Attachment 8: Data Collection Instruments

STI Surveillance Network (SSuN)

OMB Control No. 0920-1072 (Exp. 9/30/2026)

Revision

March 3, 2026

Attachment 8a: SSuN Gonorrhea Patient Interview

Attachment 8b: Sexual Health Clinic Patient Questionnaire

SSuN Gonorrhea Patient Interview

Suggested Introductory Script – Patient Verbal (Informal) Consent – GC Interview

Blue font = Interviewer will read out loud
Red Font = Directions for the interviewer

HELLO, My name is_____ and I am calling for the _____health department about your recent doctor's appointment with _____ (mention name & date of patient's visit to reporting provider/facility).

[Interviewers must assure that they are speaking to the appropriate person by confirming date of birth, date of doctor visit, etc. Local DIS protocols should be followed with respect to initial patient contact and confirmation of patient identity]

We are gathering information about people recently diagnosed with (gonorrhea/) in _____(name of city/state) to help make sure that the best care is available and to help prevent the spread of (gonorrhea/) in the future. This project is being conducted by the _____(health department) with support from and in collaboration with the U.S. Centers for Disease Control and Prevention.

Your name was randomly chosen from among all the people recently diagnosed and reported to the health department. I would like to ask some questions about your experience at your recent doctor's visit and about your recent health behaviors related to your diagnosis. These questions should only take about 10 minutes. Your responses will be kept confidential.

You do not have to answer any question you do not want to, and you can end the interview at any time. Your name will not be shared with anyone and all of the information we gather will be combined with others so that no one individual can ever be identified. Is this a good time for you and would you be willing to help with this important project?

[If patient agrees, go to Module 1, Question 14]

[If patient refuses]*We're sorry you don't want to participate but thank you very much for your time anyway!*

[If patient agrees but states that it is not a good time:]

When would be a good time to call you back? _____

Is this the best telephone number to use for you? _____

[If patient states that they wish to call the interviewer back, provide your name HD affiliation and phone number; ask the patient to confirm approximately when they will call]

Thank you, I look forward to hearing from you on _____ (day) at _____(time).

***Interviewer Use Only*: Was verbal consent obtained for interview?** ☐Y ☐N

Process Information

1 Interviewer:_____ID#_____

2 PatientID:_____

3 EventID:_____

Contact Attempts:

4 Date___/___/_____; 5 Outcome_____

Notes:_____

6 Date___/___/_____; 7 Outcome_____

Notes:_____

8 Date___/___/_____; 9 Outcome_____

Notes:_____

10 Date___/___/_____; 11 Outcome_____

Notes:_____

12 Interview/Disposition Date ___/___/_____

13 Investigation Disposition Code:

- ☐ Investigation complete: patient contacted, interview completed
- ☐ Investigation complete: patient contacted, partial interview completed
- ☐ Investigation not complete: Phase 3 investigation pending
- ☐ Investigation not complete: patient contacted, refused interview
- ☐ Investigation not complete: patient contacted, language barrier.
- ☐ Investigation not complete: patient did not respond to any/all interview contact attempts
- ☐ Investigation not complete: patient contact not initiated because patient resident in correctional, mental health or substance abuse facility.
- ☐ Investigation not complete: patient contact not initiated because patient is active military on foreign deployment.
- ☐ Investigation not completed for other reason: Specify _____

Module 1 - Demographics

Interviewer Read: *These first few questions are about you and where you live.*

14 *What is your age?*

____ ____ [code in years]

☐ Refused

15 *What is your sex?*

Read choices: [Check only one]

☐ Male

☐ Female

Do not read:

☐ Unknown

☐ Refused

16 *Do you consider yourself to be Hispanic or Latino/a?*

☐ Hispanic

☐ Non-Hispanic

☐ Unknown

☐ Refused

17 *Which one or more of the following would you say best describes your race?*

Please read all choices, except "Other" and check all that apply

White	☐Y	☐N	☐U	☐R
Black or African American	☐Y	☐N	☐U	☐R
American Indian or Alaska Native	☐Y	☐N	☐U	☐R
Asian	☐Y	☐N	☐U	☐R
Native Hawaiian or Other Pacific Islander	☐Y	☐N	☐U	☐R
Other Race	☐Y	☐N	☐U	☐R
[probe and specify if other]	_____			
Refused all race information	☐Y	☐N		

Module 2 – Healthcare Experience

Interviewer Read: *These questions are about your recent doctor's visit (when you were tested for [gonorrhea/chlamydia]) and about your access to medical care in general.* [Interviewer should mention specific provider, if known]

18 *Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Indian Health Services, the V.A. or Military?*

