

Appendix A: HBM and TPB Strategic Approach

Strategic Approach Based on Health Belief Model (HBM) and Theory of Planned Behavior (TPB)

HBM/TPB Concept	Relevant Research Findings*	Concepts Being Tested	Other Relevant Materials that COULD be considered for Testing Note: CDC Brochure and I Know PSA are listed in all rows	Possible Approach
Perceived Susceptibility	Belief that they and their sex partner are “clean” Unaware that CT can be asymptomatic Unaware of high CT prevalence	1) Scan your hardware 2) Stigma- Business 3) Stigma- Good company	1) Content 2) I Know PSA: Don't think know 3) Knowing is Everything 4) Skate Dawgs	Remind women that CT is relatively common, asymptomatic, and may result in infertility. Testimonials about ordinary people with STDs/CT Everybody is at risk
Perceived Severity	Unclear of the implications of having chlamydia (PID, infertility) Other reproductive health concerns take priority in the mind of target audience (pregnancy, HIV and other “non-curable” STIs) Unaware that CT is curable Chlamydia is not seen as severe as other STDs.	1) Woman you want to be	1) Content 2) I Know PSA: Don't think know 3) Knowing is Beautiful	
Perceived Benefits / Attitude	Peace of mind from knowing what's up and taking care of any problems Doing the right thing for your future Easy and quick to cure if have CT	1) Confidence 2) Woman you want to be	1) Content 2) I Know PSA: Don't think know 3) Knowing is Beautiful	

				<p>OK Acknowledge that women should know their status. Appeal to responsibility and doing the right thing for your health and future.</p>
<p>Perceived Barriers / Attitude</p>	<p>Logistics of arranging and paying for a test Fear of testing, getting test results, testing positive, parents becoming aware of their sexual activity or STD status Fear of being diagnosed for an STD with no cure or treatment, having something that can be passed on to children Stigma related to having an STD or admitting that you may have one Perception of or reality that sex partner disapproves of testing Privacy and confidentiality concerns (related to the visit and payment) Embarrassment around talking about STDs or to acknowledge that they need a test Discomfort associated with the actual test</p>	<p>1) Scan your Hardware 2) Lots of things 3) Confidence 4) Stigma- Business 5) Stigma- Good company</p>	<p>1) CDC Brochure 2) Overzealous Blurt 3) I Know PSA: Don't think know 4) Skate Dawgs</p>	<p>Acknowledge barriers and fears and establish trust of campaign. Reassure women that it is no big deal to make this a routine part of their life. Their health, their body, and their future are in their hands. They have the power to get the information... to not succumb to other people's misperceptions. Remind women that testing is confidential and free.</p>

Self-Efficacy / Perceived Behavioral Control	Don't know how to find a testing site Don't know how to initiate conversation with a provider Don't know how test is conducted	1) Scan your Hardware 2) Lots of things 3) Confidence 4) Stigma- Good company	1) Content 2) I Know PSA: Don't think know 3) Overzealous Blurt 4) Skate Dawgs 5) Gardisil 6) Crap you've heard before 7) Donate your urine	Provide tools and resources that help women find a STD testing provider that is sensitive to their concerns about privacy, payment issues, and discomfort discussing STD testing Provide tools to young women to facilitate a productive patient-provider interaction. Remind women that STD/chlamydia testing is not already automatically a part of their annual exam and they should request it.
Cues to Action	STD testing and chlamydia testing are not on the radar of teen and young adult women Providers are not taking the initiative to make sure medical recommendations relevant to CT screening and testing are followed	1) Scan your Hardware 2)Lots of things 3) Woman you want to be	1) Content 2) I Know PSA: Don't think know 3) Overzealous Blurt 4) Gardisil 5) Crap you've heard before 6) Donate your urine	De-stigmatize STD conversations (with friends, sex partners and providers) Insert reminders in media regularly used by young women Influence social norms with respect to talking about STDs and testing Educate that only need to have sex once to get an STD, can get an STD while in a committed relationship if one partner came to the relationship with an STD
Norms	STDs are considered to be the result of promiscuous or irresponsible behavior There is stigma associated with needing STD testing STD testing is not considered routine	1) Scan your hardware 2) Lots of things 3) Stigma- Business 4) Stigma- Good company	1) Content 2) I Know PSA: Don't think know 3) Knowing is Beautiful 4) Skate Dawgs 5) Gardisil 6) Donate your urine	

* Note that findings relate to the female teens and young adults who participated in the first phase of research

Appendix B: Moderator's Guide

Evaluation of health communication messages for Infertility Prevention Campaign

0920-08AA

Attachment 3A

Focus Group Moderator Guide:
Female Adult and Minor (15-25 yr old)

6/3/2013

Form approved

OMB no. 0920-08AA

Expiration date xx/xx/20xx

MODERATOR DISCUSSION GUIDE

CHLAMYDIA CONCEPT TESTING

Focus Group Moderator Guide (15-25)

Public reporting burden of this collection of information is estimated to average 120 minutes per response, including the time to participate in the focus group discussion. 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: PRA (0920-08AA)

I. BACKGROUND (2 minutes)

Greetings:

Good evening/afternoon everyone. My name is _____. Thank you for agreeing to participate in the discussion tonight/today. As you know from the call inviting you to participate and the information you read when you arrived today [a print copy of the informed consent information will be given to participants when they arrive], we're going to be talking about ideas for materials that may be used to get information to young people about the importance of getting screened for a sexually transmitted disease called chlamydia. The purpose of this focus group is to help CDC understand how to communicate with teens and young women about measures they can take now to protect their health and prevent infertility in the future.

