



For Clinic Use Only:

Unique Survey ID: _____ Clinic: Bute OR W12th

Client Questionnaire : STI Vaccine Perceptions

We invite you to take a few minutes to complete this survey. The purpose is to gather information about you, why you attend our clinics, **and your receptiveness to STI vaccines**. The information you provide will remain anonymous and confidential. All questions are optional. Your responses will not affect the care you receive today, and staff will not know how you responded to this survey. **Please do NOT write your name on the survey.**

PLEASE FILL IN THIS BOX, WHETHER YOU CONSENT OR DECLINE PARTICIPATION IN THE SURVEY

I consent to participate in this survey. I decline participation in this survey.

1. **What is your age?** _____ years of age
2. **What is your gender identity?** (check one) Woman Gender variant Man
3. **Are you transgender* or do you have a history of gender or sex transition?** Yes No
* we use 'transgender' as an umbrella term that includes anyone whose gender identity or expression differs from societal expectations
4. **What is your sexual orientation?** Lesbian Gay Bisexual Queer Pansexual
 Asexual Straight Mostly straight Other: _____
5. **Do you identify as two-spirit?** Yes No
6. **Education completed:** Some high school High school degree College/university/post-graduate
7. **Do you identify with any of the following ethnicities?** (check all that apply)

<input type="checkbox"/> Aboriginal (First Nations, Métis)	<input type="checkbox"/> African	<input type="checkbox"/> Black	<input type="checkbox"/> Caribbean
<input type="checkbox"/> East Asian (e.g. Chinese, Japanese, Korean)	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> South American
<input type="checkbox"/> South Asian (e.g. Indian, Pakistani, Sri Lankan)	<input type="checkbox"/> Southeast Asian (e.g. Cambodian, Vietnamese)		
<input type="checkbox"/> Pacific Islander (e.g. Filipino)	<input type="checkbox"/> West Asian (e.g. Turkish)	<input type="checkbox"/> White (European descent)	
<input type="checkbox"/> Other: _____			
8. **Please indicate the gender of the people you usually have sex with (please select all that apply):**

Men Women Transgender Prefer not to answer

Why answer these questions?: We collect this information in order to identify groups whose needs may not be met by existing health services. By answering these questions you are creating data that can inform future programs.

First we'd like to ask you some questions about your access to health care and experience with HIV/STI testing...

9. **Are you a resident of British Columbia?** Yes No
10. **Do you have a regular health care provider or family doctor?** Yes No
11. **Is this your first visit to this clinic?** Yes No
12. **Which of the following best describes the reason for your visit today (Check one)?** Routine STI check
 Symptoms Recent sexual event/risk A sex partner has/might have an STI Other: _____
13. **Where do you usually go for STI or HIV testing?** This clinic Another STI clinic Family physician
 Walk-in clinic GetCheckedOnline Other location: _____ Don't regularly test
14. **Have you ever been diagnosed with an STI?** Yes No
15. **How many sexual partners have you had in the last 6 months?** _____ partners
16. **How often do you use condoms for vaginal sex?** _____% of the time Not applicable
How often do you use condoms for anal sex? _____% of the time Not applicable

Please flip over to complete sides 2 and 3



Now we'd like to ask you some questions about specific STIs and STI vaccines...

Vaccines are used to protect you against infections before you are exposed to them. Many vaccines are given to infants or young children, while others are given at older ages including adolescents and adults. There are two STI vaccines that are currently available: the human papillomavirus (HPV) vaccine (in BC, administered in schools to adolescents) and the Hepatitis B vaccine (typically administered to infants or children).

17. Have you heard of the HPV vaccine? Yes No
18. Have you ever received the HPV vaccine? Yes No Unsure
19. If yes, at what age did you receive your first vaccination for HPV? _____
20. Have you heard of the Hepatitis B vaccine? Yes No
21. Have you ever received the Hepatitis B vaccine? Yes No Unsure
22. If yes, at what age did you receive your first vaccination for Hepatitis B? _____

Some STIs such as syphilis, chlamydia, gonorrhea, and trichomoniasis can be treated and cured with antibiotics, but if you have unprotected sex, you can get it again. In other words, being diagnosed and treated once for these STIs does not mean you are protected against another infection with the same bug. Other STIs such as the herpes virus and HIV are chronic conditions that cannot be cured but can be managed upon diagnosis.

23. Please rate the following statement by your level of interest:

- a. "If available today, I would be interested in receiving a vaccine to prevent STIs." Then, please indicate which STI you are most interested in preventing.