- ☐ Yes
- ☐ No [SKIP TO 20]
- ☐ Don't know / Not sure [SKIP TO 20]
- ☐ Refused [SKIP TO 20]

19 *What kind of healthcare insurance do you have?* [Interviewer can read response options if necessary]

- ☐ Private healthcare insurance provided by my employer
- ☐ Private healthcare insurance I pay for myself+6=Private healthcare insurance
- ☐ Private health care insurance provided by a parent, spouse, or partner
- ☐ Public healthcare insurance like Medicaid, Medicare, or [*insert state-specific Medicaid plan name*]
- ☐ Active/retired military or dependent plan like the V.A. or military
- ☐ Bureau of Indian Affairs/Indian Health Service/Urban Indian Health Board
- ☐ Ryan White
- ☐ Other Specify _____
- ☐ Don't know / Not sure
- ☐ Refused

20 *Do you have one person you think of as your personal doctor or health care provider?*

If 'No', ask:

Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

(Note: if the respondent identifies a facility or provider setting rather than individual, then code response as 2)

- ☐ Yes, only one
- ☐ More than one (or a facility)
- ☐ No
- ☐ Don‘t know / Not sure
- ☐ Refused

21 *Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?*

- ☐ Yes
- ☐ No
- ☐ Don‘t know / Not sure
- ☐ Refused

22 *When you went to see* _____ [interviewer: insert reporting provider, clinic or facility name from case report] *when you were diagnosed with (gonorrhea/chlamydia), did you need to pay anything out-of-pocket, like a co-pay, deductible or cash payment, at the time of your visit?* (Note: this question is meant to determine if respondent had to pay any amount of money to the provider at the time of visit; do not include billed amounts or deferred or waived charges.)

- ☐ Yes
- ☐ No
- ☐ Don‘t know /Not sure / Don’t remember
- ☐ Refused

23 *Before you went to see* _____ [interviewer: insert reporting provider, clinic or facility name from case report], *did you have any unusual discharge or oozing from your (penis/vagina)? (Note: this question is meant to determine if the respondent had genital symptoms before their health care visit)*

- ☐ Yes
- ☐ No
- ☐ Don‘t know /Not sure / Don’t remember
- ☐ Refused

24 *Before you went to see* _____ [interviewer: insert reporting provider, clinic or facility name from case report], *did you notice any unexplained sores or bumps on your (penis/vagina)? (Note: this question is meant to determine if the respondent had genital symptoms before their health care visit.)*

- ☐ Yes
- ☐ No
- ☐ Don‘t know /Not sure / Don’t remember
- ☐ Refused

25 Before you went to see _____ [interviewer: insert reporting provider, clinic or facility name from case report], did you have any pain or burning when you urinated? *(Note: this question is meant to determine if respondent had genital symptoms before their health care visit.)*

- ☐ Yes
- ☐ No
- ☐ Don‘t know /Not sure / Don’t remember
- ☐ Refused

26 *Did you go to the doctor that time because you were having symptoms or pains you thought might be from an STD?*

- ☐ Yes [GO TO 27]
- ☐ No [SKIP TO 28]
- ☐ Don‘t know / Not sure / Don’t remember [SKIP TO 28]
- ☐ Refused [SKIP TO 28]

27 *How long did you have these symptoms or pains before you were able to see the doctor*? [Note: probe as needed to elicit most specific response.]

- ☐ 1 Day
- ☐ 2 to 6 days
- ☐ 1 to 2 weeks
- ☐ More than 2 weeks
- ☐ Don‘t know / Not sure / Don’t remember
- ☐ Refused

28 *Before you went to the doctor that time, did any of your sex partners tell you that you might have been exposed to an STD?*

- ☐ Yes
- ☐ No
- ☐ Don‘t know / Not sure / Don’t remember
- ☐ Refused

29 *During that visit, did the doctor, nurse or anyone else talk to you about the importance of getting your sex partners examined and tested for STDs?*

- ☐ Yes
- ☐ No
- ☐ Don‘t remember / Not sure
- ☐ Refused

30 *In the time since you found out that you had (gonorrhea/chlamydia), have you told any of your sex partners that they may need to be tested or treated for (gonorrhea/chlamydia)?*

- ☐ Yes
- ☐ No
- ☐ Don‘t Know / Not sure
- ☐ Refused

31 *Did you get tested for HIV at the doctor’s visit when you were tested for (gonorrhea/chlamydia)?*

- ☐ Yes, I got an HIV test at that visit [GO TO 32]
- ☐ No, I did not get an HIV test [SKIP TO 33]
- ☐ Don‘t know / Not sure [SKIP TO 33]
- ☐ Refused [SKIP TO 33]

