

Appendix IX: Participant questionnaire-English

Study goal determine the acceptability and uptake of STI screening and management services and the prevalence of STIs among the adolescents and young persons attending outpatient's clinics in four selected health facilities in Teso region

Name of the health facility.....

Level of the health facility.....

Ownership of the health facility Private Or Government(Tick)

District

Section 1: Socio-demographic and health system characteristics			
S/N	Question		Response
Date.....		Study Number.....	
1.	Age in completed years	
2.	Sex		Female...../ Male.....
3.	Current Residence	Village Sub county
4.	Religion (Tick the one appropriate)		1.Catholic 2.Muslim 3.Protestant 4.Pentecostal 5. Others (specify)
5.	Highest level of education (Tick one appropriate option)		1. Primary level 2. Secondary Level 3. University level 4. Never studied 5. Vocational studies
5.	If currently in school ,where do you reside		1. At home 2. In boarding school 3. In a hostel

6.	Marital status for those out of school (Tick the appropriate option)	never married (single) 1.married 2. widow 3.divorced/separated 4.Others specify
Section 2; STI Risk Assessment		
7.	What is the reason for your visit? (Tick all that apply)	1.Have symptoms 2.Think you could be at risk for an STD/HIV 3.No symptoms –STD testing/screening only 4. Someone told you to come today 5. Referred by another doctor or clinic 6. Other:
8.	If you have symptoms, please tick all that apply	1.Bleeding 2. Pain 3. Rash 4. Discharge 5. Sores/Blisters 6. Warts 7. Itch 8.Problems with urination 9. Others.....
9 a.	Have you had sex in the last 6 months?	Yes/ No
9b	With how many people?	1 ,2 ,3 ,4 ,5, 6 ,7 ,8 ,9 ,10 more than 10
9c	How many people have you had sex with in your lifetime?	0 ,1 ,2 ,3 ,4 ,5 ,10, 15, 25 ,30 ,50 ,75 More than 100

10.	When with new or non-steady partners, do you use a condom or barrier (Tick one)	1. Always 2. 2. Most of the time 3. Sometimes 4. Rarely 5. Never
11.	Have you ever experienced sexual violence?	Yes.... /No....
12.	Have you ever exchanged sex for money?	Yes.... /No.....
13.	Have you had sex with someone you know injects drugs?	Yes.../No....
14.	Have you ever used a needle to inject drugs?	Yes.... /No.....
15.	Have you had sex with someone you know has HIV/AIDS?	Yes...../No.....
16.	Have you used Drugs (alcohol, Kuba, weed, Marijuana, grey hair, meth, speed, crank, crystal, cocaine, or crack etc in the last year?	Yes.... /No....
17.	Do you smoke cigarettes?	Yes.... /No....
18.	Have you ever been in jail or prison?	Yes.... /No.....
19.	Do you have any tattoos?	Yes.... /No.....
20.	Have you had the Hepatitis B vaccine?	Yes.... /No.....
21.	How many HIV/AIDS tests have you had before today?
22 a.	Do you have any source of income	Yes .../No.....
22 b.	What is your source of income (Tick the appropriate option)	1. Parent/ Guardian 2. Sugar Mummy

		3.Sugar Daddy 4. Boyfriend/Girlfriend 5. Work 6. Others Specify.....
23 a	Have you ever been Screened for an STI? (Tick all that apply below and indicate when)	1. Chlamydia, when..... 2. Herpes, when..... 3. Hepatitis B when..... 4. Gonorrhea, when..... 5. HIV, when..... 6. Genital Warts, when..... 7. Human Papilloma Virus, When..... 8. Syphilis. When 9. Other:when..... 10.Never been diagnosed with an STD
23 b.	If you have ever been screened for STIs, Where was the testing done?	1.Private laboratory 2.STI clinic in the hospital 3.Outpatients clinic in a government facility 4.At school 5. At the university clinic 6. At home 7. Self -test
24 a.	Would like to be screened for STIs today	Yes.... /No.....
24 b.	If no, why are you not willing to be tested

Section 3: Post screening actions		
25	Was patient bled for STIs tests	<div>1. HIV Yes...../No.....</div> <div>2. Syphilis Yes...../No.....</div> <div>3. Hepatitis B Yes/No.....</div> <div>4. Human Papilloma Yes/No.....</div>
26	If yes, result of the screening?	<div>1. HIV Neg...../Pos.....</div> <div>2. Syphilis Non -Reactive...../Reactive.....</div> <div>3. Hepatitis B Non-Reactive...../Reactive.....</div> <div>4. Human Papilloma Virus Neg/Pos</div>
27	If Positive, has patient been referred for further assessment and treatment?	<div>No</div> <div>Yes</div>
28	What treatment for STI has the person received	<div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div> <div>.....</div>