

## Survey for Sexual Health Services

We are always trying to provide the best possible services for you, and to help us, we would really like to hear about your views on sexual health services in Waltham Forest. The information you give will help us to improve the way sexual health services are provided in future.

This survey will take around 5 -10 minutes to complete.

If you don't want to do this survey, **it will not affect the care you receive today**. If you would like to skip some of the questions that's fine too and there is no need to give a reason!

**Your answers will be treated in complete confidence and your personal details will never be shared.**

Once completed, please place your survey in the box provided.

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### 1a. Have you ever visited a sexual health clinic in London?

- Yes       No

### 1b. If, **YES**, approximately how many times have you used sexual health services in the last **THREE** years?

- None       1       2-4       Can't remember  
 5-7       8-10       More than 10

### 1c. Please tell us where you use sexual health services. Select all the clinics that you have used:

#### Sexual Health Clinics

- |   |  |
|---|--|
| <input type="checkbox"/> The Greenway (Newham General)    | <input type="checkbox"/> Ambrose King (Whitechapel)  |
| <input type="checkbox"/> St Barts Clinic (near St Paul's) | <input type="checkbox"/> Homerton Hospital (Hackney) |
| <input type="checkbox"/> Whipps Cross Hospital            | <input type="checkbox"/> Barking Hospital            |

#### Contraception Clinics

- |  |  |
|--|--|
| <input type="checkbox"/> Shrewsbury Road (Newham)  | <input type="checkbox"/> West Ham Lane (Newham)                      |
| <input type="checkbox"/> Lord Lister (Newham)  | <input type="checkbox"/> West Beckton (Newham)                       |
| <input type="checkbox"/> Appleby Centre (Newham)   | <input type="checkbox"/> Ivy Centre (City & Hackney)                 |
| <input type="checkbox"/> Spitalfields (Tower Hamlets)  | <input type="checkbox"/> Sylvia Pankhurst - Mile End (Tower Hamlets) |
| <input type="checkbox"/> Steel's Lane (Tower Hamlets)  | <input type="checkbox"/> Newby Place Clinic (Tower Hamlets)          |
| <input type="checkbox"/> Sexual health service Forward thinking @ Step Forward (Tower Hamlets) |  |
| <input type="checkbox"/> Barkantine Centre (Tower Hamlets)                                     | <input type="checkbox"/> Loxford Polyclinic (Redbridge)              |
| <input type="checkbox"/> Hainault (Redbridge)  | <input type="checkbox"/> Comely Bank Clinic (Waltham Forest)         |
| <input type="checkbox"/> Silverthorn Centre (Waltham Forest)                                   | <input type="checkbox"/> Oliver Road Polyclinic (Waltham Forest)     |

#### Others

- Pharmacy       GP

**2. Please tell us the MAIN REASONS why you attend sexual health services?**

**Select a maximum of THREE (3):**

- You have symptoms and think you might have a sexually transmitted infection (STI)
- You have had unprotected sex and want to get checked (no symptoms)
- You think you may have a health problem that is not sexually transmitted e.g. problems having sex
- You are planning to have unprotected sex and want to get checked (no symptoms).
- You were contacted by a partner or clinic because they think you might be at risk of having an STI (no symptoms)
- You have started a new relationship and want to get checked
- You would like a routine check-up (no symptoms)
- You would like contraception (Please tell us which kind)
  - Pill    Coil    Implant    Morning after pill
  - Other: \_\_\_\_\_
- You would like contraception removed (Please tell us which kind)
  - Coil    Implant    Other: \_\_\_\_\_
- You would like a pregnancy test
- You need a referral for a termination of pregnancy
- You need a cervical smear test
- You are worried and would like advice
- Other (please tell us below)

**3. How did you find out about the sexual health clinic you use most often?**

**Please choose ONE (1):**

- Online search (e.g. Google)
- Telephone advice line (such as NHS 111)
- A GP or other healthcare professional told you about it
- Advert or article about the clinic in a magazine or newspaper
- A friend/family member told you about it
- Telephone directory
- Other (please tell us below)

