



## **CLASS**

**Chlamydia Screening Study**

**Please remember all information collected in this form is totally confidential**

*Funded by the NHS Executive Research and Development - Health Technology Assessment Programme.*

*This is a collaborative study between the University of Bristol, the University of Birmingham, United Bristol Health Care Trust, Birmingham Specialist Community Health NHS Trust, and the Public Health Laboratory Service.*

*If you require any assistance in completing this form please do not hesitate to contact Anne McCarthy, Project Manager, Department of Social Medicine, University of Bristol, Canynge Hall, Whiteladies Road, Bristol 0117 928 7275 or Dr Aisha Holloway Assistant Project Manager, Department of Primary and General Practice, The Medical School, University of Birmingham, Edgbaston, Birmingham. 0121 414 2282 or Freephone 0800 975 9985.*

## CONFIDENTIAL

### **Confidentiality**

These questions are quite personal. Your answers will be treated in strict confidence; the nurse to whom you give your questionnaire will NOT see your answers. However, if you are unsure of any of the issues raised in the questionnaire please feel free to ask the nurse for clarification.

When you have finished, put this booklet in the envelope and seal it.

**Your name will not be on the booklet or envelope. Please bring the envelope to your appointment.**

### **How to answer**

Just put a tick in the box opposite the appropriate answer like this:

OR, write in a number like this:

Not all the questions will apply to you; follow arrows and instructions.

Please ask the study nurse for help or explanations if you are not sure.

### **Importance**

It is important that you answer these questions completely honestly and as accurately as you can.

Some things may be hard to remember, so please take your time.

**Please remember all information collected in this form is totally confidential**

Please read these notes before answering the questions.  
They are just to make sure everyone applies the same meaning to certain terms that we use.

○ **Partner** (Sexual partner)

People who have had sex together - whether just once, or a few times, or as regular partners, or as married partners.

○ **Sexual intercourse, or 'having sex'**

This 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 (a man's penis in a partner's anus) sexual intercourse.

1 Please write in today's date:

Day	Month	Year

**About you**

2 Please give your date of birth:

Day	Month	Year

3 Are you ...

Single	<input type="checkbox"/>	1
Married / living as married	<input type="checkbox"/>	2
Divorced / separated	<input type="checkbox"/>	3
Widowed	<input type="checkbox"/>	4

4a Are you still in full time education?

No	<input type="checkbox"/>	2
Yes	<input type="checkbox"/>	1

**GO TO Question 5**

4b At what age did you complete your full time education?

Write in age in years

5 Which of these descriptions applies to what you were doing last week, that is, in the seven days ending last Sunday?

*(Tick one box only)*

Going to school or college full-time	<input type="checkbox"/>	1
Government training/employment	<input type="checkbox"/>	2
In paid employment	<input type="checkbox"/>	3
Unemployed, registered for benefit	<input type="checkbox"/>	4
Unemployed, not registered	<input type="checkbox"/>	5
Looking after the home or family	<input type="checkbox"/>	6
Doing something else (WRITE IN BELOW)	<input type="checkbox"/>	7

## About your household

**6a** Including yourself how many people live regularly as members of your household?

Write in number

**6b** Do you (or the household) own or rent this house/flat?

*(Tick one box only)*

Own

1

Rent, from council

2

Rent, housing association

3

Rent, private

4

Tied to job

5

Other (WRITE IN BELOW)

6

**6c** Who is the head of the household?

*(Tick one box only)*

Myself

1

My father

2

My mother

3

My husband / partner

4

Other (WRITE IN BELOW)

5

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**6d** Which of these jobs describes best the work of **the head of the household**? *(Tick one box only)*

Skilled manual work (e.g. plumber, electrician, fitter, train driver, cook)	<input type="checkbox"/>	1
Other manual work (e.g. machine operator, assembler, postman, waitress, cleaner, labourer)	<input type="checkbox"/>	2
Professional or technical (e.g. doctor, accountant, school teacher, social worker, computer programmer, nurse)	<input type="checkbox"/>	3
Manager or administrator (e.g. company director, manager, executive officer, local authority officer)	<input type="checkbox"/>	4
Clerical (e.g. secretary, clerk)	<input type="checkbox"/>	5
Sales (e.g. shop assistant, telephone sales)	<input type="checkbox"/>	6
Never had job/permanently sick	<input type="checkbox"/>	7
Farmer or farm manager	<input type="checkbox"/>	8
Farm worker	<input type="checkbox"/>	9
Other job (WRITE IN BELOW)	<input type="checkbox"/>	10

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**6e** Is the head of household self-employed or an employee?