We won't be talking about any personal health experiences; only your reactions to some materials and words to promote chlamydia screening.

Guidelines:

Before I ask you to do any talking, I want to go over just a few guidelines that will help us cover all the questions I have... *[Moderator can review these very quickly because they will already have been covered in the informed consent.]*

Sponsor:

Our discussion is sponsored by the Centers for Disease Control and Prevention or CDC. CDC is part of the public health service and is interested in your ideas about materials that may be used for a health education program

Candid responses/no right or wrong answers:

Please bear in mind that I am interested in *your ideas and opinions* - there are no right or wrong answers. I encourage you to share your opinions, whether they are positive or negative about your view on any of the topics that come up. Please be respectful of each other's opinions, even when disagreeing. I will not use anyone's name in the report and hope that you will feel comfortable speaking your mind. I do not have any knowledge about the topic we are about to discuss, so I will not be able to answer any questions. However, you will receive at the end of this session a fact sheet, prepared by CDC, and available on their website, that may answer some of your questions and that provides resources that you may contact for additional information (e.g., a 24-hour hotline number).

Recording and observers:

I have asked for our discussion to be recorded so that I can concentrate on talking with you and, just in case there is a problem with the recording, I've asked for some people interested in your opinions to take notes in the room behind this mirror. *[Moderator gestures toward mirror.]* This may include people from CDC or from the company that will help develop the health education program I mentioned. Because of the recording, it will be very important that only one person speak at a time as it will be difficult

to follow the conversation if several people are talking at one time. Also, I will need for everyone to speak at least as loudly as I am. Please do not be offended if I must interrupt you to move on to another topic. There are a lot of topics to cover and I'd like to get to all of them. That may make us feel a bit rushed. If I must cut you off, I will try to come back to you later on.

II. INTRODUCTIONS (10 minutes)

Before we get started, are there any questions? If not...It is always helpful to start the process off with a short introduction. You already know that my name is ___ and you are seeing what I do for a living. My home is in [state] so I am delighted to have this chance to see your area and talk with people who live here.

I'd like to give you a chance to get comfortable talking in front of a group, so I'll ask you to answer a question or two when you introduce yourself. Tell us your first name - only your first name or a name that you would like to be referred to in the group.

How long you have lived here in the ___ area and also..

[Each moderator may choose a different topic, such as favorite TV show, ad, season, where you would go if you could take a long vacation for free, etc. to help participants feel comfortable.].

[Calls on first person] ___, will you begin?

III. DISCUSSION TOPICS

A. Brief Discussion About Chlamydia (5 minutes)

Objective: Explore participants' general knowledge about chlamydia.

1. **Has anyone ever heard about chlamydia?** (Listen for what, from whom; was it confusing, too scientific, useful). If stated, probe for why it was confusing, too scientific, useful, etc.

Probe:

What can you tell me about chlamydia?

Where did you learn about chlamydia?

How much do you think other young women your age know about this disease?

B. Reaction to Concepts (47 minutes)

Objective: Obtain reactions to six concepts and calls to action.

Now I am going to show you some themes that may be used on some of these materials about chlamydia, and ask your opinion on each one. I will hand out copies of each.

➤ Distribute copies of the concepts to each participant.

Before we talk about these images, please number them in order from your favorite (number one) to your least favorite (number 6). Again, feel free to write additional comments about the concepts right on the handout.

➤ Give participants time to review and rank the images.

Now let's talk about the concepts.

1. Now that you've seen all of these concepts, which one catches your attention the most?

Probe:

- What makes this message most effective?
- Would it make you want to [tell your friends; get tested]?
- What about the message makes you more or less likely to [tell your friends, talk openly about STD testing? get tested]?

2. Which one was most inspiring or motivating for you personally?

3. Which one is most believable?

4. Looking over all of the different messages we have discussed, which two or three are the most effective?

Probe:

- What makes it most effective?

5. Which of these is the worst? Why? What, specifically, do you dislike about it? What do you mean by "worst?" What criteria did you use?

Probe

- What could be changed to make it more effective?

➤ After all six versions reviewed.

6. **Who do you think would produce materials like these?**

Probe:

National organizations? (Listen for specific ones)

Government agencies? (Listen for specific ones, local versus national-level entities, etc.)

Faith-based organizations?

- Review each of the calls to action.
- Repeat questions above as appropriate.

C. Reactions to Material Designs- Logos (15 minutes)

Objective: Obtain reactions to eleven different identity images.

Now I am going to show you several different sets of potential logos to go on CT print materials. I have copies to pass around, so you can take a closer look.

I will give you each a sheet where you can write down your rankings of these designs. You can check off, from a list, some of the responses you may have. Also, feel free to write additional comments about the designs right on this handout.

