

## Health Center / Clinic Survey

### **[Insert instructions and disclaimer(s)]**

1. How old are you? \_\_\_\_\_

2. What is your gender?

- Female
- Male
- Transgender
- Don't want to identify

3. What is your race/ ethnicity? (Check all that apply)

- White
- Black or African American
- Hispanic- Latino/a
- Asian or Pacific Islander
- American Indian, Alaskan Native, or Native Hawaiian
- Biracial or Multiracial
- Other: (specify: \_\_\_\_\_)

4. What is your zip code? \_\_\_\_\_

5. What is the primary reason for your visit today? (choose one)

- Regular check-up or physical exam [if no, skip to Q7]
- Sickness, illness or injury [if no, skip to Q7]
- Birth control [if no, skip to Q7]
- Ask about STDs or to get tested for an STD (like chlamydia, gonorrhea, herpes or HIV)

6. If you are here for STD testing, what is your primary reason for getting tested today? (choose one)

- I have some signs or symptoms that make me think I might have an STD
- My partner suggested or asked me to get tested for STDs
- I get tested for STDs as part of regularly checking my health
- I have recently had unprotected sex and wish to get tested for an STD
- It seems everyone else who's sexually active is doing it
- I heard about nearby testing
- Other (specify: \_\_\_\_\_)

7. Have you been tested for STDs [insert appropriate time frame (e.g. in the past 6 months)] (aside from today, if you are here for testing)?

- Yes
- No
- Don't know

8. Within the past 12 months, how many sex partners (vaginal and/or anal intercourse) have you had?

- None
- 1
- 2
- 3
- 4 or more

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9. Do you consider yourself to be:

- Straight or Heterosexual
- Gay or Lesbian
- Bisexual
- Queer
- Other (Specify: \_\_\_\_\_)

10. In the past 12 months, have you talked about sexual health issues (e.g. STD testing, safer sex practices, etc.) with any of the following people? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Doctor, nurse, or other medical provider | <input type="checkbox"/> Parent(s) or caregiver                      |
| <input type="checkbox"/> Mental health provider                   | <input type="checkbox"/> Other family members                        |
| <input type="checkbox"/> Boyfriend, girlfriend, or other partner  | <input type="checkbox"/> I did not talk to anyone about these issues |
| <input type="checkbox"/> Friend or roommate                       | <input type="checkbox"/> Other [specify: _____]                      |

11. Please indicate whether you have ever heard of each of the following campaigns.

	Yes, have heard of	No, have not heard of	Don't know
❖ Above the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Bedsider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ GYT: Get Yourself Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ It's Your (Sex) Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Lock It or Leave It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Greater Than AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ National HIV Testing Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. If you have heard about the “GYT: Get Yourself Tested” ad campaign, where have you seen or heard about it? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Ad or article in a magazine or newspaper | <input type="checkbox"/> Friends or word of mouth                              |
| <input type="checkbox"/> Billboards                               | <input type="checkbox"/> MTV   |
| <input type="checkbox"/> Blogs                                    | <input type="checkbox"/> Promotional items (buttons, stickers, t-shirts, etc.) |
| <input type="checkbox"/> Buses or subways                         | <input type="checkbox"/> Radio   |
| <input type="checkbox"/> School                                   | <input type="checkbox"/> Text message  |
| <input type="checkbox"/> Special event or activity                | <input type="checkbox"/> TV (other than MTV )                                  |
| <input type="checkbox"/> Email                                    | <input type="checkbox"/> Twitter   |
| <input type="checkbox"/> Facebook                                 | <input type="checkbox"/> Web site  |
| <input type="checkbox"/> Flyers or posters                        | <input type="checkbox"/> YouTube   |
| <input type="checkbox"/> Clinic, doctor's office or health center | <input type="checkbox"/> Other [specify: _____ ]                               |

13. Did you come in today because of something you saw or heard in the “GYT: Get Yourself Tested” ad campaign?

- Yes, I came here at least in part because of the GYT campaign
- No, the GYT campaign did not play a role in motivating me to come here today

*Thank you for taking the time to complete this survey, we appreciate your participation. If you have questions, please contact us directly.*