

Diagnosis questionnaire Bordernet-Sentinel

General information

Date of examination: ___/___/___

 Sex: male female

 Postcode: -
 (Country - first 2 numbers of residence of patient)

 Origin: Germany Austria

 Italy Slovakia

 Slovenia Poland

 others

 Year of birth: (999, if unknown)

if of other origin, which?

_____(country)

Additional information

Most likely mode of transmission

- Sexual contact between men
- Heterosexual contact (not commercial)
- Contact with female or male sex worker
- Commercial sex work
- Other mode of transmission
- Unknown

STIs in medical history

(please fill in for each STI)

- | | ever | within the
last 12 month | No/
Unknown |
|------------|-----------------------|-----------------------------|-----------------------|
| Gonorrhoea | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Syphilis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Chlamydia | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Others | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

which? _____

Drug use

- Intravenous
- Not intravenous
- No drug abuse
- Unknown

- | | Yes | No/Unknown |
|--------------|-----------------------|-----------------------|
| HIV-positive | <input type="radio"/> | <input type="radio"/> |
| Hepatitis B | <input type="radio"/> | <input type="radio"/> |

Laboratory confirmed infections

(several answers possible)

 HIV (only if first positive test)
Syphilis/ clinical symptoms
Primary stage (several answers possible!)
Chlamydia infection

(several answers possible!)

- Rectal
- Genital
- Oropharyngeal

- Genital
- Rectal
- Oropharyngeal
- Other localisations
- which? _____

Gonorrhoea

(several answers possible!)

- Rectal
- Genital
- Oropharyngeal

Secondary / latent stage (several answers possible!)

- Exanthema/ generalised lymphadenitis
- Condylomata lata
- Other symptoms
- which? _____
- No clinical symptoms

Neurosyphilis (several answers possible!)

- Clinical suspicion of neurosyphilis
- Clinical/ lab. confirmed neurosyphilis
- Cardiovascular Syphilis

Thank You



**Bordernet-Sentinel
Monthly questionnaire**

Please send back to:

Regional centre

Stamp or Address of institution:

Reference number of the institution: -
Country Nr. Institution

FAX regional centre:

Filled out by Mr. /Mrs.: _____
(please circle the correct title)

Date:

Data for: /
(Month/ Year)

1. How many clients visited your institution within this month because of STIs?

2. How many of them were men?

3. How many persons were tested and diagnosed for the following STIs in this month (new diagnosis)?

STI	number of persons	thereof positive
HIV		
Chlamydia		
Gonorrhoea		
Syphilis		

Please fill out a separate diagnosis questionnaire for every patient and ask him/her to fill out the patient questionnaire. Thank you.



Dear patient,

please fill in this questionnaire. Your answers will be treated in anonymously and used only for scientific purpose. If something is not clear to you, do not hesitate to contact your doctor. Owing to your –as a matter of course voluntarily - participation you will help us significantly to gain insight into sexually transmitted diseases!

Reason for examination and infection

Why did you come for an examination?
(You may mark with a cross a few readings of your answer)

- I intended to make a health check
- I had some health problems
- My partner suffers from a sexually transmitted disease (venereal disease)
- I was afraid to be infected
- Other reason
Which reason? _____

From whom did you get most probably infected?

- From my permanent partner
- From an occasional partner / one night stand
- From a sex worker
- From a suitor
- Another source of infection
Which source? _____
- I do not know

The person from whom you most probably got the infection is ...

- A man
- A women
- I don't know

Where did you most probably got the infection?

- | | |
|--------------------------------|--------------------------------|
| Germany <input type="radio"/> | Austria <input type="radio"/> |
| Italy <input type="radio"/> | Slovakia <input type="radio"/> |
| Slovenia <input type="radio"/> | Poland <input type="radio"/> |
| Other <input type="radio"/> | |

Which other country? _____
I don't know

Were you affected by alcohol or drugs at the presumed time you got infected?

(You may mark with a cross a few readings of your answer)

- Alcohol
- Cannabis (hashish, marihuana), Stimulant drugs (amphetamines, LCD, ecstasy), Poppers
- Cocaine, Heroine
- Other drugs
Which other drugs? _____

- I did not use neither drugs nor alcohol
- I don't know

Sexual contacts

Do you have a permanent partner at present?

