Sexually transmitted diseases
and
the need for prevention advice among patients

Please note: the questionnaire is anonymous

How to fill out the questionnaire?
Please tick the circle beside the answer that best corresponds to your situation.
Unless indicated otherwise, please tick only one circle.

Thank you very much for taking the time to participate!

Note for men who have relations with other men:
For the sake of simplicity, we have chosen to refer consistently to female partners (e.g. wife, girlfriend). For the purposes of the questionnaire, these terms can also refer to male partner or boyfriend. We apologise for this, and thank you in advance for your understanding.
For many people, AIDS is a major cause for concern. How much do you know about this disease?

1. Please indicate whether the AIDS virus can be transmitted in the following ways:
   
   (Please give an answer per line)  
   
<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>In public toilets</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
</tr>
<tr>
<td>By injecting drugs with a syringe previously used by someone else</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
</tr>
<tr>
<td>Drinking from the same glass as a person with the AIDS virus</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
</tr>
<tr>
<td>Unprotected sexual intercourse</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
</tr>
<tr>
<td>When a woman with the AIDS virus gives birth</td>
<td>O₁</td>
<td>O₂</td>
<td>O₃</td>
</tr>
</tbody>
</table>

Doctors need to know their patients sufficiently well to be able to treat them correctly. They ask their patients a variety of questions, for example on their medical history or on whether they smoke. They may also enquire about the patient’s sexual history.

2. Would you find it normal for a doctor to ask you questions on your sexual history?
   
   O₁ Yes           O₂ Rather yes       O₃ Rather no       O₄ Not at all

3. Would you like your doctor to ask you this type of question in order to give you advice that is better suited to your circumstances?
   
   O₁ Yes           O₂ Rather yes       O₃ Rather no       O₄ Not at all

4. Generally speaking, when would be the best moment to talk about these issues?
   
   O₁ From the first appointment, as part of the series of lifestyle-related questions that the doctor generally asks
   O₂ At a later stage, when the doctor and patient know each other better
   O₃ Never

5. Would you be embarrassed if your doctor asked you this type of question?
   
   O₁ Yes           O₂ Rather yes       O₃ Rather no       O₄ Not at all
This section of the questionnaire concerns your own experience of the questions asked (or not) and advice given (or not) by your doctor concerning protection against the AIDS virus and other sexually transmitted diseases.

6 Which of the following issues has a doctor already spoken to you about?  
(Please give an answer per line)  

<table>
<thead>
<tr>
<th>Issue</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your sexual history in general</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>The number of sexual partners you have had</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>Protection against sexually transmitted diseases</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>Protection against unwanted pregnancy (contraception)</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>The gender of your partners</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>Previous history of sexually transmitted diseases</td>
<td>O₁</td>
<td>O₂</td>
</tr>
</tbody>
</table>

7 Has a doctor already advised you on how to avoid sexually transmitted diseases, including the AIDS virus?  
O₁  Yes  O₂  No

8 If yes, what did you think of his advice?  
O₁  Helpful  O₂  Rather helpful  O₃  Rather unhelpful  O₄  Unhelpful

9 How well are you informed about AIDS?  
O₁  Well informed  O₂  Rather well informed  O₃  Rather poorly informed  O₄  Poorly informed

10 How well are you informed about other sexually transmitted diseases (e.g. syphilis)?  
O₁  Well informed  O₂  Rather well informed  O₃  Rather poorly informed  O₄  Poorly informed

11 Do you need information on the following subjects?  
(Please give an answer per line)  

<table>
<thead>
<tr>
<th>Subject</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>The transmission of AIDS and other sexually transmitted diseases</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>Protection against AIDS and other sexually transmitted diseases</td>
<td>O₁</td>
<td>O₂</td>
</tr>
<tr>
<td>The treatment of AIDS and other sexually transmitted diseases</td>
<td>O₁</td>
<td>O₂</td>
</tr>
</tbody>
</table>
The following section of the questionnaire deals with your sexual history. Should you find any questions too personal, please feel free not to give an answer.

12 How old were you when you had sexual intercourse for the first time?
   - Years old
   - I have yet to have sexual intercourse (If no, please go to the information box that Question 35)

13 Since you have been sexually active, have you ever used a condom during intercourse?
   - Yes
   - No

14 Did you use a condom the last time you had sexual intercourse?
   - Yes
   - No

15 Have you ever had sexual intercourse with a man?
   - Yes
   - No

16 How many sexual partners have you had over the last 12 months?
   - Number of partners

17 At the present time or over the last 12 months, have or had you a stable sexual partner (wife, girlfriend)?
   - Yes
   - No

18 If yes, did you use condoms with your stable sexual partner?
   - Always
   - Sometimes
   - Never

The following section of the questionnaire deals with ‘casual sexual intercourse’, that is ‘unplanned’ sex, short-term sexual relations or one-night stands, for which no payment was made.
Please note: the questions in this section relate only to events over the past six months.