	Very uninterested	Not interested	Neutral	Interested	Very interested
Syphilis	1	2	3	4	5
Chlamydia	1	2	3	4	5
Gonorrhea	1	2	3	4	5
Herpes	1	2	3	4	5
HIV	1	2	3	4	5
Trichomoniasis	1	2	3	4	5

- b. From the STIs listed above, the STI vaccine I would be most interested in receiving is: _____

24. Please think about all your reason(s) that would **motivate** you to receive an STI vaccine. Please provide the **MAIN** reason (one reason) and **ALL** reasons.

Reason for receiving an STI vaccine	MAIN Reason (choose only one)	ANY Reason (please choose all that apply)	N/A
a) To protect myself against STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) To protect my partner(s) from an undiagnosed STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lower the need to treat recurring infections using medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fewer visits to the doctor or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) If pregnant, to protect my unborn child from getting infected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I would use condoms less if I received an STI vaccine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please think about all your reason(s) you would **not** be interested in receiving an STI vaccination. Please provide the **MAIN** reason (one reason) and **ALL** reasons.

Reason for being not interested in receiving an STI vaccine	MAIN Reason (choose only one)	ANY Reason (please choose all that apply)
a) Cost of the vaccine if it were not publicly funded	<input type="checkbox"/>	<input type="checkbox"/>
b) Distance or convenience of locating a clinic to get the vaccines	<input type="checkbox"/>	<input type="checkbox"/>
c) Privacy (having the vaccination on my health record)	<input type="checkbox"/>	<input type="checkbox"/>
d) I am unsure of the protection or benefits of the vaccine	<input type="checkbox"/>	<input type="checkbox"/>
e) I worry about new vaccines being unsafe	<input type="checkbox"/>	<input type="checkbox"/>
f) I would be embarrassed about getting a vaccine for an STI	<input type="checkbox"/>	<input type="checkbox"/>
g) I might be judged for getting a vaccine for an STI	<input type="checkbox"/>	<input type="checkbox"/>

V3 22May18



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Research

h) Other: _____

26. Please indicate how strongly you agree or disagree with each of the statements below.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a) I would be less likely to use condoms if a vaccine was available to prevent an STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) People should be allowed to get vaccinated to prevent an STI if they choose to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) If available, I would be interested in getting a vaccine to reduce my risk of STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) If I were to receive a vaccine for STI prevention, I would still visit my doctor or the clinic for STI testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I think STI vaccination could be an effective way to prevent STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) If an STI vaccine were available, I would encourage my partner(s) to get immunized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) If an STI vaccine were available, I would get immunized to prevent STI transmission to my child during birth or pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. Please think about where you would like to receive information about STI vaccines. Please provide the MAIN source (one location) and ALL sources.

STI Vaccine Information Sources	MAIN Source (choose only one)	ANY Source (please choose all that apply)
a) In person conversations with a physician, nurse, or nurse practitioner	<input type="checkbox"/>	<input type="checkbox"/>
b) In person conversations with a public health nurse	<input type="checkbox"/>	<input type="checkbox"/>
c) Trusted organizations (ex: UBC, BC Centre for Disease Control, BC Cancer, Immunize BC, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
d) Trusted family members or friends	<input type="checkbox"/>	<input type="checkbox"/>
e) Brochures in clinics	<input type="checkbox"/>	<input type="checkbox"/>
f) Online resources and social media (ex: smartsexresource.com, ads on Twitter, Facebook)	<input type="checkbox"/>	<input type="checkbox"/>
g) Public advertisements (ex: public transit posters)	<input type="checkbox"/>	<input type="checkbox"/>
h) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

28. If STI vaccines were available, where would you prefer to get vaccinated? Please provide the MAIN location (one location) and ALL locations.

STI Vaccination Locations	MAIN Location (choose only one)	ANY Location (please choose all that apply)
a) STI clinics	<input type="checkbox"/>	<input type="checkbox"/>
b) Doctor's clinics/ practices	<input type="checkbox"/>	<input type="checkbox"/>
c) Walk in clinics	<input type="checkbox"/>	<input type="checkbox"/>
d) Pharmacies	<input type="checkbox"/>	<input type="checkbox"/>
e) School vaccination programs	<input type="checkbox"/>	<input type="checkbox"/>
f) Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
g) Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

29. Would you be willing to pay to receive an STI vaccination? Yes No

30. If yes, what would be the total maximum amount you would be willing to spend, out of pocket for all doses, on STI vaccinations? \$0 \$1-50 \$51-100 \$101-200 \$201+

31. When do you think it would be best to first offer STI vaccines, if available (please select all that apply):

Infancy Childhood Adolescence Early adulthood Adulthood Late adulthood
(Birth-2 years) (3-12 years) (13-19 years) (20-35 years) (36-65 years) (66+ years)

V3 22May18