



UNIVERSITY
of
GLASGOW

Chlamydia Screening Study



What do young people aged
16 to 24 think about
testing for chlamydia in
non-medical settings.

For Office Use Only:

Study No.

Location:

Date:

Part A: About chlamydia...

IMPORTANT: If you haven't had sex, please attempt questions 1–16 and question 21. Thanks!

1 Had you heard of chlamydia before this study?

Yes

No

2 What is chlamydia?

(Tick one)

A blood disorder

A pregnancy complication

A vitamin

A sexual infection

A form of contraception

3 Where did you first hear about chlamydia?

(Tick one)

This study

Internet

Friend

Magazine

Family member

Television

Doctor/nurse

Health information leaflet

Teacher (school)

Other (please state)

4 How do you rate your knowledge about the following:

| | Excellent | Good | Fair | Poor |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| How you get chlamydia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Symptoms of chlamydia in women | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Symptoms of chlamydia in men | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical problems that having chlamydia long-term can cause | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How to test someone for chlamydia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5a How can you get chlamydia?

(Tick one)

- Sharing cups
- Kissing
- Toilet seats
- Dirty needles
- Unsafe sex (no condom)
- Other (Please state) _____

5b For those WOMEN who develop symptoms, what might they be?

(You can tick more than one)

- Unusual discharge
- Pain during sex
- Pain or stinging when peeing
- Pain in lower stomach
- Dizziness
- Itch and/or rash
- Headache
- Don't know

5c

For those MEN who develop symptoms, what might they be?

(You can tick more than one)

Unusual discharge from tip of penis

Pain/swelling in testicles

Pain and/or burning when peeing

Itchiness around groin

Dizziness

Rash

Headache

Don't know

5d

Chlamydia may cause problems in women who have it for a long time.

Do you know what problems? Please state: _____

Don't know

5e

Chlamydia may cause problems in men who have it for a long time.

Do you know what problems? Please state: _____

Don't know

5f

How would you be tested for chlamydia?

(Tick one)

Saliva sample

Blood sample

Urine sample

True or False?

| | True | False | Not sure |
|--|--------------------------|--------------------------|--------------------------|
| • You can catch chlamydia from toilet seats..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Men with chlamydia might not have symptoms..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Most women will not develop symptoms of chlamydia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Only women get chlamydia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chlamydia can affect men's fertility..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chlamydia can affect women's fertility..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Chlamydia can cause eye infections (conjunctivitis)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Once you get chlamydia you can't get rid of it..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • You can get chlamydia more than once..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Women's smear tests would detect chlamydia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • 'The Pill' prevents sexual infections..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

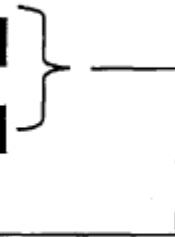
Part B: Testing

7a When you were approached and asked to take part in a chlamydia study, did you feel embarrassed?

Not at all embarrassed

A little embarrassed

Yes, very embarrassed



7b If you were embarrassed, WHY?

I get embarrassed quite easy

I was with people I don't know well

People were looking at me

I didn't know anything about Chlamydia

Other (Please state) _____

8 When you were approached and asked to take part in a chlamydia study, how willing were you to take part?

Very willing

Fairly willing

Not very willing

9 You were asked to take part in this research by a woman. Would you have *preferred* to be asked by a man?

(Tick one)

Yes

No

No preference

Not sure

10a Are other people taking part in this research with you?

Yes

No, I'm by myself just now ————— Go to question 11

10b If YES to the last question:

Do you think you would only consider being tested for chlamydia if they would too?

Yes No Maybe Not sure

11 Thinking about being asked to provide a urine sample in work :

How far would the following influence you to give a sample

| | Strongly Influence | Influence a little | Not Sure | Not really influence | Strongly <u>not</u> influence |
|--|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|
| Location of the toilet (in which to give a sample) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How many people are around you at the time you are asked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Whether you could be bothered to give a sample at the time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much you feel you know about chlamydia | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| How much time you have when you are asked to give a sample | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is there anything else not mentioned that would influence you? _____

B IF YOU WERE TESTED FOR CHLAMYDIA, would you be worried that your sample would be tested for things other than chlamydia (eg, drugs...)?

