


## TECHNICAL APPENDIX



# LGV Enhanced Surveillance Pilot Form

To be completed for confirmed/suspected cases of male rectal chlamydia

HPA:LG6

Clinic patient attended: ..... Reported by: .....

Patient clinic number: ..... Patient lab number: ..... Date: ...../...../.....

CONFIDENTIAL

1 Age .....

2 Country of birth .....

3 Country of residence .....

4 Sexuality

☐ Homosexual

☐ Heterosexual

☐ Bisexual

☐ Unknown

5 Date of attendance (dd/mm/yy) .....

6 Reason(s) for attending

☐ Symptoms

☐ Referral

☐ Contact tracing

☐ Unknown

☐ Routine STI screen

Other (please specify): .....

7 Proctitis symptoms

☐ Yes

☐ No

8 Antibiotic treatment

Dose (mg)

Course (days)

Doxycycline	<input type="text"/>	<input type="text"/>	
Azithromycin	<input type="text"/>	<input type="text"/>	
Erythromycin	<input type="text"/>	<input type="text"/>	
Other (please specify): .....	<input type="text"/>	<input type="text"/>	Not treated <input type="text"/>

9 Previous HIV diagnosis

☐ Yes

☐ No

☐ Unknown

ADDITIONAL RISK FACTOR INFORMATION TO BE COLLECTED IF AVAILABLE

10 Other STI(s) diagnosed at presentation (on date in Question 5)

☐ None

☐ Gonorrhoea

☐ NSU

☐ Syphilis

☐ Genital warts

☐ Genital herpes

☐ Hepatitis B

☐ Hepatitis C

☐ HIV

Other (please specify): .....

11 Previous chlamydia diagnosis in the past 12 months

☐ Yes

☐ No

☐ Unknown

12 Country/countries where the patient has had sex in the previous 3 months

Specify if known e.g. City, country: .....

13 Number of sexual contact involving receptive anal intercourse in the last 3 months .....

☐ Unknown

14 Recreational drug use immediately before or during sex (chemsex) in the last 3 months

☐ Yes

☐ No

If yes, please tick all applicable:

☐ Crystal meth

☐ Mephedrone/M-CAT

☐ GHB/GBL

☐ Other (please specify): .....

☐ If you want to report any further information relevant to LGV surveillance please tick this box and write on the other side of this sheet