

Audit of Clinic Policies. BASHH Chlamydia Audit 2007

Please select your region from the menu below. A new menu will then appear, and please select your clinic from that.

Region: _____

Clinic: _____

1 Is your clinic in a:

Hospital?

Community clinic?

Other, <i>please specify:</i> _____

2 Number of new episodes in 2006 (count new and rebooked male and female patients):

3 Number of episodes diagnosed with chlamydia in 2006 (count KC6O codes C4a and C4b; and ISD(D5) codes C41A, C41B and C41 R)

4 Is there a local Chlamydia Screening Programme Co-ordinator for your PCT area?

Yes

No

Don't know

Outside England - not applicable

Other, <i>please specify:</i> _____

5 If YES, on what subjects do the Co-ordinator and your clinic co-operate (tick all that apply)?

Clinic participation in the national chlamydia screening programme (NCSP)

Treatment

Partner notification

Policy

Other, <i>please specify:</i> _____

6 What diagnostic tests are available to your Centre for the diagnosis of chlamydial infection? Please tick all tests used:

Nucleic acid amplification tests (NAAT: PCR/SDA/Aptima Combo)

- Enzyme immunoassay (EIA)
- Direct fluorescent antibody (DFA)
- Culture
- Other, <i>please specify:</i> _____

7 Who sees patients diagnosed with chlamydia about advice on partner notification, treatment adherence, safer sex or abstinence from sexual intercourse? (tick as many as apply)

	Partner notification	Treatment adherence	Safer sex advice	Abstinence from sexual intercourse
Doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Adviser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

8 Does your Centre have a leaflet on Chlamydia for patients?

- Yes
- No

9 If Yes, what does the leaflet cover? Please tick all which apply:

- What is Chlamydia and how it is transmitted
- Method of diagnosis of Chlamydia
- Complications of untreated Chlamydia
- Treatment and side effects
- Antibiotics and hormonal contraception
- Evaluation and treatment of sexual partners
- The need for abstinence from sexual intercourse
- Advice about safer sexual practices

10 What is your Centre's current practice in post treatment follow up? Please tick all which apply:

- No routine follow-up
- Patient asked to re-attend
- Telephone or text follow-up
- Recall if partner untreated
- Depends on clinical findings at presentation

11 If recommended, test of cure performed at following interval post-treatment:

- Less than 3 weeks
- Between 3 and 5 weeks
- 5 or more weeks (6 weeks if azithromycin)

12 Space for any other comments/further information:

Please click the "Submit form" button - your data is not saved until you do so.