- Hand out copies to each participant. Participants will rank the designs and write any comments on the handout before discussing with the group.

Is everyone through ranking her preferences? Let's talk about the designs and why you liked the ones you did. Who'd like to go first? OK, tell me:

1. Which of the designs was your favorite?

Probe: (Note: Be sure to probe about both the poster and brochure.)
What do you think about the pictures? Do you prefer pictures of individuals, couples, or groups?

Do you relate to these individuals? Why/why not? If not, how can we make them more relevant to you?

Is it important for you to see a health care provider? Do you prefer the doctor and patient together, or the doctor alone?

What do you think about the colors? Do you prefer bright, muted, or a combination? Why?

What was your initial reaction to the image?

2. Which headline catches your attention most?

Probe:

What makes you say that?

3. Which headline do you prefer?

Probe:

What makes you say that?

Now let's talk about the images.

1. What was your favorite?

Probe:

- What are some reasons you liked this one the best?

2. What was your initial response to the design/photo/graphic?

Probe:

- What about it do you think triggered that feeling?

3. How likely would this image be to grab your attention? (Listen for: relevance, clarity, etc.)

Probe:

- Does the image make you curious and want to know more about what it is talking about? What makes you say that?

4. Now tell me which image you liked least.

Probe:

- What are some reasons you did not prefer this image?

C. Reactions to Print Material Content (22 minutes)

Objective: Obtain reactions to content about chlamydia and chlamydia screening. Moderators should be aware that the intent of these materials is simply to raise awareness of chlamydia and encourage women 15-25 yrs to talk to their health care provider about chlamydia and screening.

I'd like to get your reactions, to determine what is most effective for you and why. As you read, make the following marks on your handout:

- Write instructions on flip chart.
 - **Underline** phrases or sentences you think are important.
 - **Circle** things that are not clear or you don't understand.
 - **X** out things you think should be deleted.
 - **Put an exclamation mark (!)** by anything you find offensive or inappropriate

- Allow time for participants to read, and then ask if everyone is finished. Once participants are finished reading:

Now let's talk about what you read.

1. What is your initial reaction to the information?

Listen for statements (or lack thereof) that includes: information was useful, important, interesting, easily understood, well written, and relevant for them, motivating.

Probe:

What went through your head as you read this information? Was there something in particular that made you feel that way (e.g., a specific line or phrase)?

Was it too much or too little information?

Was it asking you to do something? What?

Do you think this is written for someone like you, or someone else?

2. What were the main messages for you?

Listen for themes from majority of participants, or probe if they are not mentioned: Chlamydia is among the leading causes of infertility. CT often has no symptoms so infected girls and women may not be aware of their infections. It is important for all sexually active girls/women (<26yrs) to seek annual testing. It can be detected with a simple urine test. It is important to talk with your health care provider and sex partner about testing.

Probe:

What did you underline as important?

For anyone that mentioned other main points: What made the item you picked relevant, interesting, important, etc?

If any of the above points were missed, probe for why the participants did not mention them. Listen for women not perceiving themselves to be at risk.

Did this information address your information needs, as a woman?

3. What did you circle as unclear?

Probe:

What are some reasons you thought that was unclear?

What could make the information more clearly to you?

**4. If you received this material, what would you do with it?
(Listen for information seeking, screening seeking, partner discussion, call doctor, other.)**

Probe:

What additional information would you want after reading this?
(Listen for more information on a specific topic covered in the content, testing, etc.)

What did you cross out to be deleted?

What are some reasons this information should be deleted?

5. Who do you think would produce materials like these?

Probe:

National organizations? (Listen for specific ones)

Government agencies? (Listen for specific ones, local

versus national-level entities, etc.)

Faith-based organizations?

F. Evaluation of Television PSA Concepts (18 minutes)

Next, I'm going to present some messaging ideas, like the ones you might see on television during commercials. As we talk tonight, we'll call these Public Service Announcements "PSAs".

[Present videos to the group. Rotate the order of the videos (videos may differ by how the issue is framed, e.g. as fertility issue or STD issue, or by presentation, e.g. talking with friends or an entertaining presentation).] Ask the following questions after showing each storyboard:

1. If you were watching TV and this spot came on during breaks, how likely is it that it would catch your attention?

Probe:

Do you think you would ignore it and go do something else, or do you think you would watch part or all of the message?

2. What parts captured your attention? (images, music, narrative)

Probe:

What did you like most about it?

3. Did anything strike you as distasteful or inappropriate? What?

Probe:

How could it be changed to make it less problematic?

4. Is this PSA trying to get the viewer to do something? [If yes] What is it trying to get them to do?

Probe:

Do you think people this PSA is aimed at would take this action? Why? Why not?\

5. Does the PSA seem appropriate for the topic?

Probe:

Does the tone seem appropriate for this topic?

What would you change to make it better or more appealing to you?

- After all storyboards have been presented: **Now I want you to consider all of the PSA's we have discussed so far tonight.** [List items on flipchart.]

Which of these items do you prefer? [Count preferences]

Probe:

What makes you say that?

6. **Who do you think would produce materials like these?**

Probe:

National organizations? (Listen for specific ones)

Government agencies? (Listen for specific ones, local versus national-level entities, etc.)