32 *What was the result of your HIV test?*

- ☐ My HIV test was Positive [GO TO 36]
- ☐ My HIV test was Negative [SKIP TO 38]
- ☐ Don‘t know / Not sure / Didn’t get my results [SKIP TO 38]
- ☐ Refused [SKIP TO 38]

33 *Have you ever been tested for HIV?*

☐ Yes [GO TO 34]

☐ No [SKIP TO 38]

☐ Don‘t know / Not sure [SKIP TO 38]

☐ Refused [SKIP TO 38]

34 *When was your last HIV test? Just month and year is ok.*

Month _____ [use probes and elicit best guess if patient is not sure]

Year _____ [use probes and elicit best guess if patient is not sure]

[If patient refuses to guess, enter ‘..’ for month and ‘….’ for year.]

35 *What was the result of that HIV test?*

☐ My HIV test was Positive [GO TO 36]

☐ My HIV test was Negative [SKIP TO 38]

☐ Don‘t know /Not sure/Didn’t get results [SKIP TO 38]

☐ Refused [SKIP TO 38]

36 *When was your **most recent** visit to a doctor, nurse or other health care worker **specifically for HIV medical care**? Just the month and year is ok.*

Month _____ [use probes and elicit best guess if patient is not sure]

Year _____ [use probes and elicit best guess if patient is not sure]

37 *Are you taking antiretroviral medicines to treat your HIV infection?*

☐ Yes [SKIP TO 42]

☐ No [SKIP TO 42]

☐ I don‘t know / I am not sure [SKIP TO 42]

☐ Refused [SKIP TO 42]

38 *When you were diagnosed with gonorrhea, did your health care provider discuss medications to help you prevent getting HIV? This is often called PrEP, or pre-exposure prophylaxis.*

☐ No, I am already on PrEP [GO TO 42]

☐ Yes [GO TO 39]

☐ No [SKIP TO 42]

☐ Don‘t know / Not sure [SKIP TO 42]

☐ Refused [SKIP TO 42]

☐ 5=No, I am already on PrEP [SKIP TO 42]

39 *Did your health care provider prescribe medications to help you prevent getting HIV?*

☐ Yes [GO TO 40]

☐ No [SKIP TO 42]

☐ Don‘t know / Not sure [SKIP TO 42]

☐ Refused [SKIP TO 42]

40 *Did you fill a prescription or get medications to help you prevent getting HIV?*

☐ Yes [GO TO 41]

☐ No [SKIP TO 42]

☐ Don‘t know / Not sure [SKIP TO 42]

☐ Refused [SKIP TO 42]

41 *Are you currently taking medications to help you prevent getting HIV?*

☐ Yes

☐ No

☐ Don‘t know / Not sure

☐ Refused

42 *When you were diagnosed with gonorrhea, did your health care provider or anyone else discuss Doxy PEP medicine to prevent you from getting STIs?*

☐ Yes

☐ No

☐ Don‘t know / Not sure

☐ Refused

43 *Have you ever taken Doxy PEP?*

☐ Yes

☐ No [skip to 47]

☐ Don‘t know / Not sure [skip to 47]

☐ Refused [skip to 47]

44 *When was the first time you ever used doxy PEP?* Month_____Year_____

45 *How many times have you taken doxy PEP in the past month?* _____

Probe for approximate response or ‘best’ guess. Enter 0 to indicate ‘None’, 999 to indicate ‘Refused’.

46 *Have you ever taken doxy PEP that was not prescribed to you, or was offered to you by someone other than a healthcare provider?*

☐ Yes

☐ No

☐ Don‘t know / Not sure

☐ Refused

47 *Has a doctor or other health care provider ever told you that you had Mpox (monkeypox)?*

☐ Yes

☐ No [FEMALES GO TO 51, MALES SKIP TO 52]

☐ I don‘t know / don’t remember/ not sure [FEMALES GO TO 51, MALES SKIP TO 52]

☐ Refused [FEMALES GO TO 51, MALES SKIP TO 52]

48 *Have you ever received a vaccine for mpox (monkeypox)?*

☐ Yes

☐ No [FEMALES GO TO 51, MALES SKIP TO 52]

☐ I don‘t know / don’t remember/ not sure [FEMALES GO TO 51, MALES SKIP TO 52]

☐ Refused [FEMALES GO TO 51, MALES SKIP TO 52]

49 *How many doses of vaccine for mpox have you received?*

☐ 1 -One

☐ Two or more

☐ I don‘t know / don’t remember/ not sure

☐ Refused [FEMALES GO TO 51, MALES SKIP TO 52]