- Yes
- No
- If Yes, for how long? years months

Did you have sexual contact to men or women during the last 6 month?

- With men
- With women
- With both men and women

With whom did you have sexual contacts during the last 6 months? (You may mark with a cross a few readings of your answer)

- With my permanent partner
- With occasional partners / one night stands
- With sex workers
- With suitors
- With others
If with others, with whom? _____
- I don't know / no answer

With how many persons did you have sexual contacts during the last 6 months?

(999 for unknown)

Did you have sexual contacts during the last 6 month for which you received cash, drugs or accommodation?

- Yes
- No
- I don't know/ no answer

How often did you use condoms in sexual contacts during the last 6 month?

(please fill out every column)

	Sex with permanent partner	Sex with occasional/ one night stand	Sex with sex workers /suitors
Always	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In half to nearly all of the cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In few to half of the cases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
never/very rare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't have sex with such a partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Finally, a few general questions concerning yourself:

Age and sex

When were you born?

(year of birth)

Are you ...

- a man
a woman

Education and profession

What is the highest level of your school leaving certificate?

- I am still at school
I have no graduation certificate
Primary school/elementary school
Secondary school/polytechnic high-school
Technical college/high school degree
Other graduation
If other, which one? _____

What kind of professional skills do you have?

- Still in education
No complete professional education
Complete professional education
University degree/college
Other
What kind? _____

How long have you been in school?

(number of years)

How would you judge your financial position?

- Good
Middle
Not good

Origin Residence

The citizenship of which country do you possess?

- | | |
|--------------------------------|--------------------------------|
| Germany <input type="radio"/> | Austria <input type="radio"/> |
| Italy <input type="radio"/> | Slovakia <input type="radio"/> |
| Slovenia <input type="radio"/> | Poland <input type="radio"/> |
| Others <input type="radio"/> | |
- Which one? _____

Since when do you live in this country?

(year)

In which country were you born?

- | | |
|--------------------------------|--------------------------------|
| Germany <input type="radio"/> | Austria <input type="radio"/> |
| Italy <input type="radio"/> | Slovakia <input type="radio"/> |
| Slovenia <input type="radio"/> | Poland <input type="radio"/> |
| Others <input type="radio"/> | |
- Which one? _____

Do you speak the language of this country?

- I speak fluently
I can express myself
I speak a little/ not at all

And finally

- I filled out this questionnaire by myself
Someone helped me filling out this questionnaire

Thank you very much for your cooperation!

Do you have any comments/suggestions/remarks?



Study about sexual transmitted infections

Dear patient,

you frequented a medical institution because of symptoms of an illness which is one of the group of the “sexual transmitted infections”. Within Bordernet – a project that is fund by the European Union - we carry out a study to this topic in several european regions. Therefore we are working together with institutions where sexual transmitted infections are treated. The institution you are treated in is one of them.

We would like to ask kindly for your cooperation in the context of this study By the project Bordernet the treatment offers concerning sexual transmitted infections are to be improved. In this way you contribute actively to enhance the treatment of these infections.

There is a lack of information in the border regions between the new and old EU-memberstates about the fact how often sexual transmitted infections occure and in which way they are allocated regionally. Though these datas are very important to prevent this kind of illnesses. Hence we are collecting informations about these topics from physicians. We ghtered this anonymous informations also from the physician who treated you. **Neither your name, your date of birth nor the place you are living are told us for this study.** Only the reference number written on your questionnaire helps us to assign the informations about your diagnosis (which are given to us by the physicians) and your answers in this questionnaire. Afte that the reference number will be cut off and destroyed.

To get more informations about the circumstances of your infection we would like to ask you to fill in the questions of the enclosed questionnaire. The institution you are treated in will not get any insight into your questionnaire.

To fill in the questionnaire is completly voluntary. There will be no disadvantages for you, if you send us back no or just a partially filled in questionnaire. Your data will be treated absolutly confindential and will only be used for scientific purpose. Data protection is completely guaranteed.

With your cooperation you are helping us a lot to ge more important informations about sexual transmitted infections and to improve the prevention and treatment in this field.

We are looking forward to your cooperation and say “Thank you” in advance.

Sincerely yours