**4. What is most important to you when choosing a sexual health service?**

**Please choose THREE (3) reasons:**

- It's close to my home
- It's close to my work/study place
- It has good transport like a tube or bus stop)
- It looks nice inside
- It's welcoming
- Waiting times are not too long (less than one hour)
- The staff are welcoming and don't judge me
- I can book appointments by phone
- I can book appointments online
- The opening times are suitable for me
- It's confidential
- It is a specialist service
- I have a choice of male or female nurses/doctors
- Other (please describe)

**5. (This question is aimed at women only) Would you prefer contraception and STI testing / treatment in the same clinic or in two different clinics?**

- I would prefer **one** clinic, which offers STI testing, treatment and contraception altogether
- I would prefer **two** clinics, one for STI testing/treatment and a separate clinic for contraception
- No preference
- It depends (please briefly say why)

**6. Would you use a GP or pharmacist (chemist) for STI testing/ treatment and for contraception services?**

**GP**

- Yes – STI testing and treatment services
- Yes – contraception services
- No (Tell us why below)

**Pharmacist**

- Yes – STI testing and treatment services
- Yes – Emergency Hormonal Contraception (the morning after pill)
- Yes – Oral Contraception
- No (Tell us why below)

**If you answered “no”. Tell us why**

**GP**

**Pharmacist**

**7. Did you know that you can get a free HIV testing kit online?**

This kit can be ordered online for free and involves taking a small sample of blood and sending it back for results

- Yes
- No

**8. Would you consider using a free STI /HIV testing kit?**

This kit can be ordered online for free and sent to your home or to an address of your choice (including a clinic or pharmacy). You then take a small sample of blood and send it back for results

- Yes, I already use them
- Yes, I would like to use one
- No (please tell us why)
- Not sure (please tell us why)

**9. Would using this testing kit have avoided your visit to sexual health clinic?**

- Yes, I already use them
- Yes, I would like to use one
- No (please tell us why)
- Not sure (please tell us why)

**10. How old are you?**

- Under 18
- 18–24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75
- Prefer not to say

**11. Are you:**

- Male
- Female
- Transgender male
- Transgender female
- Intersex
- Prefer not to say
- Other: \_\_\_\_\_

**12. How would you describe your sexual orientation?**

- Homosexual/Gay or Lesbian
- Heterosexual/Straight
- Bisexual
- Other: \_\_\_\_\_
- Prefer not to say

**13. Do you consider yourself as having a disability?**

- Yes                                       No                                       Prefer not to say

**14. How would you describe your ethnicity?**

**White**

- English/Welsh/Scottish/Northern Irish/British       Charedi                       Irish  
 Gypsy or Irish Traveller                       Turkish                       Any other white background

**Mixed/multiple ethnic groups**

- White and Black Caribbean                       White and Black African  
 White and Asian                       Any other Mixed/multiple ethnic background

**Asian or Asian British**

- Indian                                       Chinese  
 Pakistani                                       Vietnamese  
 Bangladeshi                                       Any other Asian background

**Black/African/Caribbean/Black British**

- Nigerian                                       African - other  
 Ghanaian                                       Caribbean  
 Somali                                       Any other Black background

**Other ethnic group**

- Arab                                       Any other ethnic group  
 Prefer not to say

**15. Where do you live?**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hackney                  | <input type="checkbox"/> Camden             | <input type="checkbox"/> City of London (The Square Mile) |
| <input type="checkbox"/> Newham                   | <input type="checkbox"/> Waltham Forest     | <input type="checkbox"/> In England but outside London    |
| <input type="checkbox"/> Tower Hamlets            | <input type="checkbox"/> Redbridge          | <input type="checkbox"/> Scotland, Wales, N Ireland       |
| <input type="checkbox"/> Somewhere else in London | <input type="checkbox"/> Westminster        | <input type="checkbox"/> Overseas                         |
| <input type="checkbox"/> Islington                | <input type="checkbox"/> Barking & Dagenham | <input type="checkbox"/>                                  |

**16. Do you have any other comments you would like to make?**

- Yes       No

**We are also looking for focus group participants to tell us more about your experiences of sexual health services.**

**If you would like to be considered for any focus groups or interviews please include your contact details:**

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Participants will be rewarded!**

**Thank you very much for completing this survey**

**Remember to fold and place your responses into the box provided.**