50 *When was your last mpox vaccine shot?*

(MM/YYYY) _____/_____

51 *Were you pregnant at the time you were told that you had (gonorrhea/chlamydia)?*

☐ Yes, I was pregnant at that time

☐ No , I was not pregnant at that time

☐ Don‘t know / Not sure

☐ Refused

Module 3 – Behaviors

Interviewer Read: *The following questions are about your sexual health and behaviors. Not all of these questions may apply to you but we have to ask them for everyone – please let me know if a specific question does not apply and we can move on to the next one. Remember, everything you tell me is strictly confidential and will not be shared except when combined anonymously with the information from all of the other people we talk with.*

52 *During the past 12 months, have you had sex with only males, only females, or with both males and females?*

☐ Males only ☐ Females only

☐ Both males and females ☐ Unknown

☐ Refused

53 *Do you consider yourself to be …?*

[Read all choices]

☐ Heterosexual/Straight (not Gay or Lesbian)

☐ Gay/Lesbian/Homosexual

☐ Bisexual

☐ Other/Don't Know

[Do not read] ☐ 9- Refused

54 Ask only If they answered males only or both males and females on Question 52. *Thinking back to the **3 months before** you were diagnosed with (gonorrhea/chlamydia), how many males did you have sex with during that time?* _____ [Probe: "It's ok to guess if you don't know exactly."]

☐ Refused

55 Ask only If they answered females only or both males and females on Question 52. *Thinking back to the **3 months before** you were diagnosed with (gonorrhea/chlamydia), how many females did you have sex with during that time?* _____ [Probe: "It's ok to guess if you don't know exactly."]

☐ Refused

If patient reports only a single sex partner:

56 *To the best of your knowledge, was your sex partner treated?*

☐ Yes, definitely ☐ Yes, probably ☐ Don't know / Not sure ☐ No, probably not

☐ Refused

If patient reports multiple sex partners:

57 *To the best of your knowledge, would you say that all of your sex partners were definitely treated, at least one of your partners was definitely treated, or that none were treated?*

☐ All definitely treated ☐ At least one definitely treated ☐ At least one probably treated

☐ Not sure ☐ Probably none treated ☐ Refused

58 *In the past 12 months, have you **given** drugs or money in exchange for sex, or **received** drugs or money in exchange for sex? By sex we mean any vaginal, oral, or anal sex.*

☐ Yes

☐ No

☐ Don‘t know / Not sure

☐ Refused

Interviewer Read: *The next few questions are about the most recent time you had sex and about the person you had sex with. By sex we mean any vaginal, oral or anal sex.*

59 *When was the last time you had sex with someone?*

☐ In the last week

☐ More than 1 week ago but within the last month

☐ More than 1 month ago but within the last 2 months

☐ More than 2 months ago

☐ Don’t know / Not sure

☐ 9- Refused

60 *Thinking back to that last time you had sex, was the person you had sex with male or female?*

Read all, select appropriate response based on the responses to questions 52 and 53:

☐ Male

☐ Female

☐ Refused / not captured

61 *Thinking back to the last person you had sex with, how old do you think that person is? If you don't know for sure, it's OK to make your best guess. [Note: probe with age groups, older, younger, etc. Attempt to elicit single number if at all possible.]*

_____ (years)

☐ 888- Unknown/Couldn't Guess

☐ 999- Refused

62 *Would you say that person is Hispanic/Latino/a? If you don't know for sure, it's OK to make your best guess.*

☐ Yes, Hispanic

☐ No, Not Hispanic

☐ 8- I don't know/Can't Guess

☐ 9- Refused

63 *Thinking back to the last person you had sex with, what race would you say that person is? If you don't know for sure, it's OK to make your best guess.*

Read all, select best response:

☐ White

☐ Black

☐ American Indian or Alaskan Native (AI/AN)

☐ Asian

☐ Native Hawaiian or Other Pacific Islander (NH/OPI)

☐ Multiple races

☐ Other race

[Do not read] ☐ I don't know/I can't guess ☐ Refused

64 *Thinking back to the last person you had sex with, do you know if that person HIV positive?*

☐ I know this person is HIV+

☐ I know this person in HIV-

☐ I don't know this person's HIV status

☐ Refused

65 *Thinking back to the last person you had sex with; do you think you will have sex with this person again?*

- ☐ 1 Yes
- ☐ 2 No
- ☐ 3 Don‘t know / Not sure
- ☐ 4 Refused

SSuN Interview Conclusion Script

That’s all the questions we have – thank you for your time and for your help with this important project. Do you have any questions for me before we end? Remember, everything we talked about today is strictly confidential.

