

Clinic ID

Thank you for completing this short questionnaire  
Please post into the box at reception when you're done  
Do ask for assistance if you need it

**A1. Which ethnic group best describes you? Please tick.**

- White     Black or Black British     Asian or Asian British
- Mixed     Chinese     Other



**A2. How would you describe your sexuality?**

- Gay     Straight / heterosexual     Bisexual     Other

**B1. What is your current HIV status?**

- Positive     Negative     Unsure



**B2. Which of the following STIs have you had before?**

- Gonorrhoea     Chlamydia     Syphilis     Herpes     Genital warts
- Trichomonas vaginalis     Lymphogranuloma venereum (LGV)

**B3. Have you been treated for Gonorrhoea within the last 3 months?**

- Yes  If so, where.....    No

**C1. Are you in an ongoing relationship at present?**

- Yes     No     Unsure



**C2. How many sexual contacts (including oral sex) have you had in the last 3 months?**

- Same sex     Opposite sex

**C3. What type of sex have you been having? (Please tick all that apply)**

**Sex between men:**

- anal sex top / active
- anal sex bottom / passive
- oral sex giving
- oral sex receiving

**Sex between men & women:**

- vaginal sex
- anal sex
- oral sex giving
- oral sex receiving

**Sex between women:**

- vaginal sex
- oral sex giving
- oral sex receiving

**C4. Did you use a condom?**

None of the time  Some of the time  All of the time

**C5. Have you been having sex in any of the following venues or circumstances?**

Saunas  Sex parties  Commercial sex venue   
Bars / Clubs  Following on-line hook up

**C6. In the last 3 months have you had sex in other towns/cities apart from Brighton?**

No  Yes

If yes, Where? London

Other UK locations  Names of location .....

Overseas  Countries.....

**C7. Do you think you know where you picked up Gonorrhoea?**

No  Yes  Location?.....

**C8. In the last 3 months have you had sex under the influence of any of the following substances?**

Alcohol  Cocaine  Ecstasy / MDMA  Mephodrone / M Cat

GBL / GHB  Ketamine  Crystal Meth / Metamphetamine  Heroin

Other legal high  Other  list.....

**C9. Have you had sex under the influence of injected drugs in the last 3 months?**

Yes  No  Not sure

**D1. Do you feel you know enough about Gonorrhoea?**

Yes  No



**D2. Which of the following are good ways to learn about Gonorrhoea and how to avoid catching it again in future?**

Posters or leaflets in bars and clubs  Via email  Via a website

A mobile phone App  More information in the sexual health clinic

More information at schools  Face to face with healthcare worker

Other .....

**Thank you for taking the time to complete this questionnaire.**