**Questionnaire**

Entry code:

Date:

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |  |  |  |  |

Healthcare center:

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| To start we would like to know some things about yourself |

1. **What day were you born?**

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |  |  |  |  |  |

1. **Are you a boy or a girl?**
2. Boy
3. Girl
4. Transgender born as a man
5. Transgender born as a women
6. **Mark with a cross were you were born and were your parents were born**

|  |  |  |  |
| --- | --- | --- | --- |
| You | Father | Mother |  |
|  |  |  | Spain |
|  |  |  | Catalonia |
|  |  |  | Another autonomous community |
|  |  |  | Europa |
|  |  |  | Germany |
|  |  |  | Belgium |
|  |  |  | France |
|  |  |  | Italy |
|  |  |  | The Netherlands |
|  |  |  | Portugal |
|  |  |  | United Kingdom |
|  |  |  | Another European country, which one? |
|  |  |  | Africa |
|  |  |  | Algeria |
|  |  |  | Gambia |
|  |  |  | Morocco |
|  |  |  | Senegal |
|  |  |  | Another African country, which one? |
|  |  |  | America |
|  |  |  | Argentina |
|  |  |  | Colombia |
|  |  |  | Cuba |
|  |  |  | Ecuador |
|  |  |  | United States |
|  |  |  | Peru |
|  |  |  | Dominican Republic |
|  |  |  | Another American country, which one? |
|  |  |  | Asia |
|  |  |  | Philippines |
|  |  |  | Pakistan |
|  |  |  | China |
|  |  |  | Another Asian country, which one? |
|  |  |  | Another country in the World, which one? |
|  |  |  | I do not know |

1. **What is your occupational situation?**
	1. I study
	2. I work
	3. Study and work
	4. Disability
	5. Unemployed
	6. I do not want to answer
2. **What studies do you have?**
	1. No studies
	2. Primary education
	3. Secondary education
	4. University studies
3. **In what city or town do you live?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_zip code\_\_\_\_\_\_\_**
4. **In the last 30 days, how much money did you spent per week on your personal expenses?**
	1. 0 Euros
	2. 10 or less Euros
	3. Between 10 and 30 Euros
	4. More than 30 Euros
	5. I do not want to answer

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| *We would like to know how your sexual and general health and the relationships that you have with others* |

1. **Who do you have sex with?** (ONE ANSWER)
	1. Boys
	2. Girls
	3. Boys and girls indistinctively
	4. I do not want to answer
2. **How old were you at your first sex intercourse?\_\_\_\_\_\_\_\_\_\_years**
	1. I do not want to answer
3. **Do you use a condom if you have sex?**
	1. Always
	2. Sometimes
	3. Never
	4. I do not want to answer
4. **In the last 6 months, how many sexual partners did you have?\_\_\_\_\_\_\_\_**
	1. I do not want to answer
5. **During the time you had a sexual partner, did you also had relationships with another?**
	1. Yes
	2. No
	3. I do not want to answer
6. **How do you think about you risk of being infected by *Chlamydia trachomatis?***
	1. Very high
	2. Quite high
	3. Medium
	4. Low
	5. Inexistent
	6. I do not want to answer
7. **Have you been diagnosed with a sexually transmitted disease (STD) at some point in your life?**
	1. Yes
	2. No *(skip to question 17)*
	3. I do not know *(skip to question 17)*
	4. I do not want to answer *(skip to question 17)*
8. **Which was the STD diagnosed at some point in your life?** (you mat mark MORE than one option)
	1. Chlamydia infection
	2. Gonorrhea
	3. Syphilis
	4. Trichomonas
	5. Genital herpes
	6. Genital war or condylome
	7. Virus hepatitis B
	8. Non-specific urethritis
	9. Lymphogranuloma venereum
	10. HIV
	11. Other. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. **How did you know that you had the disease?** (you may mark MORE than one option)
	1. I had symptoms and went to the doctor
	2. I went to the doctor for another reason and testing was offered
	3. A friend told me that testing was necessary
	4. A friend gave me a notification card to go for testing
	5. A friend sent me a WhatsApp message to go for testing
	6. A friend sent me an SMS to go for testing
	7. A friend sent me an e-mail to go for testing
	8. Other. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| *We would like to know more about the your use of the new technologies (web pages, apps, instant messaging..)* |

1. **Do you make consultations to web pages to learn more about sexual health and sexually-transmitted diseases?**
	1. Yes, more than once a month
	2. Yes, less than once a month
	3. No, never *(skip to question 19)*
	4. I do not want to answer *(skip to question 19)*
2. **Which web pages do you consult?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Do you use web pages or apps to find new sexual partners?**
	1. Yes, more than once a month
	2. Yes, less than once a month
	3. No, never
	4. I do not want to answer
2. **Which web pages or apps do you use to find new sexual partners?**
3. **Of the following information that could have been obtained from a web page or app on sexual health and youth, which one do you think you would use? Prioritize from A LOT to NOTHING**

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| --- | --- | --- | --- | --- | --- |
|  | **A LOT** | **QUITE** | **NORMAL** | **A LITTLE** | **NOTHING** |
| Provide information on sexual and reproductive health |  |  |  |  |  |
| Provide information on STD |  |  |  |  |  |
| Provide information on centers where the diagnosis of STD is made |  |  |  |  |  |
| Provide information by means of videos on how to notify sexual partners that they had been exposed to STD |  |  |  |  |  |
| Offer different models of notification cards to send to sexual partners |  |  |  |  |  |
|  |  |  |  |  |  |

Others. (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_