Faith-based organizations?

IV. CLOSING (5 minutes)

Objectives: Obtain participants' closing advice and thank them for their time.

We're almost out of time. I am going to step out of the room for a minute and check with the observers about any last questions they may have. While I am in the other room, I would like you to spend a few minutes discussing the following question:

1. What one piece of advice would you give to the people making these materials?

- Check with observers for questions, then gather feedback from respondents.

2. Do you have any other questions for me?

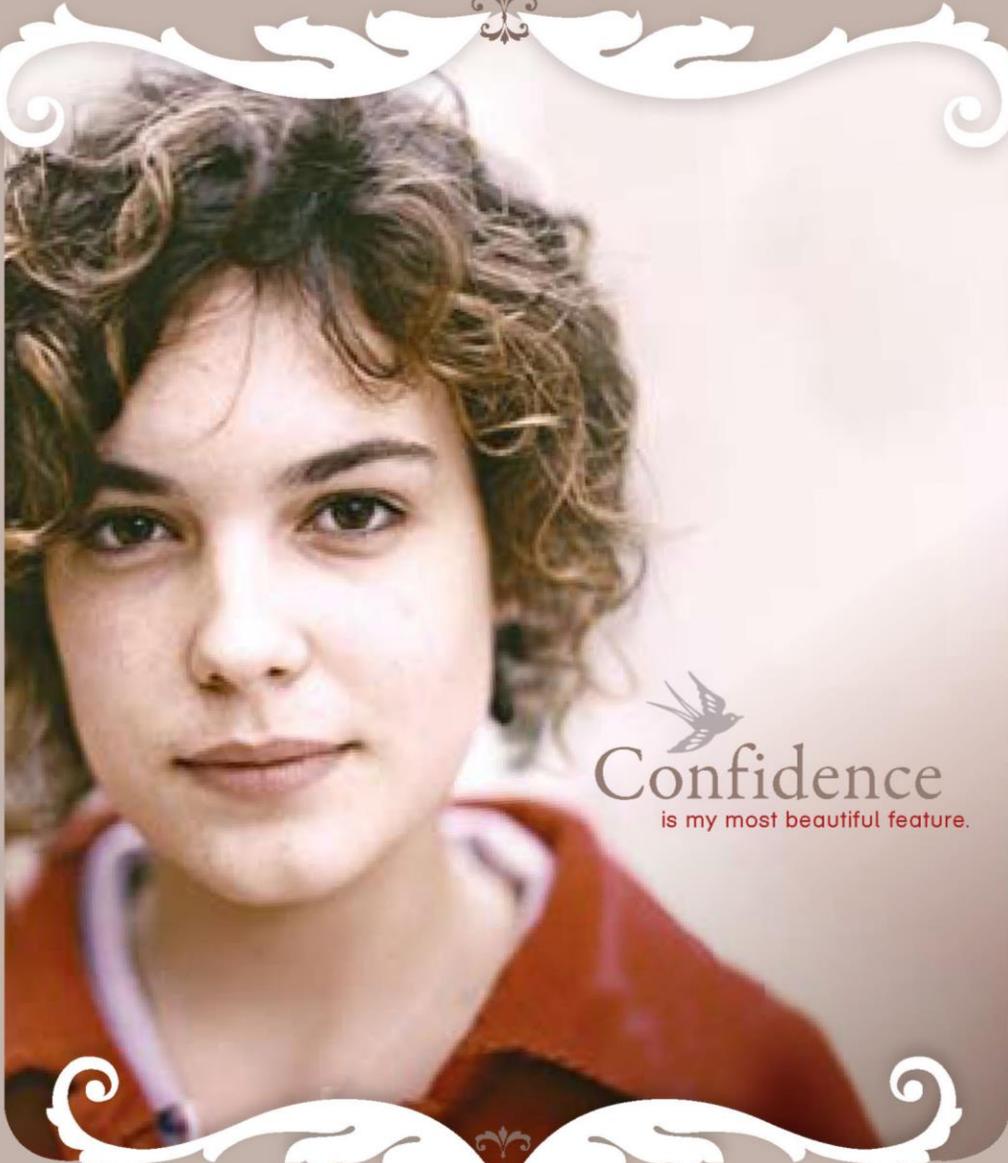
If you'd like more information about the topics we discussed tonight, you can:

- Visit www.cdc.gov
 - Call 1-800-CDC-INFO (1-800-232-4630)
- Thank participants and mention incentives waiting for them as they leave, along with a fact sheet about chlamydia from CDC.

