



Version 01.06.2026

Questionnaire

VCT

Client questionnaire

Section «Lovely to see you!»		
Why are you here today? Multiple answers possible.	Multiple choice	<input type="checkbox"/> I'm doing a routine check-up. <input type="checkbox"/> I'm in a new relationship. <input type="checkbox"/> I had a risk situation in the last 48 hours. <input type="checkbox"/> I had a risk situation more than 48 hours ago. <input type="checkbox"/> I have symptoms. <input type="checkbox"/> A partner informed me about a diagnosis. <input type="checkbox"/> I have another reason. <u>please specify</u>
Section «About me»		
What is your year of birth?	Four-digit number	■ ■ ■ ■
What is your postcode?	Four-digit number	■ ■ ■ ■
In which country were you born?	Selection from list	[ISO 3166]
Which Swiss residence permit do you have?	Single choice	<input type="radio"/> Swiss Citizenship <input type="radio"/> C or B permit <input type="radio"/> G permit <input type="radio"/> L permit <input type="radio"/> F, N or S permit <input type="radio"/> I have no residence permit. <input type="radio"/> I am a tourist. <input type="radio"/> I'm not sure.
What is your highest completed level of education?	Single choice	<input type="radio"/> No formal education <input type="radio"/> Compulsory primary education <input type="radio"/> Secondary level (e.g. apprenticeship, grammar school) <input type="radio"/> Tertiary level (bachelor's, master's, doctorate)
What is your current employment status? Multiple answers possible.	Multiple choice	<input type="checkbox"/> Employed full-time (≥80%) <input type="checkbox"/> Employed part-time (<80%) <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed (looking for work) <input type="checkbox"/> Student / in training <input type="checkbox"/> Retired (AHV, IV)
Today, you are:	Single choice with open text field	<input type="radio"/> Woman <input type="radio"/> Man <input type="radio"/> Non-binary / Genderqueer person <input type="radio"/> Other <u>please specify</u> <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
What sex were you assigned at birth?	Single choice	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.

Today, this word best describes my sexuality:	Single choice with open text field	<input type="radio"/> Straight / Heterosexual <input type="radio"/> Gay / Lesbian / Homosexual <input type="radio"/> Bisexual / Pansexual <input type="radio"/> Queer <input type="radio"/> Demisexual / Asexual <input type="radio"/> Other <u>please specify</u> <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Section «Sexual health»		
With whom have you had sex in the last 12 months? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Cis men <input type="checkbox"/> Trans men <input type="checkbox"/> Cis women <input type="checkbox"/> Trans women <input type="checkbox"/> Non-binary / Genderqueer people <input type="radio"/> I'm not sure. <input type="radio"/> I didn't have sex.
How were you having sex in the last 12 months? Multiple answers possible.	Multiple/single choice with open text field	<input type="checkbox"/> Vaginal sex <input type="checkbox"/> Anal sex <input type="checkbox"/> Oral sex <input type="checkbox"/> Other <u>please specify</u> <input type="radio"/> I didn't have sex.
How many sexual partners have you had in the last 12 months?	Single choice	<input type="radio"/> 0-1 <input type="radio"/> 2-5 <input type="radio"/> 6-11 <input type="radio"/> 12 or more <input type="radio"/> I'm not sure.
Have you paid for sex?	Single choice	<input type="radio"/> Yes, in the past 12 months. <input type="radio"/> Yes, over a year ago. <input type="radio"/> No, never. <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Were you paid for sex?	Single choice	<input type="radio"/> Yes, in the past 12 months. <input type="radio"/> Yes, over a year ago. <input type="radio"/> No, never. <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Have you taken any medications in the last month? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Antivirals (e.g. PrEP-pills) <input type="checkbox"/> Antibiotics (e.g. penicillin, doxycycline) <input type="radio"/> No. <input type="radio"/> I'm not sure.
Have you smoked, snorted or injected substances in the last 12 months? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> Snorted <input type="checkbox"/> Injected <input type="checkbox"/> Smoked (except for tobacco and cannabis) <input type="radio"/> No



