**Introduction:**

Thank you for agreeing to be contacted to complete this questionnaire. The questionnaire should take no longer than 5 minutes to complete.

We have had to change how we are currently running our services because of the coronavirus pandemic. We will use your feedback on your recent experience of the new way we are running services to make sure that we are continuing to deliver high quality services.

**Reason for accessing the service**

1) Is the first time you have used this sexual health service?

1. Yes
2. No

2) Why did you contact this sexual health service?

Choose **all** that apply.

1. I had no symptoms, but I was worried about the risk of STIs/HIV
2. I had symptoms
3. I needed contraception
4. I was declined or unable to access an online test
5. As follow-up to an online test where I’d had a positive result
6. As follow-up to an online test, other reason
7. To access PrEP (Pre-Exposure Prophylaxis) to prevent HIV
8. To access PEP (post-exposure prophylaxis) to prevent HIV
9. A partner was diagnosed with an STI
10. A partner had symptoms
11. Check-up after a previous positive test
12. I was advised to by my GP/family doctor or another healthcare professional
13. I needed a vaccination
14. Other (free text)

3) What was the outcome of your phone assessment? Tick all that apply.

1. I was signposted to testing via an online postal self-sampling service (E.g. Sexual health London or Surrey online testing)
2. I was posted treatment
3. I was posted contraception
4. I was advised to do a pregnancy test
5. I was reassured that I did not need to do anything
6. I was told to ring back if things had not settled
7. I was advised to come in for a face to face appointment
8. I was advised to contact a different service
9. I was advised to get back in touch when services have returned to normal
10. Other – free text

*If ticks 3a goes to Online testing*

*If ticks 2e or 3c goes to 5*  **Contraception**

*If ticks 3b goes to* **Postal treatment & contraception**

*If ticks 3d then goes to* **Have you done a pregnancy test since your phone assessment?**

*If only ticks 3e-j then goes to* **How would you rate the overall service you received?**

**Online testing**

4) Since your phone assessment, have you ordered an online testing kit? [tick all that apply]

1. Yes
2. No, I have been unable to order one online as there is none available
3. No, I have been unable to access the website
4. No, I no longer think I need to be tested
5. No, but I am planning to still order a kit

*If ticks 4a, goes to* **Has your kit arrived yet?**

*If ticks 4b-e and has ticked:*

* *2e or 3 c goes to* **What contraception have you been using in the past 3 months?**
* *3b goes to* **Did your treatment, medication and/or contraception arrive?**
* *3d goes to* **Have you done a pregnancy test since your phone assessment?**
* *if hasn’t ticked any of 2e, 3b-d then goes to* **How would you rate the overall service you received?**

4.1) Has your kit arrived yet?

a. Yes, and I have taken the samples and posted it back

b. Yes, and I have taken the samples but not posted it back yet

c. Yes, and I am going to take the samples

d. Yes, but I am not going to post it back

e. No

*Then if has ticked*

* *2e or 3 c goes to* **What contraception have you been using in the past 3 months?**
* *3b goes to* **Did your treatment, medication and/or contraception arrive?**
* *3d goes to* **Have you done a pregnancy test since your phone assessment?**
* *if hasn’t ticked any of 2e, 3b-d then goes to* **How would you rate the overall service you received?**

**Contraception**

5) What contraception have you been using in the past 3 months? (tick all that apply)

1. No method
2. Condoms
3. Combined oral contraceptive pill/patch (e.g. EVRA)/vaginal ring (e.g. Nuvaring)
4. Progesterone only pill
5. Coil/intra-uterine device (IUD/IUS)
6. Contraceptive injection
7. Implant
8. Cap/Diaphragm
9. Withdrawal
10. Fertility awareness apps or devices, Safe method/Calendar method/rhythm method
11. Other – free text

*If ticks 5a, goes to 5.1, otherwise goes to* **What was the outcome of your contraception phone consultation?**

5.1 Why have you not been using contraception for the past 3 months:

1. I’m trying to conceive
2. I’ve not been sexually active
3. I can’t find a contraceptive method that suits me
4. I don’t think I can get pregnant
5. I’ve been sterilised
6. My partner has been sterilised
7. My partner is infertile
8. I forgot
9. Other – free text

6) What was the outcome of your contraception phone consultation? (Tick all that apply)

1. I was posted a progesterone only pill
2. I was posted a combined contraceptive pill/patch/vaginal ring
3. I was posted Sayana Press
4. I was advised to use condoms
5. I was advised to continue using my implant
6. I was advised to continue using my coil/intra-uterine device (IUD/IUS)
7. I was advised to access emergency contraception from my local pharmacy
8. I was advised to come into clinic for emergency contraception
9. Other – free text

6.1) Was this your first-choice contraceptive method?

