

Client Questionnaire

Lovely to see you!

Why are you here today? Multiple answers possible.

Format: multiple choice + open text field

- ☐ I'm doing a routine check-up.
- ☐ I'm in a new relationship.
- ☐ I had a risk situation in the last 48 hours.
- ☐ I had a risk situation more than 48 hours ago.
- ☐ I have symptoms.
- ☐ A partner informed me about a diagnosis.
- ☐ I have another reason.

☐ I don't want to say.

About me

What is your year of birth?

Format: open text field

☐ *Free text response:*

☐ I don't want to say.

What is your postcode?

Format: open text field

☐ Free text response:

☐ I live in a neighbouring country.

☐ I am here as a tourist.

☐ I don't want to say.

In which country were you born?

Format: single choice

Which Swiss residence permit do you have?

Format: single choice

☐ Swiss Citizenship

☐ C or B permit

☐ G permit

☐ L permit

☐ F, N or S permit

☐ I have no residence permit.

☐ I am a tourist.

☐ I'm not sure.

☐ I don't want to say.

What is your highest completed level of education?

Format: single choice

☐ Compulsory primary education

☐ Secondary level (e.g. apprenticeship, grammar school)

☐ Tertiary level (bachelor's, master's, doctorate)

☐ No formal education

☐ I don't want to say.

What is your current employment status?

Format: single choice

- ☐ Employed full-time ($\geq 80\%$)
- ☐ Employed part-time ($< 80\%$)
- ☐ Self-employed
- ☐ Unemployed (looking for work)
- ☐ Student / in training
- ☐ Retired (AHV, IV)
- ☐ I don't want to say.

Today, you are:

Format: single choice + open text field

- ☐ Woman
 - ☐ Man
 - ☐ Non-binary / Genderqueer person
 - ☐ Other
-

- ☐ I'm not sure.
- ☐ I don't want to say.

What sex were you assigned at birth?

Format: single choice

- ☐ Male
- ☐ Female
- ☐ I'm not sure.
- ☐ I don't want to say.

Today, this word best describes my sexuality:

Format: single choice + open text field

- ☐ Straight / Heterosexual
 - ☐ Gay / Lesbian / Homosexual
 - ☐ Bisexual / Pansexual
 - ☐ Demisexual / Asexual
 - ☐ Queer
 - ☐ Other
-

- ☐ I'm not (yet) sure.
- ☐ I don't want to say.

Sexual health

With whom have you had sex since your last test? Multiple answers possible.

Format: multiple choice

- ☐ Cis men
- ☐ Trans men
- ☐ Cis women
- ☐ Trans women
- ☐ Non-binary / Genderqueer people
- ☐ I'm not sure.
- ☐ I don't want to say.

How were you having sex since your last test? Multiple answers possible.

Format: multiple choice + open text field

☐ Vaginal sex

☐ Anal sex

☐ Oral sex

☐ Other

☐ I don't want to say.

How many sexual partners have you had in the last 12 months?

Format: single choice

☐ 0-1

☐ 2-5

☐ 6-11

☐ 12 or more

☐ I'm not sure.

☐ I don't want to say.

Have you paid for sex?

Format: single choice

☐ Yes, in the past 12 months.

☐ Yes, over a year ago.

☐ No, never.

☐ I'm not sure.

☐ I don't want to say.

Were you paid for sex?

Format: single choice

- ☐ Yes, in the past 12 months.
- ☐ Yes, over a year ago.
- ☐ No, never.
- ☐ I'm not sure.
- ☐ I don't want to say.

Have you taken any medications in the last month? Multiple answers possible.

Format: multiple choice

- ☐ Antibiotics (e.g. penicillin, doxycycline)
- ☐ Antivirals (e.g. PrEP-pills)
- ☐ No.
- ☐ I'm not sure.
- ☐ I don't want to say.

Have you snorted or injected substances in the last 12 months? Multiple answers possible.

Format: multiple choice

- ☐ Snorted.
- ☐ Injected.
- ☐ No.
- ☐ I'm not sure.
- ☐ I don't want to say.

Have you ever been diagnosed with HIV?

Format: single choice

- ☐ Yes
- ☐ No
- ☐ I'm not sure.
- ☐ I don't want to say.

Are you comfortable with your current HIV treatment?

Format: single choice

- ☐ Yes
- ☐ No
- ☐ I'm not sure.
- ☐ I don't want to say.

Do you have any question about living with HIV?

Format: single choice + open text field

- ☐ Yes

-
- ☐ No

When was your last HIV test?

Format: single choice

- ☐ I have never taken a test.
- ☐ Within the last 3 months
- ☐ Within the last 12 months
- ☐ Within the last 5 years
- ☐ More than 5 years ago
- ☐ I'm not sure.
- ☐ I don't want to say.

How do you protect yourself from HIV? Multiple answers possible.

Format: multiple choice + open text field

- ☐ I don't use protection.
- ☐ I don't have penetrative sex (anal / vaginal).
- ☐ Condom
- ☐ HIV PrEP
- ☐ My partner is undetectable.
- ☐ I'm not sure.
- ☐ I don't want to say.

Have you ever taken emergency treatment against HIV (PEP)?

Format: single choice

- ☐ Yes
- ☐ No
- ☐ I'm not sure.
- ☐ I don't want to say.

Mental health

How satisfied are you with your sex life overall?

Format: single choice

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very satisfied
- ☐ I don't want to say.

Have you ever experienced unwanted sexual contact that is affecting you today?

Format: single choice

- ☐ Yes
- ☐ No
- ☐ I'm not sure.
- ☐ I don't want to say.

Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?

Format: single choice

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day
- ☐ I don't want to say.

Over the last 2 weeks, how often have you been bothered by not being able to stop or control worrying?

Format: single choice

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day
- ☐ I don't want to say.

Over the last 2 weeks, how often have you been bothered by little interest or pleasure in doing things?

Format: single choice

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day
- ☐ I don't want to say.

Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?

Format: single choice

- ☐ Not at all
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly every day
- ☐ I don't want to say.

Substance use

How satisfied are you with your alcohol and substance consumption overall?

Format: single choice

- ☐ Very dissatisfied
- ☐ Dissatisfied
- ☐ Neutral
- ☐ Satisfied
- ☐ Very satisfied
- ☐ I don't want to say.

Have you ever felt the need to cut down on your drinking or drug use?

Format: single choice

☐ Yes

☐ No

☐ I don't want to say.

Have people annoyed you by criticizing your drinking or drug use?

Format: single choice

☐ Yes

☐ No

☐ I don't want to say.

Have you ever felt guilty about drinking or drug use?

Format: single choice

☐ Yes

☐ No

☐ I don't want to say.

Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?

Format: single choice

☐ Yes

☐ No

☐ I don't want to say.

One last question:

Is there any question for your consultation?

Format: single choice + open text field

☐ Yes

☐ No