Have you ever been diagnosed with HIV?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
[If Yes] Are you comfortable with your HIV treatment?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure.
[If Yes] Do you have any question about living with HIV?	Single choice with open text field	<input type="radio"/> Yes <u>please specify</u> <input type="radio"/> No <input type="radio"/> I'm not sure.
[If No / I'm not sure. / I don't want to say.] When was your last HIV test?	Single choice	<input type="radio"/> I have never taken a test. <input type="radio"/> Within the last 3 months <input type="radio"/> Within the last 12 months <input type="radio"/> Within the last 5 years <input type="radio"/> More than 5 years ago <input type="radio"/> I'm not sure.
[If No / I'm not sure. / I don't want to say.] How do you protect yourself from HIV? Multiple answers possible.	Multiple/single choice	<input type="checkbox"/> I don't use protection. <input type="checkbox"/> I don't have penetrative sex (anal / vaginal). <input type="checkbox"/> Condom <input type="checkbox"/> HIV PrEP <input type="checkbox"/> My partner is undetectable. <input type="radio"/> I'm not sure.
[If No / I'm not sure. / I don't want to say.] Have you ever taken emergency treatment against HIV (HIV PEP)?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure.
Section «Mental health»		
How satisfied are you with your sex life overall?	Single choice	<input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neutral <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> I don't want to say.
Have you ever experienced unwanted sexual contact that is affecting you today?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I'm not sure. <input type="radio"/> I don't want to say.
Over the last 2 weeks, how often have you been bothered by feeling nervous, anxious or on edge?	Single choice	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day <input type="radio"/> 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?	Single choice	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day <input type="radio"/> 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?	Single choice	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day <input type="radio"/> I don't want to say.
Over the last 2 weeks, how often have you been bothered by feeling down, depressed, or hopeless?	Single choice	<input type="radio"/> Not at all <input type="radio"/> Several days <input type="radio"/> More than half the days <input type="radio"/> Nearly every day <input type="radio"/> I don't want to say.



Section «Substance use»		
How satisfied are you with your alcohol and substance consumption overall?	Single choice	<input type="radio"/> Very dissatisfied <input type="radio"/> Dissatisfied <input type="radio"/> Neutral <input type="radio"/> Satisfied <input type="radio"/> Very satisfied <input type="radio"/> I don't want to say. <input type="radio"/> I don't drink alcohol or use drugs.
[If 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?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't want to say.
[If Very dissatisfied / Dissatisfied / Neutral / Satisfied / Very satisfied / I don't want to say.] Have people annoyed you by criticizing your drinking or drug use?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't want to say.
[If Very dissatisfied / Dissatisfied / Neutral / Satisfied / Very satisfied / I don't want to say.] Have you ever felt guilty about drinking or drug use?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't want to say.
[If Very dissatisfied / Dissatisfied / Neutral / Satisfied / Very satisfied / 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?	Single choice	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> I don't want to say.
Section «One last question:»		
Is there any question for your consultation?	Single choice	<input type="radio"/> Yes <u>please specify</u> <input type="radio"/> No <input type="radio"/> I'm not sure.



Consultant questionnaire

Section «About me»		
I addressed the questions by the client in the questionnaire.	Single choice	<input type="radio"/> Yes <input type="radio"/> No
We addressed the following topics:	Multiple choice with open text field	<input type="checkbox"/> Test procedure <input type="checkbox"/> HIV: prevention, symptoms, testing <input type="checkbox"/> Other STI: prevention, symptoms, testing <input type="checkbox"/> Mental health <input type="checkbox"/> Substance use <input type="checkbox"/> Gender identity <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Sexuality, love, relationships <input type="checkbox"/> Sexual or reproductive health <input type="checkbox"/> Living with HIV <input type="checkbox"/> (Sexual) violence <input type="checkbox"/> Other: <u>please specify</u>
I have clarified the vaccination status. The client is fully immunised against:	Multiple choice with open text field	<input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> HPV <input type="checkbox"/> Mpox <input type="checkbox"/> Meningococcal (4CMenB) <input type="checkbox"/> Other: <u>please specify</u>
I have clarified whether there is a previous syphilis infection.	Single choice with open text field	<input type="radio"/> Yes <u>please specify</u> <input type="radio"/> No
I proposed the following measures:	Multiple choice with open text field	<input type="checkbox"/> Vaccination Hepatitis A <input type="checkbox"/> Vaccination Hepatitis B <input type="checkbox"/> Vaccination HPV <input type="checkbox"/> Vaccination Mpox <input type="checkbox"/> HIV-PEP <input type="checkbox"/> HIV-PrEP <input type="checkbox"/> DoxyPEP <input type="checkbox"/> Empiric STI treatment <input type="checkbox"/> Contraception ordinary <input type="checkbox"/> Contraception emergency <input type="checkbox"/> Other: <u>please specify</u>
Based on the consultation, I recommend another screening. If a mobile number is provided, the client should receive a reminder SMS in:	Single choice	<input type="radio"/> 2 weeks <input type="radio"/> 4 weeks <input type="radio"/> 6 weeks <input type="radio"/> 2 months <input type="radio"/> 3 months <input type="radio"/> 6 months <input type="radio"/> 9 months <input type="radio"/> 12 months <input type="radio"/> No reminder useful
Internal remarks:	Open text field	
Tags	Multiple choice options specific to the location	<input type="checkbox"/> [Tag X] <input type="checkbox"/> [Tag Y] <input type="checkbox"/> [Tag Z]