Appendix C: Poster Concepts



Scan your hardware

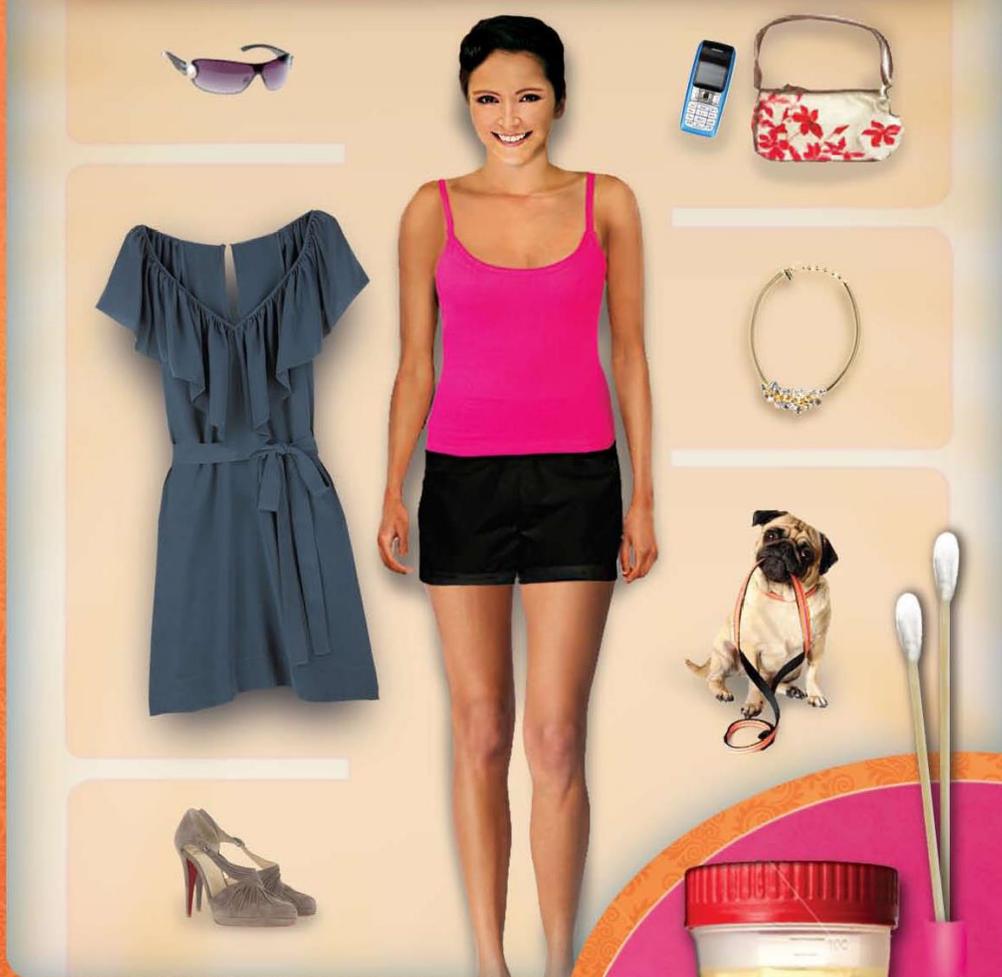



Confidence
is my most beautiful feature.

I take care of myself and my future. And I don't let things stand in my way. Like chlamydia—which can prevent me from having babies some day. I'm *not* OK with that. I get tested every year, so I know if something is wrong, and can treat it and move on. Confidence comes from knowing myself—inside and out.

Confidence

LOTS OF THINGS SAY YOU'RE A WOMAN.



ESPECIALLY THIS.

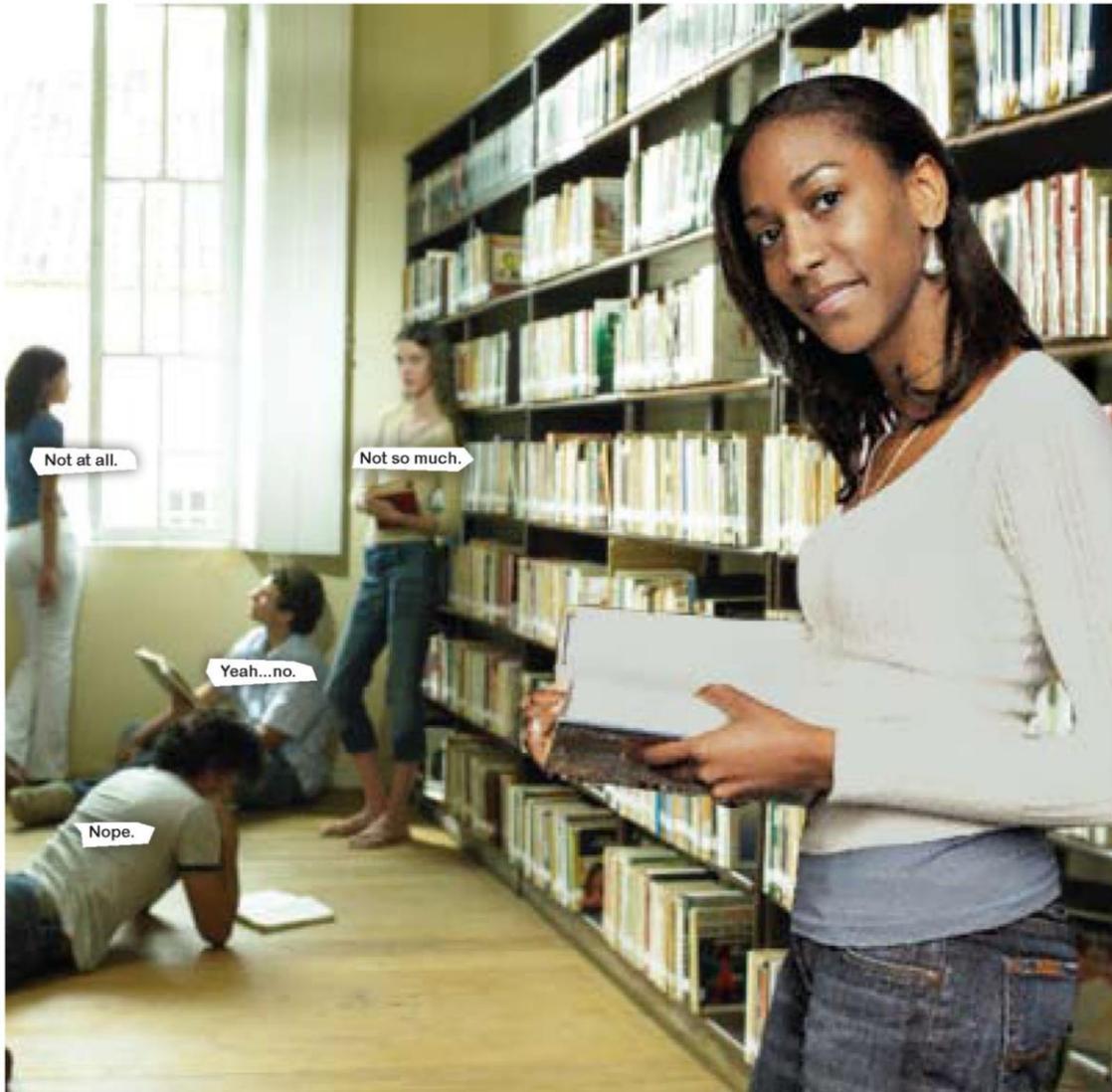
There are lots of things that come with being a woman, some we love to do and others we just do to stay healthy. We need regular tests to find common infections that can do permanent damage if we don't catch and treat them now, like chlamydia. Ask for a chlamydia test as part of your yearly exam. Because your health is an essential part of being a woman.