8b: Sexual Health Clinic Patient Questionnaire

Taking the antibiotic doxycycline within 72 hours after sex can help some people lower their chances of getting sexually transmitted infections (STI). This is called "Doxy PEP." The Centers for Disease Control and Prevention recommends Doxy PEP for men who have sex with men that were diagnosed with an STI in the last year. The purpose of this survey is to learn how much people know about Doxy PEP, how interested they are in it, and if they use it among people seeking sexual health services. All survey responses are anonymous and will not be connected to your medical record.

- Your participation in this survey is entirely voluntary.
- You may skip any question or stop the survey at any time.
- Your decision to participate—or not—will not affect the care or services you receive.

SCREENING QUESTIONS

0. What is your sex?
   [ ] Male
   [ ] Female
   [ ] Prefer not to answer
   If you answered "Female" or "Prefer not to answer" stop here.
   Otherwise go to screening question 01

01 Have you had sex with a man/male in the past 12 months?
   [ ] Yes
   [ ] No
   [ ] Prefer not to answer
   If you answered "No" or "Prefer not to answer" please stop here. Otherwise, please proceed with the survey.

1 Have you heard of doxycycline post-exposure prophylaxis or Doxy PEP before today?
   1= Yes
   2= No
   3= Don't know/Not sure
   If you answered yes to Question #1, go to question 2. Otherwise skip to question 3:

2 Where did you first hear about it? (select all that apply)

1 = Healthcare provider
2 = Friend/partner
3 = Social media
4 = Community organization
5 = Online search
6 = Other

3 Have you ever taken Doxy PEP?

1= Yes
2= No
3= Don't know/not sure

If you answered yes to Question #3, go to question 4. Otherwise skip to question 9.

4 In the last 90 days, how did you obtain Doxy PEP?

1 = Filled a prescription at a pharmacy
2 = I was given pills directly by a healthcare provider at a clinic
3 = I obtained it without a prescription (e.g. from a friend, partner, or someone else who is not a healthcare provider)
4 = Online (e.g. Mistr, Wisp, Q Care Plus)
5 = I did not obtain or use Doxy-PEP in the last 90 days
6 = Don't know / Not sure

5 How often did you take Doxy PEP in the past month? Your best guess is fine.

[ ] Daily or almost daily (6-7 doses/week)
[ ] Several times a week (3-5 doses/week)
[ ] About weekly (1-2 doses/week)
[ ] A few times (Less than 1x/week)
[ ] Just once
[ ] Not at all

6 The last time you used Doxy PEP, how soon after sex did you take the medication?

[ ] Immediately (within 1 hour)
[ ] >1 hour-24 hours
[ ] Within 1-3 days
[ ] >3 days
[ ] Don't know/don't remember

7 Have you ever taken Doxy PEP that was not prescribed to you or was offered to you by someone other than a healthcare provider?

[ ] Yes
[ ] No
[ ] Don’t know/not sure
[ ] Prefer not to answer

8 Have you ever shared your Doxy PEP medication with someone else?

1= Yes
2= No
3= Don’t know/not sure
Skip questions 9 & 10 and proceed to question 11.

9 Has a provider ever discussed Doxy PEP with you even if you didn't take it?

1= Yes
2= No
3= Don’t know/not sure

10 You responded that you have not used Doxy PEP. Which of the following describes the reason(s) you haven’t used Doxy PEP? You can select more than one response.

[ ] I did not know that the medication was available
[ ] I don’t know how to get the medication
[ ] It is too expensive
[ ] I am worried about side effects
[ ] I am worried what people will think if I use Doxy PEP
[ ] I am concerned about taking antibiotics
[ ] I don’t feel I am at risk or need Doxy PEP
[ ] I was told Doxy PEP is not recommended for people like me
[ ] Other

11 Have you been diagnosed with an STI in the past year?

1= Yes
2= No
3= Don’t know/not sure

12 How many men have you had sex with in the past 3 months? Your best guess is fine.

0= 0
1= 1-3
2= 4-6
3= 7-10
4=>10

13 How many women have you had sex with in the past 3 months? Your best guess is fine.

0= 0
1= 1-3
2= 4-6
3= 7-10
4=>10

14 Are you currently taking PrEP (pre-exposure prophylaxis) to prevent HIV?
1= Yes
2= No
3= Don’t know/not sure

15 What is your race and/or ethnicity? Mark all that apply.
American Indian or Alaskan Native
[ ] Asian
[ ] Black or African American
[ ] Hispanic or Latino
[ ] Native Hawaiian or Other Pacific Islander
[ ] White
Prefer not to answer

[ ] Prefer not to answer