

Questionnaire on the reporting of STIs

In the past years, sexually transmitted infections (STIs) were diagnosed more frequently than before in Flanders. STIs are for example syphilis, gonorrhoea, chlamydia or HIV, which are contagious and are transmitted through sexual contact.

If such an infection is diagnosed, for example in a patient who visits his/her GP, a number of data need to be registered. These data are used to examine how these infections spread, and how further transmission can be prevented.

The government would like to know how patients, like you, think about registration of information on STIs.

In this questionnaire we ask for your opinion; there are no wrong answers! This is an anonymous questionnaire, you don't need to write your name on it.

Part one: how should information be collected?

Suppose that your GP would diagnose you with a sexually transmitted infection.

Who would you allow to ask you the following questions, for the purpose of STI surveillance?

For every question, four possible answers are suggested below. Please consider which one(s) is (are) acceptable for you.

- (1) **My GP** can ask me this question
- (2) **Someone else, for example an official** who is specially appointed for this purpose (for example a health inspector) can ask me this question **over the telephone** (my GP passes my phone number on to this official)
- (3) **Someone else, for example an official** who is specially appointed for this purpose can ask me this question **by sending me a letter** (my GP passes my address on to this official)
- (4) I would like to answer this question on a form **on the internet**
- (5) I feel that no one may ask me this question, if I would be diagnosed with an STI

Below you find the questions that you would be asked, if you would be diagnosed with an STI.

Who would you allow to ask the following questions? You can choose more than one possibility for each question.

	My GP	someone else (on the phone)	someone else (by mail)	I answer the question on an internet form	no one is allowed to ask me this question
Which symptoms do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you have an STI before?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an idea who might have passed the infection on to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a regular sex partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have occasional sex partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When might you have gotten the infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where (in which town) might you have gotten the infection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you visit a prostitute?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part two:some information about you

1. Gender: man woman

2. Age:.....years

3. In which country were you born?.....

4. In which country was your mother born?.....

5. In which country was your father born?.....

6. What is the highest qualification you have (or are getting now)?

Primary school	<input type="checkbox"/>	Professional education	<input type="checkbox"/>
Lower secondary school	<input type="checkbox"/>	College (short type)	<input type="checkbox"/>
General higher secondary school	<input type="checkbox"/>	College (long type)	<input type="checkbox"/>
Technical higher secondary school	<input type="checkbox"/>	University	<input type="checkbox"/>

7. Do you have one regular GP? Yes No

8. Is your GP a man woman

9. How often do you visit a GP?times a year

10. What is the zip code of your home address?.....

11. Do you use the internet? Yes No

12. Have you ever had a sexually transmitted infection (STI)? Yes No

13. Have you ever had yourself tested for an STI (including an HIV-test ? Yes No

14. How many sex partners have you had in the past year?

None	<input type="checkbox"/>	4-10	<input type="checkbox"/>
1	<input type="checkbox"/>	>10	<input type="checkbox"/>
2-3	<input type="checkbox"/>		

15. Do you have (or have you ever had) sexual contact with

A man	<input type="checkbox"/>
A woman	<input type="checkbox"/>
Both	<input type="checkbox"/>

16. If you would have an STI, your sex partner(s) should get a treatment too.

I would inform my partner(s) myself	<input type="checkbox"/>
I would allow my GP to inform my partner(s)	<input type="checkbox"/>
I would allow someone else, who is specially appointed for this purpose, to inform my partner(s)	<input type="checkbox"/>
No one is allowed to inform my partner(s)	<input type="checkbox"/>

The end – thank you!!