

EPH Clinic User Survey

Record ID _____

What are the reasons for your visit to this clinic today (choose all that apply)?

- Health problem or symptoms
- No health problem or symptoms, but came to get STD screening/check-up
- Told to get checked by partner
- Referred by the health department
- Follow-up visit
- Came to get STD test results
- Came to get HIV test
- Came to get contraception
- Some other reason

Please specify "Other Reason" _____

What is the main reason you chose this clinic for care (choose only one)?

- Could walk in or get same day appointment
- Cost
- Privacy concern
- Expert care
- Embarrassed to go to usual doctor
- Some other reason

Specify "Other Reason" _____

What is the next most important reason you chose this clinic for care (choose only one)?

- Could walk in or get same day appointment
- Cost
- Privacy concern
- Expert care
- Embarrassed to go to usual doctor
- Some other reason
- No other reason

Specify "Other Reason" _____

Where would you have gone today if this STD clinic did not exist (choose only one)?

- I would have waited to see how I felt and then decided what to do
- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place
- Not applicable

Specify "Some Other Place" _____

Is there a place that you USUALLY go to when you are sick or need advice about your health?

- Yes
- No

What kind of place do you go to most often?

- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place
- Don't go to one place most often

Specify "Some Other Place"

Is there a place where you USUALLY go to when you need routine or preventive care, such as a physical exam or check-up?

- Yes
- No

What kind of place do you go to most often (choose only one)?

- Community health center
- Public clinic
- Family planning clinic
- Private doctor's office or HMO
- Urgent care clinic/walk-in clinic
- Hospital emergency room (ER)
- Hospital outpatient department
- School-based clinic
- Some other place
- Don't go to one place most often

Specify "Some other Place"

Do you have health insurance (choose only one)?

- Yes, parents' insurance plan
- Yes, government insurance (Medicaid, Medicare, etc.)
- Yes, private insurance
- No coverage of any type
- Don't know

Would you be willing to use your health insurance for today's visit?

- Yes
- No

If NO, because (choose all that apply):

- I do not want my insurance company to know
- Insurance might send records home
- I do not want my parents/spouse/significant other to know
- Usual doctor might send records home
- I cannot afford the co-pay/deductible
- My insurance will not cover this visit
- Other

Specify "Other Reason"

Are you male or female (choose only one)?

- Male
- Female
- Male to female transgender
- Female to male transgender

How old are you?

What is your ethnicity?

- Hispanic/Latino
- Not Hispanic or Latino

What is your race?

- White
- Black or African American
- Asian
- Native American or other Pacific Islander
- American Indian or Alaskan Native

Do you think of yourself as (choose only one)?

- Heterosexual or straight
- Homosexual, gay, or lesbian
- Bisexual

What is your current employment status (choose all that apply)?

- Full-time employment
- Part-time employment
- Unemployed
- Disabled
- Student
- Other

Specify "Other Employment Status"

What is the highest level of school you have completed or the highest degree you have received (choose only one)?

- Middle school
- Some high school
- High school diploma
- GED or equivalent
- Some college
- College degree or higher

What is the ZIP code where you live?