19. During the past 6 months, have you had one or more casual sexual partners?
   - O₁ Yes
   - O₂ No

20. Did you use a condom with these partners?
   - O₁ Always
   - O₂ Sometimes
   - O₃ Never

21. During the last 12 months, did you have sexual intercourse with different partners over the same time period?
   - O₁ Yes
   - O₂ No

The following section of the questionnaire deals with sexual relationships with people that are paid or given gifts in return for sexual intercourse.

22. Have you ever accepted payment or gifts in return for sexual intercourse?
   - O₁ Yes
   - O₂ No

23. Since you have been sexually active, have you ever paid or offered a gift in return for sexual intercourse?
   - O₁ Yes
   - O₂ No
   - (If no, please go to the information box that precedes Question 34)

24. How many times during the past 12 months?
   Number of times

25. With how many individuals during the past 12 months?
   Number of individuals
This section of the questionnaire deals with your last sexual experience with a person whom you paid or to whom you offered a gift in return for intercourse.

26 When did this last happen?
   O₁ Within the last 12 months   O₂ More than one year ago

27 How did you meet the person whom you paid or to whom you offered a gift in return for sexual intercourse?
   O₁ In the street
   O₂ Through classified ads or Internet ads for a massage parlour
   O₃ In a nightclub, cocktail bar or disco etc.
   O₄ In a club (e.g. for swingers)
   O₅ Through classified ads or Internet ads for escorts

28 In which country did this take place?
   O₁ In Switzerland   O₂ Outside Switzerland

29 Who was the last person you paid or to whom you offered a gift in return for sexual intercourse?
   O₁ A woman   O₂ A transvestite or transsexual   O₃ A man

30 Was the last person whom you paid or to whom you offered a gift in return for sexual intercourse a drug user?
   O₁ Yes   O₂ No   O₃ Don’t know

31 Did you use a condom?
   O₁ Yes   O₂ No

32 At the time of your last sexual experience with a person whom you paid or to whom you offered a gift in return for intercourse, were you also having sexual intercourse with another individual(s)?
   O₁ Yes   O₂ No

33 If yes, did you use condoms with these other individuals?
   O₁ Always   O₂ Sometimes   O₃ Never

A number of diseases can be transmitted during sexual intercourse. This section of the questionnaire deals with your sexual health.
34. During the past 12 months, have you experienced any pain when urinating, any discharge from your penis or ulcers on your genitals?
   O1. Yes         O2. No

35. Have you ever taken an AIDS test?
   O1. Yes         O2. No

36. How many AIDS tests have you taken to date?
   Number of times □□□□

37. In what year did you have your last AIDS test? (please give an approximate answer, if you cannot remember the exact year)
   Year □□□□□

38. What were the results of your last test?
   O1. Not infected with the AIDS virus
   O2. Infected with the AIDS virus
   O3. Don’t know
   O4. Do not wish to say

39. Have you ever injected drugs?
   O1. Yes         O2. No

We have reached the end of the questionnaire. The following questions deal with essential information needed for our study. Please note, from the answers given, we are not able to identify the person who completed the questionnaire.

40. How old are you?
   □□□□ Years old

41. Which country or geographical region do you come from?
   O1. Switzerland
   O2. European Union
   O3. Other Eastern European country, including Russia
   O4. Asia
   O5. North Africa or Middle East
   O6. Sub-Saharan Africa
   O7. North America
   O8. Central or South America
   O9. Other
42 How long have you been in Switzerland?
O₁ Less than one year O₂ For one year or more

43 Which type of work and residence permit do you have?
O₁ Swiss nationality
O₂ C permit (settlement permit)
O₃ B permit (residence)
O₄ F permit (temporary admission)
O₅ N permit (asylum seeker)
O₆ Other or no permit
O₇ Tourist visa

44 What are your current living circumstances?
O₁ Living with your wife or girlfriend
O₂ Living alone, but you have a wife or girlfriend who lives elsewhere
O₃ Living alone and not in a stable relationship

45 What is your marital status?
O₁ Single
O₂ Married
O₃ Separated or divorced
O₄ Widowed
O₅ Civil solidarity pact

46 What religion are you?
O₁ Protestant
O₂ Catholic
O₃ Muslim
O₄ Jewish
O₅ Orthodox
O₆ Other (please state) ______________________________________________
O₇ None

47 What was the last education you received?
O₁ Statutory schooling (completed or not)
O₂ Apprenticeship
O₃ Grammar school, baccalaureate, higher vocational college
O₄ University, University of Applied Sciences

48 Are you in employment?
O₁ Yes O₂ No

You have reached the end of the questionnaire.
Thank you very much for your valuable help!

We would also like to carry out short and anonymous interviews with people who have recently had several sexual partners. If you are interested, please call Giovanna Meystre-Agustoni on 021 314 72 91.