



CLASS

Chlamydia Screening Study

**CHLAMYDIA SCREENING STUDY
SIX WEEK TELEPHONE FOLLOW UP**

Barcode

Section One

Part of this project seeks to evaluate the cost, of running a national screening programme, both in terms of time and man hours, for Chlamydia. It is therefore necessary to record the number of times that you attempt to contact Index patients even if this contact is unsuccessful.

Before introducing himself/herself the interviewer will make sure that he/s is talking to the right person. This will include a check of the birth date. The interviewer will then introduce himself/herself as a member of the study team and ask whether it is convenient for the interview to take place now, or whether the index patients would prefer to be contacted on another day or at another time. For this reason, it is necessary to record each occasion you attempt (whether successful or not) to make contact with the Index patient and the length of time you conversed. In section 1 please only tick yes if you speak with the index patient themselves . Please record the date in he form dd/mm/yyyy in the appropriate boxes, and the time using the 24 hour clock.

Due to the confidential nature of the study, it is best NOT to leave a message on an answer machine, or with another member of the household.

Remember sexual intercourse includes vaginal (a man's penis in a woman's vagina), oral (a man's or a woman's mouth on a partner's genital area) or anal sexual intercourse (a man's penis in a partners anus)

Condom use refers to the last episode of sexual intercourse.

Name of Interviewer _____ (Please use block capitals)

1.1a. Date of contact : / /

1.1b. Did you speak with the index patient?

Yes¹ No²

1.1c. If yes, at what time did you commence this conversation :

1.1d. If yes, at what time did you complete this conversation :

1.2a. Date of contact : / /

1.2b. Did you speak with the index patient?

Yes¹ No²

1.2c. If yes, at what time did you commence this conversation :

1.2d. If yes, at what time did you complete this conversation :

1.3a. Date of contact : / /

1.3b. Did you speak with the index patient?

Yes¹ No²

1.3c. If yes, at what time did you commence this conversation :

1.3d. If yes, at what time did you complete this conversation :

1.4a. Date of contact : / /

1.4b. Did you speak with the index patient?

Yes¹ No²

1.4c. If yes, at what time did you commence this conversation :

1.4d. If yes, at what time did you complete this conversation :

1.5a. Date of contact : / /

1.5b. Did you speak with the index patient?

Yes¹ No²

1.5c. If yes, at what time did you commence this conversation :

1.5d. If yes, at what time did you complete this conversation :

1.6a. Date of contact : / /

1.6b. Did you speak with the index patient ?

Yes¹ No²

1.6c. If yes, at what time did you commence this conversation :

1.6d. If yes, at what time did you complete this conversation :

1.7a. Date of contact : / /

1.7b. Did you speak with the index patient ?

Yes¹ No²

1.7c. If yes, at what time did you commence this conversation :

1.7d. If yes, at what time did you complete this conversation :

1.8a. Date of contact : / /

1.8b. Did you speak with the index patient?

Yes¹ No²

1.8c. If yes, at what time did you commence this conversation :

1.8d. If yes, at what time did you complete this conversation :

1.9a. Date of interview : / /

1.9b. Did you speak with the index patient?

Yes¹ No²

1.9c. If yes, at what time did you commence this conversation :

1.9d. If yes, at what time did you complete this conversation :

1st Contact (Identified by name or initials on Contact Details and Outcome Ascertainment form)

Thinking about your main sexual partner or, if you do not have a regular partner, the person you had sex with *most recently*...

2.1. Did you give that person a contact slip?

Yes¹ No²

2.2. Have you told that person about the Chlamydia infection?

Yes¹ No²

2.3(a). Did that person get treatment for Chlamydia?

Yes¹ No² Don't know³

2.3(b). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

2.4. Thinking about when you have had sex with that person, was that... (*Answer all parts*)

2.4(a). Before you found out that you had Chlamydia?

Yes¹ No²

2.4(b). After you had been treated but before they received treatment or whilst they were on antibiotics for this Chlamydia infection?

Yes¹ No²

2.4(c). Since both of you have completed treatment?

Yes ¹ No²

2.5. If **Yes** to Q2.4b...

2.5(a). Did you use a condom?

Yes¹ No ²

2.5(b). Did the condom break or slip off during sex?

Yes¹ No²

2.6(a). Did that person have a positive test for Chlamydia?

Yes¹ No² Don't know³

2.6(b). Have you had sex with any other person in the last six months?

Yes¹ No ²

If **No**, go to question 6.1

If **Yes**, go to question 3.1

2nd Contact (Identified by name or initials on Contact Details and Outcome Ascertainment form)

Thinking about your the person you had sex with *before your most recent partner...*

3.1. Did you give that person a contact slip?

Yes¹ No²

3.2. Have you told that person about the Chlamydia infection?

Yes¹ No²

3.3(a). Did that person get treatment for Chlamydia?

