

82119HLL

# CHLAMYDIA SCREENING STUDY (CLASS) QUESTIONNAIRE

## Confidentiality

Thank you very much for participating in this research. As Chlamydia is sexually transmitted (i.e. passed from person to person) we need to ask you some personal questions. Please remember your answers are completely confidential.

### How to answer

Please use the pen provided.

Just put a cross in the box opposite the appropriate answer like this,

OR, write in a number like this:

If you accidentally cross the wrong box then fill the whole of that box with ink and cross the correct box.

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

### Importance

It is very important to the study 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 try to answer the questions overleaf as accurately as possible. This sheet is a confidential form; please do not write your name on it.**

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.

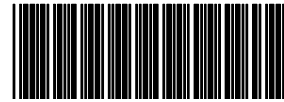
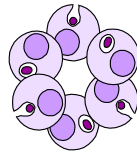
### ● Sexual intercourse, or 'having sex'

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.

### ● Partner (Sexual partner)

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

**PLEASE TURN OVER AND COMPLETE**



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**1. Please give your date of birth:**

Date:   /   /

Day                      Month                      Year

**2. Are you ...** (Please put a  in one box only)

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

**3. To which of these ethnic groups do you consider you belong?** (Please put a  in one box only)

White	<input type="checkbox"/>	1	Indian	<input type="checkbox"/>	5
BlackCaribbean	<input type="checkbox"/>	2	Pakistani	<input type="checkbox"/>	6
Black African	<input type="checkbox"/>	3	Bangladeshi	<input type="checkbox"/>	7
Black other	<input type="checkbox"/>	4	Chinese	<input type="checkbox"/>	8
Any other ethnic group	<input type="checkbox"/>	9			

Please write in below, printing *clearly* using BLOCK CAPITALS:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(If you are descended from more than one ethnic or racial group, please cross the group to which YOU consider that you belong, or cross the 'Any other ethnic group' box and describe your ancestry in the boxes above.)

**4a. Have you ever had sexual intercourse?** (Please put a  in one box only)

(This refers to sex with either a man or a woman.)

Yes  1                      No  2

**4b. With how many different people have you had sex, in the last year?** (If none, write  )

(Please include everyone you have had sex with, whether it was just once, a few times, a regular partner, or your husband.)

Write in number:

**4c. How many of these were new partners with whom you had not had sex before?** (If none, write  )

Write in number:

**5. When was the first day of your last menstrual period?**

Date:   /   /

Day                      Month                      Year

Please write in the date and time that you took your samples:

**a. Urine sample**

Date:   /   /          Time:   :    am  pm

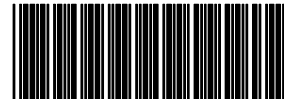
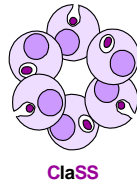
Day                      Month                      Year                      Hour                      Mins                      1                      2

**b. Swab sample**

Date:   /   /          Time:   :    am  pm

Day                      Month                      Year                      Hour                      Mins                      1                      2

Please put this questionnaire into the envelope provided, together with the signed consent form, the urine sample and swab. Thank you for participating in this research.



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# CONSENT FORM

PLEASE RETURN THIS FORM

## PROJECT: Chlamydia Screening Studies (CLASS). Study 1. Prevalence survey and case-control study

For each statement please circle either 'Yes' or 'No'.

Please circle

- |   |  |     |    |
|---|--|-----|----|
| 1 | I confirm that I have read and understand the information sheet dated 21st November 2000 (version 8) for the above study and understand that if I have any questions I can telephone the Freephone number 0800 975 9985. | Yes | No |
| 2 | I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.   | Yes | No |
| 3 | I agree to take part in the above study.   | Yes | No |

Please complete both copies of this Consent Form. Keep the other copy for yourself and return this copy, with your sample and questionnaire, in the freepost envelope provided

\_\_\_\_\_  
Name of Participant (Please Print)

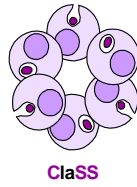
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Department of Social Medicine,  
Canynge Hall,  
Whiteladies Road,  
Bristol, BS8 2PR  
Telephone: 0117 928 7275

**PLEASE TURN OVER AND COMPLETE**





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## NON-PARTICIPATION FORM

TO BE RETURNED IF YOU DO NOT WISH TO TAKE PART

### RETURN TO SENDER

ClaSS, Department of Social Medicine  
Canyng Hall  
The University of Bristol  
Whiteladies Road  
Bristol BS8 2PR

### PROJECT: Chlamydia Screening Studies (CLASS). Study 1. Prevalence survey and case-control study

If you decide that you DO NOT want to take part in this study then please complete and return THIS form.

I DO NOT wish to take part in the Chlamydia Screening Study (ClaSS)

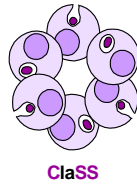
(Please  box if applicable)

-----  
Please fold along this line

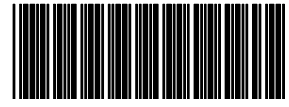
### If you have completed this form please read and follow the instructions below:

1. Replace all of the contents of the study pack in the large box.
2. Fold this form in half with the address showing.
3. Place the folded form on top of the contents of the box.
4. Close the lid of the box.
5. Ensure that the address can be clearly seen through the window of the box.
6. Post the box (no stamp required).

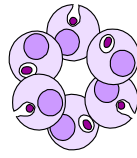
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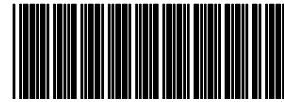
class



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CLASS



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## CONSENT FORM

# COPY FOR YOU TO KEEP

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Please circle

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|---|--|-----|----|
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\_\_\_\_\_  
Name of Participant (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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