Self-employed	<input type="checkbox"/>	1
Employee	<input type="checkbox"/>	2

**6f** Is she / he a

Supervisor of manual workers	<input type="checkbox"/>	1
Supervisor of non-manual workers	<input type="checkbox"/>	2
Or neither	<input type="checkbox"/>	3

## Your sexual lifestyle

7 Have you ever had sexual intercourse (with either a man or a woman)?

Yes

No

**GO TO  
Question 21**

1

2

The next few questions are about the number of people you have had sex with at different times in your life. Please include everyone you have ever had sex with, whether it was just once, a few times, a regular partner, or your husband.

Be as accurate as you can: give your best estimate if you can't remember exactly.

### Male partners

8a Altogether, in your life so far, with how many **MEN** have you had sexual intercourse (vaginal, oral or anal).

Tick this box if **none**

**AND GO TO  
Question 9a**

OR, if any, write in the number **in your life (so far)**

8b Are you certain of that number or have you had to estimate it?

Certain

Estimate

1

2

If **ANY**, please answer 8c to 8f ←

8c Altogether in the **LAST YEAR**, with how many men have you had sexual intercourse?

Write in the number in the **last year**

*(if none,  
write '0')*

8d During the **LAST YEAR**, how many of these were **new** partners with whom you had not had sex before?

Write in the number

*(if none,  
write '0')*

**AND...**

**8e** Altogether in the last **6 MONTHS**, with how many men have you had sexual intercourse?

Write in the number in the last **6 months**

(if none, write '0')

**8f** During the **6 MONTHS**, how many of these were **new** partners with whom you had not had sex before?

Write in the number

(if none write '0')

**Everyone, please answer:**

**Female partners**

**9a** Altogether, in your life so far, with how many **WOMEN** have you had sexual intercourse (that is oral sex and other forms of genital contact)?

Tick this box if **none**

**AND GO TO Question 10**

OR, if any, write in the number in **your life (so far)**

**9b** Are you certain of that number or have you had to estimate it?

Certain

Estimate

**If ANY, please answer 9c to 9f** ←

**9c** Altogether in the **LAST YEAR**, with how many women have you had sexual intercourse?

Write in the number in the **last year**

(if none write '0')

**9d** During the **LAST YEAR**, how many of these were **new** partners with whom you had not had sex before?

Write in the number

(if none write '0')

**AND...**

**9e** Altogether in the **LAST 6 MONTHS**, with how many women have you had sexual intercourse?

Write in the number in the **last 6 months**

(if none  
write '0')

**9f** During the **LAST 6 MONTHS**, how many of these were **new** partners with whom you had not had sex before?

Write in the number

(if none,  
write '0')

**10** How old were you when you first had sex, with either a man or a woman?

Write in age (in years)

**11a** In the last **year**, have you travelled outside the UK, either for a holiday or for work?

Yes

No

**GO TO  
Question 12a**

1

2

**11b** Have you had sex with any **new** partners for the first time while you were in any country outside the UK?

Yes

No

1

2

**Please read carefully:**

These questions are about the partners you had sex with most recently.

Think first of **the person you had sex with MOST recently**, whether this was quite recently or some time ago. This may be someone you had sex with just once, or a few times, or a regular partner, or husband.

Thinking of your **most recent** partner (*that is, the person you most recently had sex with*)

**12a** When was the **most recent** occasion you had sex with that person?

Write in

Month	Year
<input type="text"/>	<input type="text"/>

**12b** Did you use a condom on that most recent occasion?

Yes

No

1

2

**12c** Was that most recent occasion also the first occasion with that person, or not?

Yes, the first occasion

No, not the first occasion

**GO TO  
Question 12e**

1

2

**12d** When was the **first** occasion with that person?

Write in

Month	Year
<input type="text"/>	<input type="text"/>

**12e** Roughly, how old was this person on the first occasion you had sex together?

Write in age

**12f** Is that person male or female?

Male

Female

1

2

**12g** Are you now (or were you ever) ...

Married to each other

Living together but not married

Regular partners, not living together

Not regular partners

1

2

3

4

**13** Have you had sex with one person only or two or more different people in the **last five years?**

One or none

**GO TO  
Question 15**

2 or more

Now, thinking of your **2<sup>nd</sup> most recent** partner in the last 5 years (*that is, a different person from question 12*)

**14a** When was the **most recent** occasion you had sex with that person?

Write in

Month	Year

**14b** Did you use a condom on that most recent occasion?

Yes

No

1

2

**14c** Was that most recent occasion also the first occasion with that person, or not?

Yes, the first occasion

**GO TO  
Question 14e**

No, not the first occasion

1

2

14d When was the **first** occasion with that person?

Write in

Month	Year

14e Roughly, how old was this person on the first occasion you had sex together?

Write in age

--

14f Is that person male or female?

Male

Female

1

2

14g Are you now (or were you ever) ...

Married to each other

Living together but not married

Regular partners, not living together

Not regular partners

1

2

3

4

### ***Your sexual health***

15a Have you had any children that you are the natural mother of?

Yes

No

**GO TO  
Question 16**

1

2

15b How many children have you given birth to?

Write in number

--

15c What age were you when your first child was born?

Write in age

--

16a Have you ever had a miscarriage?

Yes

No

**GO TO  
Question 17**

1

2

16b How many miscarriages have you had?

Write in number

16c What age were you when you had the miscarriage? *(The last time if more than one)*

Write in age

17a Have you ever had a termination of pregnancy (abortion)?

Yes

No

**GO TO  
Question 18**

1

2

17b How many terminations have you had?

Write in number

17c What age were you when you had the termination? *(The last time if more than one)*

Write in age

18a Have you ever had a time, lasting 6 months or longer, when you were trying to get pregnant, but it didn't happen?

Yes

No

1

2

19 Have you ever had an ectopic pregnancy?

*(An ectopic pregnancy occurs when the egg is fertilised in the tube. rather than the womb. Such a pregnancy cannot develop normally)*

Yes

No

1

2

The next question is about infections. For each infection, tick the box if a doctor has ever told you that you had that infection and in the next box write the year that you had the infection (*If more than once, write the last time*).

20a Have you ever been told by a doctor that you have had any of the following?

(TICK **EACH** BOX THAT APPLIES, OR TICK '**None**' (*the final box*))

	a) Tick if 'YES'	b) WHEN LAST? (year)
i. Herpes (genital herpes)	<input type="checkbox"/>	<input type="text"/>
ii. Trichomonas (TV, trich)	<input type="checkbox"/>	<input type="text"/>
iii. Gonorrhoea	<input type="checkbox"/>	<input type="text"/>
iv. Syphilis	<input type="checkbox"/>	<input type="text"/>
v. Chlamydia	<input type="checkbox"/>	<input type="text"/>
vi. Warts (genital warts, venereal warts, HPV)	<input type="checkbox"/>	<input type="text"/>
vii. Pelvic inflammatory disease (PID, salpingitis, infection in your tubes)	<input type="checkbox"/>	<input type="text"/>
viii. Vaginal thrush (Candida, yeast infection)	<input type="checkbox"/>	<input type="text"/>
ix. Bacterial vaginosis (BV, AV, Gardnerella)	<input type="checkbox"/>	<input type="text"/>
x. Yes, but can't remember which	<input type="checkbox"/>	<input type="text"/>
xi. Other (WRITE IN BELOW)	<input type="checkbox"/>	<input type="text"/>
<hr/>		
xii. <b>No, none of these</b>	<input type="checkbox"/>	<input type="text"/>

**GO TO  
Question 21**

**If you have had ANY of the listed infections, please answer...**

**20b** Where were you treated for the conditions? *(Tick all that apply)*

- i. GP surgery
- ii. Genitourinary medicine (GUM), sexually transmitted disease (STD), or special (VD) Clinic
- iii. Family Planning Clinic
- iv. Brook Clinic
- v. Somewhere else (WRITE IN BELOW)

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**Everyone please answer:**

**21** When did you last visit your GP? *(Tick one box only)*

- Last 4 weeks  1
- 4 weeks- 3 months  2
- 3 months-1 year  3
- 1 year- 5 years  4
- Longer than 5 years ago  5

**22a** Have you ever attended a Family Planning clinic?

Yes  1

No  **GO TO Question 23a** 2

**22b** Where was this clinic? *(Tick any that apply)*

- i. At your GP surgery  1
- ii. Somewhere else (WRITE IN BELOW)  2

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<b>22c</b>	When was the most recent time?	<i>(Tick one box only)</i>		
	Last 4 weeks	<input type="checkbox"/>		1
	4 weeks- 3 months	<input type="checkbox"/>		2
	3 months-1 year	<input type="checkbox"/>		3
	1 year- 5 years	<input type="checkbox"/>		4
	Longer than 5 years ago	<input type="checkbox"/>		5
<b>23a</b>	Have you ever attended a sexually transmitted disease (STD) clinic, Genitourinary medicine (GUM) clinic or special (VD) clinic?	Yes <input type="checkbox"/>		1
		No <input type="checkbox"/>	<b>GO TO Question 24a</b>	2
<b>23b</b>	When was that? If more than once enter the most recent occasion?	<i>(Tick one box only)</i>		
	Last 4 weeks	<input type="checkbox"/>		1
	4 weeks- 3 months	<input type="checkbox"/>		2
	3 months-1 year	<input type="checkbox"/>		3
	1 year- 5 years	<input type="checkbox"/>		4
	Longer than 5 years ago	<input type="checkbox"/>		5
<b>24a</b>	In the <b>last month</b> , have you had any of the following?	<i>(For each symptom tick one box)</i>		
		Yes	No	
	i. Abnormal discharge from your vagina	<input type="checkbox"/>	<input type="checkbox"/>	
	ii. Spotting (bleeding) between periods	<input type="checkbox"/>	<input type="checkbox"/>	
	iii. Bleeding after having sex	<input type="checkbox"/>	<input type="checkbox"/>	
	iv. Passing urine more frequently than normal	<input type="checkbox"/>	<input type="checkbox"/>	
	v. Lower abdominal pain when you were NOT having your periods	<input type="checkbox"/>	<input type="checkbox"/>	

<p><b>25a</b></p>	<p>Have you <b>ever</b> had a cervical smear test?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>1</p> <p>2</p> <p><b>GO TO Question 26</b></p>
<p><b>25b</b></p>	<p>Have you <b>ever</b> had an abnormal cervical smear test?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>1</p> <p>2</p>
<p><b>25c</b></p>	<p>Was your <b>last</b> cervical smear test normal?</p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>1</p> <p>2</p>

<p><b>26</b></p>	<p>Are you (or your partner) using any of the following at the moment?</p> <ul style="list-style-type: none"> <li>i. The Pill (any kind) <input type="checkbox"/></li> <li>ii. Depo provera injection <input type="checkbox"/></li> <li>iii. Implant <input type="checkbox"/></li> <li>iv. Coil/IUD <input type="checkbox"/></li> <li>v. Condom/sheath/"Durex" <input type="checkbox"/></li> <li>vi. Cap/diaphragm <input type="checkbox"/></li> <li>vii. Safe period/rhythm method <input type="checkbox"/></li> <li>viii. Withdrawal <input type="checkbox"/></li> <li>ix. One of us has been sterilised/had a vasectomy/hysterectomy <input type="checkbox"/></li> <li>x. No contraception <input type="checkbox"/></li> <li>xi. None of the above <input type="checkbox"/></li> <li>xii. Some other method of protection (WRITE IN BELOW) <input type="checkbox"/></li> </ul> <hr/>	<p><i>(Please tick any or all that apply)</i></p>
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### Your general health

27a When did you last take any antibiotics?

(Tick one box only)

In the past week

In the past month

In the past year

Longer ago than the past year

Not sure

Never had any antibiotics

**GO TO  
Question 28a**

1  
2  
3  
4  
5  
6

27b Please write the name of the last antibiotic you took (if you can remember)

\_\_\_\_\_

28a Do you ever smoke cigarettes at all nowadays?

Yes

No

**GO TO  
Question 28d**

1  
2

28b If you smoke every day, about how many cigarettes a day do you usually smoke?

Write in number:

28c If you smoke occasionally about how many cigarettes would you smoke in a week?

Write in number:

**28d** Did you ever smoke cigarettes regularly in the past?

Yes  1

No  2

**29a** Do you ever drink alcohol nowadays, including drinks you brew at home?

Yes  1

No  2 **GO TO Question 30a**

**29b** How often have you had an alcoholic drink of any kind during the **last 12 months**?

(Tick one box only)

Five or more days a week  1

Three or four days a week  2

Once or twice a week  3

Once or twice a month  4

Once or twice in the last 12 months  5

Not at all in the last 12 months  6

**29c** About how many drinks do you usually have on the days when you have any, apart from parties or special occasions?

(Tick one box only)

One or two  1

Three or four  2

Five or six  3

More than six  4

Other (WRITE IN BELOW)  5

\_\_\_\_\_

**30a** Have you ever taken illegal drugs (That is, drugs that were **not** prescribed by a doctor)?

Yes  1

No  2 **GO TO THE LAST PAGE**

**Please remember all information collected in this form is totally confidential**

**30b** Which sorts of illegal drugs have you taken? *(Tick any that apply)*

- i. Cannabis/Hash
  - ii. Speed/Amphetamine
  - iii. Ecstasy
  - iv. Cocaine
  - v. Opiates (Heroin, methadone, DF118 etc)
  - vi. Benzodiazepines (Diazepam, temazepam, etc)
  - vii. Other drugs (WRITE IN BELOW)
- 

**30c** When was the last time you took any of these drugs? *(Tick one box only)*

- Last 4 weeks
- 4 weeks- 3 months
- 3 months-1 year
- 1 year- 5 years
- Longer than 5 years ago

1  
2  
3  
4  
5

**Please remember all information collected in this form is totally confidential**

**Thank you very much for your help in answering these questions**

If there is anything you would like to add, or comments that you would like to make about the survey or the questions, please write them below.

If there were any questions that were not clear, or instructions that were difficult to follow, the nurse will be pleased to explain if you would like to ask.

**PLEASE PUT THIS QUESTIONNAIRE IN THE ENVELOPE PROVIDED AND HAND IT TO THE NURSE WHEN YOU SEE HER – SHE WILL NOT READ IT.**

**THANK YOU**