Yes

No

Not sure

C Would you be embarrassed to give a urine sample in work?

Yes, a lot

Yes, a little

Not at all

Don't know

12

Do you consider yourself at risk of having chlamydia?

Yes

No

Maybe

Not sure

13

Have you ever been tested for chlamydia infection?

Yes

No

Not sure

If yes, when

| | |
|----------------------|----------------------|
| MTH | YEAR |
| <input type="text"/> | <input type="text"/> |

NB. Chlamydia is tested by providing a sample of urine. This can be done anywhere there is a toilet facility.

14

How acceptable to you personally would it be to test for chlamydia infection in the following settings?

| | Very Acceptable | Acceptable | Not very Acceptable | Not Acceptable |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Doctors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family planning clinic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Termination of pregnancy clinic (abortion) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boots (chemist) or Superdrugs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Local pharmacies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health & Fitness (e.g. gyms) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Internet cafes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| College/University | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Pubs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Clubs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Workplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Prison | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Army barracks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Bookstores (e.g. Borders...) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How far do you agree/disagree with the following statements?

(Please tick one answer for each statement)

PERSONAL:

- | | Strongly
Agree | Agree | Not
Sure | Disagree | Strongly
Disagree |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • I'd know if I had chlamydia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I would worry about pregnancy more than sexual infections..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I'd only think about chlamydia if I had symptoms..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • I'd feel embarrassed going to a clinic to be tested for a sexual infection..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • If I caught a sexual infection it wouldn't bother me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL:

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Men should be tested for chlamydia..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Sexual health is more of a woman's concern than a man's..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Only doctors (medically trained persons) should test people for sexual infections..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part C: Sexual Lifestyle

The following questions ask about your sexual experience. They are important to young people's risk of chlamydia (e.g. condom use and sexual partners) *All your answers are IMPORTANT. Please try to be as honest as you* Thanks!

16

Have you ever had sexual intercourse?

Yes

(n.b. Only include penetrative vaginal sex).

No

Go to question 21

17a

Altogether, in your life so far, how many people have you had sex with
(n.b. Penetrative vaginal sex—don't include anal or oral)

Write the number in your life (so far)

17b

Are you certain of that number?

Certain

I've estimated it

18a

How many people have you had sex with in the last 6 months?

Write the number

If none write 0

18b

Thinking about your three most recent sexual partners, please state your condom use with each:

| | 1. Most recent sexual partner | 2. One before that | 3. One before that |
|------------------|-------------------------------|--------------------------|--------------------------|
| Yes, always | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Most of the time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Some of the time | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Never | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

19a How old were you when you first had sex?

Write age in years

19b Did you use a condom this first time?

Yes

No

19c The person you had sex with **MOST RECENTLY**, are you now or were you ever...

Married to each other

Or, living together as a couple

Or, regular partners but never lived together

Or, not regular partners (so far)

20a Next to each infection, tick the box if a doctor (or other medically trained) person has ever told you that **you had** that infection:

Genital warts

Genital herpes

Gonorrhoea

Chlamydia

Hepatitis

HIV

Yes, can't remember which

NO, NONE

OTHER (please state)

Go to question 21

20b **If YES to any:**

Where were you **tested** for the infection?

How old are you?

Write age in years

NB. Recent statistics:

- Chlamydia infection has increase by **300%** in the last 5 years in Scotland;
- Approx. **1 in 10** sexually active people under 25 have chlamydia;
- Around **80%** of women and **50%** of men who have chlamydia do not know they have it;
- It's easy treated with a short course of antibiotics.



As part of this study, you can be tested for chlamydia here today.

All you need to do is:

- Provide a urine sample
- Give contact details (e.g. mobile phone no.)
- Within a week you will be contacted with your result (e.g. by text message).

ONLY YOU will be told your result.

ALL results are CONFIDENTIAL

Are you willing to give a sample today to be tested for chlamydia?

Yes

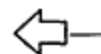
Please tell Karen (the researcher) you would like to be tested.

Not sure

Ask Karen for more info. if not sure.

No

If NO, it would be really useful to know why not?



**END OF QUESTIONNAIRE
THANK YOU!!**