Yes¹ No² Don't know³

3.3(b). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

3.4. Thinking about when you have had sex with that person, was that...
(Answer all parts)

3.4(a). Before you found out that you had Chlamydia?

Yes¹ No²

3.4(b). After you had been treated but before they received treatment or whilst they were on antibiotics for this Chlamydia infection?

Yes¹ No²

3.4(c). Since both of you have completed treatment?

Yes¹ No²

3.5. If **Yes** to Q3.4b...

3.5(a). Did you use a condom?

Yes¹ No²

3.5(b). Did the condom break or slip off during sex?

Yes¹ No²

3.6. Did that person have a positive test for Chlamydia?

Yes¹ No² Don't know³

3.7(a). Have you had sex with any other person in the last six months?

Yes¹ No²

If **No**, go to question 6.1

If **Yes**, go to question 4.1

3rd Contact (Identified by name or initials on Contact Details and Outcome Ascertainment form)

Thinking about your the person you had sex with *before the previous partner...*

4.1. Did you give that person a contact slip?

Yes¹ No²

4.2. Have you told that person about the Chlamydia infection?

Yes¹ No²

4.3(a). Did that person get treatment for Chlamydia?

Yes¹ No² Don't know³

4.3(b). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

4.4. Thinking about when you have had sex with that person, was that...
(Answer all parts)

4.4(a). Before you found out that you had Chlamydia?

Yes¹ No²

4.4(b). After you had been treated but before they received treatment or whilst they were on antibiotics for this Chlamydia infection?

Yes¹ No²

4.4(c). Since both of you have completed treatment?

Yes¹ No²

4.5. If **Yes** to Q4.4(b)...

4.5(a). Did you use a condom?

Yes¹ No²

4.5(b). Did the condom break or slip off during sex?

Yes¹ No²

4.6(a). Did that person have a positive test for Chlamydia?

Yes¹ No² Don't know³

4.6(b). Have you had sex with any other person in the last six months?

Yes¹ No²

If No, go to question 6.1

If **Yes**, go to question 5.1

4th Contact (Identified by name or initials on Contact Details and Outcome Ascertainment form)

Thinking about your the person you had sex with *before the previous partner...*

5.1. Did you give that person a contact slip?

Yes¹ No²

5.2. Have you told that person about the Chlamydia infection?

Yes¹ No²

5.3(a). Did that person get treatment for Chlamydia?

Yes¹ No² Don't know³

5.4(b) If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

5.4. Thinking about when you have had sex with that person, was that...*(Answer all parts)*

5.4(a). Before you found out that you had Chlamydia?

Yes¹ No²

5.4(b). After you had been treated but before they received treatment or whilst they were on antibiotics for this Chlamydia infection?

Yes¹ No²

5.4(c). Since both of you have completed treatment?

Yes¹ No²

5.5. If **Yes** to Q5.4(b)...

5.5(a). Did you use a condom?

Yes¹ No²

5.5(b). Did the condom break or slip off during sex?

Yes¹ No²

5.6. Did that person have a positive test for Chlamydia?

Yes¹ No² Don't know³

Additional questions

6.1. Have you had sex with a *new* partner since you received treatment for Chlamydia?

Yes¹ No²

6.2(a). Did you use a condom?

Yes¹ No²

6.2(b). Did the condom break or slip off during sex?

Yes¹ No²

6.2(c). Have you had another test for chlamydia?

Yes¹ No²

6.3. Were you referred to the GU clinic?

Yes, attended¹ / /

Yes, did not attend²

No, managed at GP surgery³

6.4. Would you be willing for another researcher to interview you about your experience of management at the <GU clinic / GP surgery>?

Yes¹ No²

(If this study had a particular impact on the subject or they have strong feelings either in favour or against the screening programme we would be particularly interested in hearing their views)

If **No**, "Thank you for taking part in this study"

If **Yes**, telephone number for contact by social scientist

6.5 Time of completion of interview :
(please use the 24 hour clock)

3rd Sample Follow-up

7.1. Telephone Laboratory

Have laboratory received 3rd sample

Yes¹ No²

If No go to Question 7.5

If yes go to Question 7.2a

7.2a. What date was this returned

		/			/				
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7.2b. What was the result

Positive¹
Negative²

7.3a. If **negative** has patient been informed

Yes¹ No²

7.3b. If **positive** has patient been informed

Yes¹ No²

7.4. Has patient been invited to attend GUM Clinic

Yes¹ No²

Remind patient to return sample

7.5. Does patient require sample pack

Yes¹ No²

If yes send pack with appropriate barcode –3 label and record patients details below

Patients Name:

Address: