELF ? (Please tick one box of	ud that is wi _l dia testing, w	ped to the back			
١	'es No 2	Unsure	3			
2	If no then please state why (tick as many as apply)					
pl I p	vorry about taking the sample from the wrong ace orefer a health care professional to take the mple		1 2			
10	I don't want to put any thing in my throat					
	ther - please tell us your reason (Please write elow)					

Throat sampling



Taking the swab

 Open your mouth wide and wipe the swab around the tonsil area on either side of your throat several times

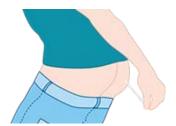
3	In future, if you tho sample from the enof Chlamydia testing one box only)	trance to your b	ack passage (anu	ıs) was also	included as part
	Yes 1	No	2	Unsure	3
4	If no then please s	tate why (tick as	many as apply)		
pl	worry about taking th	·	J		1
 	dont like the idea of t prefer a health care p imple	σ,			3
10	dont want to put any	thing in my anus	5		4
1	ther - please tell us y elow)	our reason (Plea	ase write		

Anal sampling



Parting buttocks

 Part your buttocks or squat to take the test



Inserting the swab

 Insert the swab 3-4 cm



Taking the swab

 Gently twist the swab and move from side to side

SECTION 2: Information about your sexual history

Please remember that your responses are confidential and this information cannot be used to identify you

	one box	Office						i ric	
	0	1	1	2	2-3	3	More than	3	4
6	Do you o	consider y	ourself to l	e? Pleas	e tick o	ne box o	only		
		erosexual c	Bisexual	1 3			Gay or Lesl Prefer not to		
7	Have yo that app		l any of the	ese forms	of sex	ual activi	ty? Please tic		boxes
		Vaginal Ana			Noi	Or ne of the			
8	Do you ι	use condo	ms as a me	ethod of o	contrac	eption? F	Please tick or	ne bo	x only
Never	1	Rarely	2	Most	ly	3	Always		4
9	What m								
	apply	ethod of c	ontracepti	on do yoı	u norm	ally use?	Please tick a	II bo	xes which
		ethod of c	ontracepti The Pill	on do you	u norm		Please tick a		xes which
						Implant		non)	xes which
Co	apply	Male	The Pill	1 1 3		Implant	(e.g.Nexplan	non) (vra)	zes which
	apply opper Coi	Male I/intrautei s (e.g. Dep	The Pill condoms	1 1 3		Implant aceptive	(e.g.Nexplan	non) vra) om	2 4 6 8
	apply opper Coi Injection or Sayana	Male I/intrauter s (e.g. Dep a er has beer	The Pill condoms	1 1 3 5 5 F		Implant aceptive	(e.g.Nexplan patch (e.g. E Female condo	on) (vra) om gm	zes which 2 4 6 8 10
	apply opper Coi Injection or Sayana Partne	Male I/intrauter s (e.g. Dep a er has beer	The Pill condoms rine device	1 1 3 5 5 7 7	Contr	Implant aceptive I	(e.g.Nexplan patch (e.g. E Female condo Cap/diaphra	om gm	zes which 2 4 6 8 10 11

10	Have you ever tested positive for an Sexually transmitted infection? Please tick one box only					
	Yes 1	No	2	Ur	nsure	3
11	If you have ever had	a positive ST	ΓI diagnosis? P	lease tick all	boxes wh	nich apply
Othe	Chlamydia Gonorrhoea Syphilis r (please say what)	1 3 5		HIV Herpes Warts	2 4 6	
	SECTION	3: Inform	mation ab	out you	rself	
	remember that your be used to identify yo		e confidential	and this info	rmation	
12	What age are you (ii	n years)?				
	Please write in					
13	What are the first five your postcode pleas		•	•	-	
e.g. E H 1 4 8						
14	Do you smoke? (Ple	ase tick one l	box only)			
	Yes1	1	No 2	Ex-smo	ker	3
15	What is you highest	level of educ	cation to date?	P (Please tick	one box	only)
Stand Highe Voca	ducational qualificati dard grades, interme er, Advance Higher, A tional qualification (e er National Certificat	diate 1 or 2, 0 Levels e.g. Access, S	VQ, SCOTVEC,	втес)		1 2 3 3 4 5 5

16	Which of the following best describes your ethnic background? (Please tick one box only)	
White	(Scottish, British, Irish or any other White background)	1
	or Asian British (Bangladeshi, Indian, Pakistani or any other Asian round)	2
Black	or Black British (African, Caribbean or any other Black background)	3
Chine	se or Chinese British	4
Mixed	or any other ethnic background (Please write in below)	

You have now reached the end of the questionnaire. Please place the questionnaire in the box at reception

If you wish to be contacted as part of the interview part of the study please fill in the form on the next page

Many thanks for your time and help







SECTION 4: Consent for interview

Please remember that participation is voluntary and you do not need to provide your contact details unless you wish to take part in the interview part of the study

Contact Details for Interview:							
First name Surname							
Telephone number							
Email							
Address (Numbe	er, street)						
City	F	ostcode					
I prefer to be co	ntacted by (please	e tick):					
PHONE EMAIL POST							
ANY OF ABOVE I prefer to be contacted (please tick all that apply):							
	Any time	Morning (9am-12 noon)	Afternoon (12 noon-5pm)	Evening (5-8pm)			
Weekday	Weekday						
Weekend	Weekend						
Any other specific instructions:							

Please detach this sheet, seal it in the envelope provided and hand it in to reception