Lots of things

<p>MAKE</p>		<p>SURE</p>	
	<p>THE</p>		<p>WOMAN</p>
<p>THAT</p>		<p>YOU</p>	
	<p>BECOME</p>		<p>IS</p>
<p>THE WOMAN YOU WANT TO BE.</p>		<p>The things you do now can have a big impact on your life. From the people you hang with, to the places you go. Did you know that you can get chlamydia now and not even know it, but it can leave you unable to have babies? It's not too late to get tested, treated and cured. One small move can make a big difference in your life—now and forever.</p>	

Woman you want to be



You'd be surprised how little people care about you getting an STD test.

Many of us worry what people will think of us if we get tested for STDs. But the truth is, they don't have to know. There are confidential ways to get tested and treated. And you can feel good knowing you've taken care of your body. When you get tested, remember, it's your business.

Library



BF just did it.

Does it every year.

Doing it with his girlfriend next week.

Does it regularly.

Few people talk about getting tested for STDs, but lots of them do it.

Get tested. You'll be in good company.

STDs happen more than you think. To single people, people in relationships, even people who've only had one partner. Often they can't tell by looking. That's why more and more people are finding out for themselves—by getting tested. Get tested regularly. It's the only way to know for sure.

Café

Appendix D: Calls to Action

Get informed. Get tested. Get on with your life.

Talk. Test. Treat.

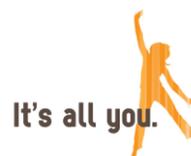
Take responsibility. Do the right thing.

Don't wait. Don't stress. Test.

No symptoms is no excuse. Get tested.

Testing is easy. Knowing is everything.

Appendix E: Sample Logos Tested



Appendix F: Brochure Content

Brochure 1: Basic

CHLAMYDIA (*kluh-MID-ee-uh*)

Chlamydia is common and often has no symptoms. It is easy to treat and cure. But if you do not treat it, it can leave you unable to have babies later in life. That's why sexually active girls and young women need a chlamydia test every year—to find and treat it before it causes serious health problems.

HOW COMMON IS CHLAMYDIA?

- Over 2 million Americans are infected with chlamydia. It is most common in girls and women ages 15–25.

HOW COULD I GET CHLAMYDIA?

- You can get chlamydia by having sex with someone who has it—even if your partner shows no signs.
- Chlamydia can last a long time without causing any symptoms. That's why it is often passed between partners who are not aware they have it.
- You can get chlamydia from a steady boyfriend, just as you can get it from a one-night stand.
- Even people who have only had one partner can get chlamydia.

It may also be possible to get chlamydia from giving oral sex to someone who has it. Chlamydia infections have been found in the mouth and throat, but this is uncommon. Little is known about the health effects of oral chlamydia. But it is unlikely that it would carry the same health threat as a chlamydia infection that affects a woman's reproductive organs.

WHAT ARE THE SYMPTOMS OF CHLAMYDIA?

Most people who have chlamydia don't know it. Three quarters of infected women don't have symptoms or notice that something is wrong. If you *do* have symptoms, you might notice:

- A white, yellow, green or clear drip from the vagina.
- More flow (discharge) from your vagina than usual.
- Burning when you pee.
- Pain or discomfort during sex.
- Pain in the lower belly or back, sometimes with a fever.
- Bleeding after sex or between periods.
- Pain, bleeding or discharge from your rectum (butt) if you have anal sex.

