

DSTDP Assessment of STD clinic users

Attachment 1
Clinic Survey

March 5, 2013

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0840)

1. What are the reasons for your visit to this clinic today (choose all that apply)?

- Health problem or symptoms
- No health problem or symptoms, but came to get STD screening/check-up
- Told to get checked by partner
- Referred by the health department
- Follow-up visit
- Came to get STD test results
- Came to get HIV test
- Came to get contraception
- Some other reason _____

2. What is the main reason you chose this clinic for care (choose only one)?

- Could walk in or get same day appointment
- Cost
- Privacy concern
- Expert care
- Embarrassed to go to usual doctor
- Some other reason _____

3. What is the next most important reason you chose this clinic for care (choose only one)?

- Could walk in or get same day appointment
- Cost
- Privacy concern
- Expert care
- Embarrassed to go to usual doctor
- Some other reason _____
- No other reason

4. Where would you have gone today if this STD clinic did not exist (choose only one)?

- I would have waited to see how I felt and then decided what to do
- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place _____
- Not applicable

5. Is there a place that you USUALLY go to when you are sick or need advice about your health?

- Yes
- No

If YES, what kind of place do you go to most often (choose only one)?

- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place _____
- Don't go to one place most often

6. Is there a place that you USUALLY go to when you need routine or preventive care, such as a physical exam or check-up?

- Yes
- No

If YES, what kind of place do you go to most often (choose only one)?

- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place _____

Don't go to one place most often

7. Do you have health insurance (choose only one)?

- Yes, parents' insurance plan
- Yes, government insurance (Medicaid, Medicare, etc.)
- Yes, private insurance
- No coverage of any type
- Don't know

If YES, would you be willing to use your health insurance for today's visit,

- Yes
- No

If NO, because (choose all that apply):

- I do not want my insurance company to know
- Insurance might send records home
- I do not want my parents/spouse/significant other to know
- Usual doctor might send records home
- I cannot afford the co-pay/deductible
- My insurance will not cover this visit
- Other _____

8. Are you male or female (choose only one)?

- Male
- Female
- Male to female transgender
- Female to male transgender

9. How old are you? Age in years _____

10. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

11. What is your race (choose all that apply)?

- White
- Black or African American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaskan Native

12. Do you think of yourself as (choose only one)?

- Heterosexual or straight
- Homosexual, gay, or lesbian
- Bisexual

13. What is your current employment status (choose all that apply)?

- Full-time employment
- Part-time employment
- Unemployed
- Disabled
- Student
- Other

14. What is the highest level of school you have completed or the highest degree you have received (choose only one)?

- Middle school
- Some high school
- High school diploma
- GED or equivalent
- Some college
- College degree or higher

15. What is the ZIP code where you live? _____