Appendix 1. Survey

Factors influencing why young people in Western Sydney choose General Practice or Sexual Health Clinics for sexual health care

This study is being conducted as part of the University of Western Sydney’s community research module undertaken by fourth year medical students enrolled in the Bachelor of Medicine/Bachelor of Surgery degree. Our aim is to determine the factors that impact how young people, aged between 1–30 years, decide on whether to visit a Sexual Health Clinic or a General Practitioner for sexual health care. Our aim is to establish whether there are clear differences behind the attitudes this target population towards the two services, with regards to sexual health. It is also to establish reasons why one may or may not seek sexual health services or if one service is favoured over the other.

All information provided in this survey will remain confidential and anonymous and will be used for no purposes other than this study. By completing this survey, you acknowledge that you have read and understood the Participant Information Sheet, and consent to participate in this research project.

We would like to thank you for taking the time to complete this survey.

Please complete the survey and return it back to reception. If completing in consult room return to reception on departure.

Background Information. Please tick/write an answer where appropriate.

1. What gender do you identify as?

☐ Male

☐ Female

☐ Transgender (male-to-female)

☐ Transgender (female-to-male)

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

3. What is your country of birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Is English your first language?

☐ Yes

☐ No

If no, what is? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. What sexuality do you identify as?

☐ Heterosexual

☐ Homosexual

☐ Bisexual

☐ Transsexual

☐ Pansexual

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Are you an Aboriginal or Torres Strait Islander person?

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

☐ None of the above

7. Do you have a Medicare card?

☐ Yes

☐ No

8. What suburb do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. What is your current employment status?

☐ Employed

☐ Unemployed

☐ Student

10. In the past 12 months have your sexual partners been (you can tick more than one):

☐ Male

☐ Female

☐ Transgender

☐ No sexual activity in the last 12 months.

11. How many people have you had sex with in the last:

☐ 3 months: \_\_\_\_\_\_\_\_\_

☐ 12 months: \_\_\_\_\_\_\_\_\_

12. Please tick one or more reasons for your visit to the GP/ sexual health clinic today:

☐Vaginal/penile symptoms ☐Sex-worker check up ☐HIV management

☐Treatment ☐Contact with an STI ☐Vaccination

☐Results ☐Counseling ☐Regular check-up

☐PEP ☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Have you ever been diagnosed with any of the following (you can tick more than one):

☐ Chlamydia

☐ Gonorrhoea

☐ Syphillis

☐ Hepatitis A

☐ Hepatitis B

☐ Hepatitis C

☐ Genital Warts

☐ HSV (Herpes)

☐ HIV

**General practice / medical centre history**

14. How many times have you been to a GP / Medical centre in the last year?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5 or more

15. Do you attend the same GP / Medical centre every time?

☐ Yes

☐ No

If no, why?

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16. Have you ever sought sexual health advice including tests for sexually transmitted infections including HIV at a GP?

☐ Yes

☐ No

17. Have you ever been concerned about your sexual health / having a sexually transmitted infection and / or HIV and chosen not to seek help from a GP?

☐ Yes

☐ No

Why?

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18. Have you ever been concerned about being judged by your GP if seeking sexual health advice?

☐ Yes

☐ No

19. Have you ever been treated for sexually transmitted infection and / or HIV at a GP?

☐ Yes

☐ No

20. How would you rate your experience with GPs for sexual health needs?

0\_\_\_\_\_\_\_\_\_\_\_\_\_\_1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Unsatisfactory Satisfactory Excellent

21. What is the reason for this answer?

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22. Are you aware that there are sexual health clinics that provide confidential and free sexual health testing, treatment and counselling throughout Western Sydney?

☐ Yes

☐ No

If yes, how did you hear about them?
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If no, would you be more willing to go to one after finding out about them?

☐ Yes

☐ No

**Sexual Health Clinics**

23. How many times have you been to a Sexual Health Clinic in the past year?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5 or more

24. What have been your primary reasons for visit?

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25. Do you attend the same clinic every time?

☐ Yes

☐ No

If not, why?

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26. Have you ever been concerned about your sexual health / having a sexually transmitted infection and / or HIV and chosen not to seek help from a Sexual Health Clinic?

☐ Yes

☐ No

Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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27. Have you ever been treated for sexually transmitted infection and / or HIV at a Sexual Health Clinic?

☐ Yes

☐ No

28. Have you ever been concerned about being judged by the staff at a Sexual Health Clinic?

☐ Yes

☐ No

Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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29. How would you rate your experience with sexual health doctors and nurses?

0\_\_\_\_\_\_\_\_\_\_\_\_\_\_1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Unsatisfactory Satisfactory Excellent

30. What is the reason for this answer?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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31. Have you felt comfortable in returning to a Sexual Health Clinic in order to be treated/discuss symptoms/for regular check ups?

☐ Yes

☐ No

Why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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32. Please rate the **importance** of the following factors when deciding whether to go to a GP or sexual health clinic for sexually transmitted infections / HIV testing / regular check-ups. Please **circle**.

a. **Past experience** (both negative and positive) with a GP or Sexual Health

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

b. **Confidentiality** (keeping your details and medical information private)

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

c. **Disconnection** from the nursing and medical staff (Not knowing or having an established relationship with the doctor or nurse. E.g. not being a GP who has known you since you were a child.)

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

d. **Location of service** (nearby parking, close to transport, close to home, close to work.)

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

e. **Privacy of location** (is not obvious that you are seeking sexual health)

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

f. **Pharmacy nearby**

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

g. **Sample collection** (blood, swabs, urine testing) done at the location of the Clinic/GP.

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

h. **Anonymous testing** (not using your name on tests, not using real name on records or able to use a fake name).

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

i. No **Medicare card** required.

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

j. **Appointment times** are easy to arrange or no appointments are needed.

☐ Not important

☐ Average

☐ Very important.

33. Please rate the **importance** of the following in relation to the GP/Sexual Health doctors & nurses for testing, treatment and counseling of sexually transmitted infections and HIV. Please **circle**.

a. **Knowledge** of sexually transmitted infections & HIV.

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

b. Prefer to be **offered** testing rather than ask for it.

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

c. **Range** of staff services available (medical, nursing, social work, counseling).

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

d. **Attitudes** of staff (i.e. non-judgmental, accepting of sexual practices).

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

e. Staff’s **ability** to discuss your sexual health history with ease and acceptance.

 1\_\_\_\_\_\_\_\_\_\_\_\_\_2\_\_\_\_\_\_\_\_\_\_\_\_\_\_3\_\_\_\_\_\_\_\_\_\_\_\_\_\_4\_\_\_\_\_\_\_\_\_\_\_\_5

Not important average Very important

Results provision.

34. How would you prefer to receive negative results of sexually transmitted infection/HIV screening?

☐ In person

☐ SMS

☐ Email

☐ Phone call

35. How would you prefer to receive **positive** results of sexually transmitted infection / HIV screening?

☐ In person

☐ SMS

☐ Email

☐ phone call

**Consent**

36. Have you read and understood the patient information sheet and consent to participate in this study?

☐ Yes

☐ No

Thank you for completing this survey. When completed, please leave the survey at reception.