HOW DO I TREAT OR CURE CHLAMYDIA?

Chlamydia is easily treated and cured with antibiotics.

- If you are being treated, your partner(s) should be tested and treated too.
- Do not share the antibiotics with others. You need to finish the full course to be cured. Do not stop taking the treatment, even if you start to feel better.

- You should get tested again 3 to 4 months after you finish your treatment—especially if you are not sure if your partner was also treated.
- Also, if you still have symptoms after treatment, go back to the doctor.

WHAT HAPPENS IF I DON'T GET TREATED?

Chlamydia can stay in your body if it is not treated. It can sometimes spread into your reproductive organs and cause serious infections, like pelvic inflammatory disease (PID). These infections can damage your reproductive organs, leading to problems like:

- Chronic (lasting) pain in your pelvic area
- Infertility (inability to have babies)
- Ectopic pregnancy (the baby grows outside the uterus or womb).

If you are pregnant and do not treat chlamydia:

- You could pass the infection to your baby when giving birth. Chlamydia can cause serious health problems for babies.

Having chlamydia makes it easier to get and give HIV—the virus that causes AIDS. It also makes you more susceptible to HIV if you have unprotected sex with an HIV-infected partner.

CAN I GET CHLAMYDIA AGAIN AFTER I'VE BEEN TREATED?

Yes, you can get chlamydia again, if exposed to a partner who has it. This is true, even if you have been treated in the past. You can get it from a current partner who didn't get treated (or finish treatment), or from a new partner who has it.

HOW CAN I LOWER MY CHANCES OF GETTING CHLAMYDIA?

- Using condoms the right way every single time you have sex.
- Having sex with only one partner, who is not infected and who is only having sex with you. The only way for you and your partner to know that you are not infected is to get tested.
- The surest way to prevent chlamydia is not to have sex.

Washing the genitals, peeing or douching after sex will not prevent chlamydia or any other STD.

FOR MORE INFORMATION

- Talk to your doctor.
- Call 1-800-CDC-INFO.
- Visit www.cdc.gov/std/chlamydia

***Sexually active girls and young women need a chlamydia test every year.
Don't just assume you are being tested. ASK FOR IT!***

CHLAMYDIA (*kluh-MID-ee-uh*)

Chlamydia is common and often has no symptoms. It is easy to treat and cure. But if you do not treat it, it can leave you unable to have babies later in life. That's why sexually active girls and young women need a chlamydia test every year—to find and treat it before it causes serious health problems.

HOW CAN I FIND OUT IF I HAVE CHLAMYDIA?

The only sure way to know is by getting tested. Make sure to ask your doctor for a test.

- Testing is easy and painless.
- There are clinics that offer free and confidential testing.

You can be tested by:

- Giving a urine sample (peeing in a cup).
- Swabbing your vagina (“self-collected swab”).
- Having a health professional swab your cervix. This can be done during a pelvic exam.

When you get a pelvic exam or Pap test, you are **not** automatically tested for chlamydia. But your doctor can test you for chlamydia at the same time. All you need to do is ask! Don't assume you are being tested.

WHEN SHOULD I BE TESTED?

If you are 25 or younger and having sex, you should be tested for chlamydia at least once a year—even if you don't have symptoms.

You should also get tested if you are:

- Older than 25 and you're having sex with more than one partner.
- Older than 25 and you have a new sex partner.
- Pregnant.
- Having sex with someone who has chlamydia or symptoms that could be chlamydia.

HOW DO I BRING UP TESTING WITH MY DOCTOR?

Many doctors do not automatically test for chlamydia. So you need to ask for it.

- You can suggest it by saying that you've heard that girls and women your age are supposed to be tested every year. It is something you want to do for your health!
- You don't need to be shy with your doctor. No matter how troubling something might be to you, it probably won't be the first time your doctor has heard it!
- Doctors don't judge you for things you have or haven't done. It is their job to keep you healthy, and to keep what you say private.

- If you feel your doctor is judging or preaching to you, find someone you are more comfortable talking to. There are clinics that cater specifically to women's health, where the doctors and nurses will support and not judge you. Many of these clinics offer free services.

Visit www.findSTDtest.org to find a nearby clinic

Tips for talking to your doctor

- Be honest with your doctor. It's your job to mention any symptoms or concerns you have.
- If your doctor doesn't know you're sexually active, she will not know to test you. To better help you, your doctor needs to know things like:
 - if you've had sex
 - how many partners you've had
 - the sex of your partners, and
 - if you're using condoms.
- If you're nervous, embarrassed or uncomfortable: write down that you want a chlamydia test on a piece of paper. Sometimes it is easier to write things down than to say them out loud. You can give the paper to your doctor, or read it out loud.

Many people find that once they've brought up the subject and gotten past those first nervous moments, they feel a lot more comfortable talking openly.

