



GUM/HIV clinic survey

- We're running this survey to find out about the use of recreational drugs by our users.
- We would really appreciate it if you'd answer these questions.
- The answers will be used to help us improve our service.
- It's completely anonymous, your answers won't be traceable back to you.
- You do not have to complete the survey if you do not want to.
- Your answers will not affect the care you are given today.

Age; _____ My sex is; Male Female Other (please specify) _____

Do you have sex with Men Women Both

What is your HIV status? Negative Positive I don't know

In the last 6 months have you used Post Exposure Prophylaxis (PEP)? Yes No I don't know

If yes, was this following sex whilst using drugs? Yes No

In the last 6 months have you had a Sexually Transmitted Infection? Yes No

In the last 6 months have you used any of the following drugs before or during sex? (please tick all that apply)

GBL/GHB (G, Gina) Crystal Meth (Tina, T, Ice) Mephedrone (Meph, MKat)

Other _____ None

If you have used any drugs in the last 6 months, please continue.

How frequently have you used recreational drugs before or during sex in the last 6 months? (Please circle)

Once	Once a month or less	A few times a month	Once a week	More than once a week	Daily
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What percentage of your sex life is sober (drug-free)?

0	10	20	30	40	50	60	70	80	90	100
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How strongly do you agree/disagree with the following statements: (please circle)

If I wanted advice about my drug use I would know where to go

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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I feel like my drug use is having a negative effect on my life

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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I am more likely to have sex without a condom when I'm high

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Does not apply to me
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When I use drugs I do things sexually that I wouldn't do sober

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Does not apply to me
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I am able to enjoy sex without using drugs

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
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If you wanted advice about your drug use, where would you prefer to get this?(Please Tick)

- My GP practice A standard drug service A specialist gay/lesbian/bisexual/trans* drug service
- A Sexual Health Clinic (Like this one) Somewhere else (Tell us where) _____

Thank you. Now put this questionnaire in the box on the reception desk, or hand to a member of staff.