

**Attachment 3A:
Patient Questionnaire**

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 Information Collection Review Office, 1600 Clifton Road NE, SD-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0840).

Clinic User Survey – Administered to clinic users.

1. Is this your first time to this clinic?
 Yes No

2. Do you feel that this clinic provides a welcoming and respectful environment?
 Yes No Not sure

3. What are the reasons for your visit to this clinic today (choose all that apply)?
 Health problem or symptoms
 No health problems or symptoms, but came to get STD screening/check-up
 Told to get checked by partner
 Referred by health department/disease intervention specialist (DIS)
 Follow-up visit
 Came to get STD test results
 Came to get HIV test
 Came to get medication that I can take every day to prevent getting HIV infection before I am exposed to the virus (PrEP)
 Came to get medication that I can take right away because I think I was exposed to HIV in the past few days (PEP)
 Came to get contraception
 Some other reason
Please specify _____

4. 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
Please specify _____

5. 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/ health department clinic
 Family planning clinic
 Private doctor's office
 Urgent care clinic/walk in clinic
 Hospital emergency room (ER)
 Hospital outpatient department
 School-based clinic
 Some other place
Please specify _____

6. Is there a place that you USUALLY go to when you are sick or need advice about your health?
 Yes No → GO TO QUESTION #8
7. If YES, what kind of place do you go to most often (choose only one)?
 Community health center
 Public clinic/health department clinic
 Family planning clinic
 Private doctor's office
 Urgent care clinic/walk in clinic
 Hospital emergency room (ER)
 Hospital outpatient department
 School-based clinic
 Some other place
Please specify _____
8. Is there a place you USUALLY go to when you need routine care or preventive care such as a physical exam or check-up?
 Yes No → GO TO QUESTION # 10
9. If YES, what kind of place do you go to most often (choose only one)?
 Community health center
 Public clinic/ health department 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
Please specify _____
10. Do you have health insurance (choose only one)?
 Yes, parents' insurance plan
 Yes, government (Medicaid, Medicare, etc.)
 Yes, private insurance (through employer)
 Yes, private insurance (purchased by yourself/healthcare.gov exchange)
 No coverage of any type → GO TO QUESTION # 13
 Don't know → GO TO QUESTION # 13
11. If YES, would you be willing to use your health insurance for today's visit?
 Yes → GO TO QUESTION # 13
 No
12. If No, why not (choose all that apply)?
 I do not want my insurance company to know

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

Please specify _____

13. What sex were you assigned at birth on your original birth certificate?

- Male
- Female
- Refused
- Don't know

14. Do you currently describe yourself as male, female, or transgender?

- Male
- Female
- Transgender
- None of these

15. How old are you? Age in years _____

16. What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

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

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

18. Which of the following best represents how you think of yourself?

- Lesbian or gay
- Straight, that is not lesbian or gay
- Bisexual
- Something else
- I don't know the answer

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

- Full-time employment
- Part-time employment
- Unemployed

- Disabled
- Student
- Other

20. What is your highest level of school you have completed or the highest degree you have received ?

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

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

END CLINIC USER SURVEY