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