College Health Center Survey

The following questions ask about why you are here today. All responses are confidential and will not be recorded in your medical record. This survey is completely voluntary. You may choose not to participate or not to answer any specific question. You may skip any questions you are not comfortable answering. Your answers will not be tied to you (or your name) and will only be reported on as a group, in combination with other responses.

1.	How old are you?
2.	What is your gender? Female Male Transgender Don't want to identify
3.	How do you usually describe your race/ethnicity? (check all that apply) a. White b. Black or African American c. Hispanic – Latino/a d. Asian or Pacific Islander e. American Indian, Alaskan Native, or Native Hawaiian f. Biracial or Multiracial g. Other (specify:)
4. `	What is the primary reason for your visit today? (choose one) ☐ Regular check-up or physical exam [if no, skip to Q6] ☐ Sickness, illness or injury [if no, skip to Q6] ☐ Birth control [if no, skip to Q6] ☐ Ask about STIs or to get tested for an STI (like chlamydia, gonorrhea, herpes or HIV)
5.	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 STI ☐ My partner suggested or asked me to get tested for STIs ☐ I get tested for STIs as part of regularly checking my health ☐ I have recently had unprotected sex and wish to get tested for an STI ☐ It seems everyone else who's sexually active is doing it ☐ I heard about nearby testing Other (specify:)
6.]	Iave you ever been tested for STIs (aside from today, if you are here for testing)? ☐ Yes ☐ No ☐ Don't know
7. `	Vithin the last 12 months, how many sex partners (vaginal and/or anal intercourse) have you had?
	 None 1 2 3 4 or more

8. Do you consider yourself to be:			
 □ Straight or Heterosexual □ Gay or Lesbian □ Bisexual □ Queer □ Other (specify:)		
9. In the past 12 months, have you talked about sexual health following people? (check all that apply)	ssues (e.g. STI testing	g, safer sex practices, etc.)	with any of the
□ Doctor, nurse, or other healthcare provider □ Mental health provider □ Sexual health or health promotion educator □ Boyfriend, girlfriend, or other partner □ Friend or roommate □ Parent □ I did not talk to anyone about these issues □ Other (specify:			
10. Please indicate whether you have ever heard of each of the	Yes, have	No, have not	Don't know
	heard of	heard of	
❖ Above the Influence			
BedsiderGYT: Get Yourself Tested			
GYT: Get Yourself TestedIt's Your (Sex) Life			
Lock It or Leave It			
Greater Than AIDS			
National HIV Testing Day			
11. If you have heard about the "GYT: Get Yourself Tested" acapply)	l campaign, where ha	ve you seen or heard about	it? (check all that
☐ Ad or article in college	ΠМ	ITV	
newspaper/newsletter		tvU	
☐ Campus blog		romotional items (buttons,	stickers, t-
☐ Campus event or activity	shirts, etc.) Residence Halls		
☐ Campus radio station			
☐ Campus text message	□ St	tudent health, wellness, or l	nealth
☐ Campus website		romotion office	
☐ Email (from school program/group)		V other than MTV	
☐ Facebook	□ T ₁		
☐ Flyers or posters		ouTube	
☐ Clinic, doctor's office or health center	□ O	ther (specify:)	
☐ Friends or word of mouth			
☐ Greek Housing			
12. Did you come here today at least in part because of somethin	g you saw or heard in	the "GYT: Get Yourself T	ested" 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 n		here today	

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