

QUESTIONNAIRE

Postal Screening Project

1. Name \_\_\_\_\_

2. Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Race/Ethnicity \_\_\_\_\_

4. To your knowledge, has your **partner(s)** been **treated** for chlamydia or gonorrhea in the past? (Circle)                      Yes                      No                      Don't Know

If so, when was the most recent time? (month/year) \_\_\_\_/\_\_\_\_

5. This form of testing is innovative and, to some, controversial. Please rank your concerns about this type of testing in regards to the following issues: (Circle the number most appropriate to your level of concern, where 1= unconcerned and 5=very concerned)

Confidentiality:            1            2            3            4            5

Privacy:                    1            2            3            4            5

Safety:                     1            2            3            4            5

6. What date and time did you give your specimen (urinate in the cup)?

Date \_\_\_\_/\_\_\_\_/\_\_\_\_                      Time \_\_\_\_\_ a.m. / p.m.

6. Should you desire it, your specimen can be tested for gonorrhea too. Some people with gonorrhea can have no symptoms and do not know they are infected. Circle the one you prefer:

Testing for chlamydia

Testing for chlamydia & gonorrhea

7. If you were given a secret, personal access number, would you find it useful to get your result over the internet?    Yes    No

If No, why not? \_\_\_\_\_

9. What do you think can be done to improve this system of screening for sexually transmitted diseases?

\_\_\_\_\_  
\_\_\_\_\_

10. How would you like to be informed if the result should be positive? (Circle)

Mail    Phone (# \_\_\_\_\_)

Email \_\_\_\_\_ Other \_\_\_\_\_