***Sexually active girls and young women need a chlamydia test every year.
Don't just assume you are being tested. ASK FOR IT!***

CHLAMYDIA (*kluh-MID-ee-uh*)

Chlamydia is common and often has no symptoms. It is easy to treat and cure. But if you do not treat it, it can leave you unable to have babies later in life. That's why sexually active girls and young women need a chlamydia test every year—to find and treat it before it causes serious health problems.

HOW COULD I GET CHLAMYDIA?

- You can get chlamydia by having sex with someone who has it—even if your partner shows no signs.
- Chlamydia can last a long time without causing any symptoms. That's why it is often passed between partners who are not aware they have it.
- You can get chlamydia from a steady boyfriend, just as you can get it from a one-night stand.
- Even people who have only had one partner can get chlamydia.

HOW DO I TALK TO MY PARTNER ABOUT GETTING TESTED FOR CHLAMYDIA AND OTHER STDs?

You should talk about STDs and getting tested before you have sex with a new partner. Even if you've had the same partner for a while, you should be tested every year for chlamydia.

Whether it is an old or a new partner, talking about STDs can be challenging. Some people may be embarrassed. Some may be scared of their partner's reaction. And others are just uncomfortable with the discussion. But this shouldn't stop you from talking about STDs. Many times, *thinking* about the conversation is more stressful than actually having it!

Here are some tips for talking to your partner about STDs and getting tested:

- Find a time and quiet, private place for your discussion.
- One way to start the conversation is to tell him that you feel your relationship is ready to move to another level (sexually). But before you do that, you want to know if (and when) he has been tested for STDs.
- If your partner hasn't been tested since his last sexual relationship or doesn't know if he has any STDs, you could ask him to get tested. You could suggest that you get tested together.
- Another way to start the conversation is to tell your partner that you chose to get tested for STDs. You could be upfront and let him know that your health and relationship are important to you.
- Remember that the reason for talking is to help you feel safer about your sex life. Try not to feel hurt or jealous when you learn about his sexual history. Likewise, if your partner gets hurt or jealous, remind him that you're only bringing this up because you care about your health and relationship. Communication is a good thing!

- If your partner tells you about a past STD diagnosis, don't accuse or insult him. He is sharing the information you asked for. Try to be sensitive and recognize that it takes courage and strength to talk about this.
- If your partner refuses to talk about his sexual history or to get tested, you may want to rethink your relationship and whether you want to have sex with him.

IF I HAVE CHLAMYDIA, WHAT DOES THAT MEAN FOR MY PARTNER?

If you have chlamydia, your partner may have chlamydia too.

- Tell your current and recent sex partners, so he can get tested (and treated if necessary).
- It is important to tell your partner because:
 - Your partner should be tested to see if he is infected too.
 - Your partner could be infected, and needs to be treated (if so).
 - If your partner is infected and doesn't get treated, you will likely get chlamydia again if you're still having sex.

If you and your partner are infected, avoid having sex until you've both finished your treatment and are cured—so you don't re-infect each other. This means:

- If you got a 1-dose treatment: Wait at least 7 days after you've taken it to have sex.
- If you got a 7-day treatment: Wait until you've finished the 7 days of medication before having sex.

HOW DO I TELL MY PARTNER I HAVE CHLAMYDIA?

Talk openly and honestly with your partner about chlamydia and other STDs. It's up to you to get tested and tell your partner he should get tested.

Here are some tips for telling your partner you have chlamydia:

- Learn about chlamydia before you talk to your partner. It might help to print out some information online to help you explain it.
- Find a time over the next few days to talk to your partner.
- Stay calm. There is a chance that your partner may react emotionally, with shock, denial or anger. He may assume that you cheated (or maybe you think he cheated on you). Try not to get upset, to keep the conversation from getting out of hand.
- Remember that chlamydia can last a long time. Either you or your partner could've had it many months before your relationship, without even knowing. It doesn't necessarily mean that either of you cheated.
- Help your partner understand that he may have chlamydia too. It may not be possible to know if he had it first or if you did.
- Allow your partner to ask questions. Answer them as best you can.
- End the conversation if it does get out of hand. Tell your partner you would like to talk more at another time.

Appendix G: Suggestions for Interactive Website

This document presents a comprehensive list of items suggested by participants. Items are ordered from most to least frequently mentioned.

Website Features

- Tool to find local clinics
- Someone's story (comments)
- Video
- Graphic pictures of what Chlamydia looks like
- Celebrities
- Frequently Asked Questions (FAQs)
- Chat room
- Blogs
- Images of people with STDs
- Polls/quizzes
- List of Symptoms
- Hotline for more information
- Pop-ups
- Games
- Get tested even if you have no symptoms
- Inspirational quotes
- Text messages
- Facebook
- School websites
- Google
- Twitter
- Gorilla, grassroots marketing (free stuff, giveaways on campus)
- Comment section
- Diagrams of cool people
- Learn facts
- T-Shirts
- Opinions
- Funny things
- Both genders
- All races

Specific Information

- Chlamydia symptoms
- Statistics about Chlamydia
- Facts about STDs
- Prevention Information
- Explanation of Chlamydia
- Explanation of treatment
- STD facts
- Ways to talk to physicians

Features do not want

- Games
- Spam
- Comics
- Graphic images on the home page

General Website Characteristics Wanted

- Bright colors
- Short paragraphs