1. Yes
2. No
3. Not applicable

*If ticks 6.1b, goes to* **If not, what was your first-choice contraceptive method?**

*If ticks 6.1a or c and*

* *Has ticked 3d goes to* **Have you done a pregnancy test since your phone assessment?**
* *Has ticked 3b or 6a-c goes to* **Did your treatment, medication and/or contraception arrive?**
* *Has not ticked 3b,d or 6a-c then goes to* **How would you rate the overall service you received?**

6.2) If not, what was your first-choice contraceptive method?

1. Condoms
2. Combined oral contraceptive pill/patch (e.g. EVRA)/vaginal ring (e.g. Nuvaring)
3. Progesterone only pill
4. Coil/intra-uterine device (IUD/IUS)
5. Contraceptive injection
6. Implant
7. Cap/Diaphragm
8. Withdrawal
9. Fertility awareness apps or devices, Safe method/Calendar method/rhythm method
10. Other – free text

*If has ticked 3d goes to* **Have you done a pregnancy test since your phone assessment?**

*If has ticked 3b or 6a-c goes to* **Did your treatment, medication and/or contraception arrive?**

*If has not ticked 3b,d or 6a-c then goes to* **How would you rate the overall service you received?**

**Pregnancy test**

7) Have you done a pregnancy test since your phone assessment?

1. Yes, and it was negative
2. Yes, and it was positive
3. No, I had my period
4. No, I haven’t been able to get one
5. No, I forgot
6. Other – free text

*If has ticked 3b or 6a-c goes to* **Did your treatment, medication and/or contraception arrive?**

*If has not ticked 3b or 6a-c then goes to* **How would you rate the overall service you received?**

**Postal treatment & contraception**

8) Did your treatment, medication and/or contraception arrive?

1. Yes, it arrived within 5 days
2. Yes, it arrived within 5-7 days
3. Yes, it arrived within 8-14 days
4. Yes, it arrived after 2 weeks
5. No, it hasn’t arrived yet

**Overall satisfaction with service**

9) Overall, how would you rate the care you received?

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. Very poor

10) Would you be happy to be assessed by phone in the future?

1. Yes
2. No, I would prefer to be seen face-to-face
3. No, I would prefer to do this online
4. No, I would prefer to do this via a video call
5. Not sure

11) Would you recommend this service to your friends?

1. Yes, definitely
2. Yes, probably
3. No

12) Do you have any suggestions for improvement?

*Free text*

**Demographics**

13) What is your age?

Under 18 years old

18-24 years old

25-34 years old

35-44 years old

45-54 years old

55-64 years old

65 years old or over

Prefer not to say

14) Which of the following best describes how you think of yourself?

Female (including trans woman)

Male (including trans man)

Non-binary

In another way\_\_\_\_\_\_\_\_\_\_

Prefer not to say

15) Is your gender identity the same as the sex you were assigned at birth?

Yes

No

Prefer not to say

16) Are your sexual partners:

Men

Women

Both men and women

Prefer not to say

17) To which of these ethnic groups do you belong?

**WHITE**

1 British

2 Irish

3 Any other white background

**b. MIXED**

4 White and Black Caribbean

5 White and Black African

6 White and Asian

7 Any other mixed background

**c. ASIAN OR ASIAN BRITISH**

8 Indian

9 Pakistani

10Bangladeshi

11Any other Asian background

**d. BLACK OR BLACK BRITISH**

12 Caribbean

13 African

14 Any other black background

**e. CHINESE OR OTHER ETHNIC GROUP**

15 Chinese

16 Any other ethnic group

Prefer not to say

18) What language do you speak **most** often at home? *Please tick one box only*

1 🞏 English

2 🞏 Other European language

3 🞏 Asian language (such as Hindi, Gujarati, Punjabi, Urdu, Sylheti, Bengali, Chinese, Thai)

4 🞏 African language (such as Swahili, Hausa, Yoruba)

5 🞏 Other, including British Sign Language.

19) Do you live in Greater London?

Yes

No

*If ticks yes, then goes to 19.1*

*If ticks no, then goes to 19.2*

19.1 Which area of London do you live in? [drop down menu if possible]

Barking and Dagenham

Barnet

Bexley

Brent

Bromley

Camden

Croydon

Ealing

Enfield

Greenwich

Hackney

Hammersmith and Fulham

Haringey

Harrow

Havering

Hillingdon

Hounslow

Islington

Kensington and Chelsea

Kingston upon Thames

Lambeth

Lewisham

Merton

Newham

Redbridge

Richmond upon Thames

Southwark

Sutton

Tower Hamlets

Waltham Forest

Wandsworth

Westminster

19.2 Which area of the UK do you live in?

Bedfordshire

Berkshire

Buckinghamshire

Essex

Hampshire

Hertfordshire

Kent

Surrey

Sussex

Other – free text