

Non-randomised Telephone Follow-up

1. Name: _____

Barcode

2. Telephone number(s):

2a. Home

2b. Work

2c. Mobile

2d. Friend

2e. Other

2f. (i) Best time to phone

(ii) Number to use
e.g. 2a, 2b, 2c etc

2g. (i) Best time to phone

(ii) Number to use
e.g. 2a, 2b, 2c etc

3.1a. Date of contact: / /

3.1b. Did you speak with the index patient? Yes¹ No²

3.1c. If yes, at what time did you commence this conversation:

3.1d. If yes, at what time did you complete this conversation:

3.2a. Date of contact: / /

3.2b. Did you speak with the index patient? Yes¹ No²

3.2c. If yes, at what time did you commence this conversation:

3.2d. If yes, at what time did you complete this conversation:

Non-randomised Telephone Follow-up

3.3a. Date of contact: / /

3.3b. Did you speak with the index patient? **Yes**¹ **No**²

3.3c. If yes, at what time did you
commence this conversation:

3.3d. If yes, at what time did you
complete this conversation:

3.4a. Date of contact: / /

3.4b. Did you speak with the index patient? **Yes**¹ **No**²

3.4c. If yes, at what time did you
commence this conversation:

3.4d. If yes, at what time did you
complete this conversation:

3.5a. Date of contact: / /

3.5b. Did you speak with the index patient? **Yes**¹ **No**²

3.5c. If yes, at what time did you
commence this conversation:

3.5d. If yes, at what time did you
complete this conversation:

3.6a. Date of contact: / /

3.6b. Did you speak with the index patient? **Yes**¹ **No**²

3.6c. If yes, at what time did you
commence this conversation:

3.6d. If yes, at what time did you
complete this conversation:

Non-randomised Telephone Follow-up

3rd Sample

4. Was patient issued with Repeat Sample Pack at time of treatment
If **Yes** go to Section 5.
If **No** go to Section 6

Yes¹ No²

5a Has patient returned sample to lab
If **No** go to Section 6
If **Yes**:

Yes¹ No²

5b. Was sample taken at least 6 weeks after treatment
If **Yes** go to Section 8
If **No** go to Section 6

Yes¹ No²

6a Will patient provide another sample
If **No** go to Section 8
If **Yes**:

Yes¹ No²

6b. Does patient require another pack
If **Yes** go to Section 7
If **No** go to Section 8

Yes¹ No²

7. Is patients address correct

Yes¹ No²

If **Yes** log details in Repeat Pack File, send pack with appropriate barcode –3 label and go to Section
If **No** enter new address below and log details in Repeat Pack File

Postcode

Non-randomised Telephone Follow-up

Partner Notification - 1st Contact

8. Is patient willing to discuss their contacts up to the point of treatment?

Yes¹ No²

If **Yes** go to Section 9

If **No** thank patient and end call.

9. Thinking about your main sexual partner when you had treatment or, if you did not have a regular partner at the time, the person you had sex with most recently...

9.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

9.2. Did that person get tested for Chlamydia?

Yes¹ No²

Don't know³

9.3(a). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

9.3(b). If **Yes** what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

9.5. If **Yes** to Q9.4b...

9.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

2nd Contact

10. Thinking about the person you had sex with before the last partner

10.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

10.2. Did that person get tested for Chlamydia?

Yes¹ No²

Don't know³

10.3(a). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

10.3(b). If **Yes** what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

10.5. If **Yes** to Q10.4b...

10.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

3rd Contact

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

11.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

11.2. Did that person get tested for Chlamydia?

Yes¹ No²
Don't know³

11.3(a). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

11.3(b). If **Yes** what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

11.5. If **Yes** to Q11.4b...

11.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

4th Contact

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

12.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

12.2. Did that person get tested for Chlamydia?

Yes¹ No²
Don't know³

12.3(a). If Yes, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

12.3(b). If Yes what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

12.5. If Yes to Q12.4b...

12.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

5th Contact

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

13.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

13.2. Did that person get tested for Chlamydia?

Yes¹ No²
Don't know³

13.3(a). If Yes, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

13.3(b). If Yes what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

13.5. If Yes to Q13.4b...

13.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

6th Contact

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

14.1. Did you tell that person about the Chlamydia infection?

Yes¹ No²

14.2. Did that person get tested for Chlamydia?

Yes¹ No²
Don't know³

14.3(a). If **Yes**, was that at:

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

14.3(b). If **Yes** what was the result?

Positive¹

Negative²

Don't know³

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

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

Yes¹ No²

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

Yes¹ No²

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

Yes¹ No²

14.5. If **Yes** to Q14.4b...

14.5(a). Did you use a condom?

Yes¹ No²

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

Yes¹ No²

Non-randomised Telephone Follow-up

Additional questions

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

Yes¹ No²

15.2(a). Have you had another test for Chlamydia?

Yes¹ No²

15.2(b). If **Yes** what was the result?

Positive¹

Negative²

Don't know³

15.2(c). Where was this test taken?

Genitourinary clinic¹

Their GP²

Somewhere else³

Enter where

15.5. Time of completion of interview
(please use the 24 hour clock)

: