Appendix 1: Questionnaire

University of the Witwatersrand
Department of Paediatrics and Child Health

BIRTH TO TWENTY MEDICAL SCHOOL SITE: 20TH YEAR
YOUNG ADULT ROUTINE QUESTIONNAIRE

DATE: **Day** ☐☐ **Month** ☐☐ **Year** ☐☐☐☐

BTT ID NUMBER: ☐☐☐☐☐☐☐

BONE ID NUMBER: ☐☐☐

Consent Table

Components	Yes	No
1. Clinical follow up study questionnaire		

Contact details of a relative or a friend who will **always** know where you live (different to information on contact sheet):

Name: _____ Relationship: _____

Landline number: _____ Cell number: _____

Work number: _____ Other: _____

Address: _____

Clinical follow up study

1. When you were told about your STI, did you go to the clinic to get treatment?

   ☐ Yes ☐ No

2. How many times did you go to the clinic for treatment?

   ☐ Didn't go to clinic ☐ Once ☐ Twice ☐ More than twice

3. Did you get treatment at the clinic?

   ☐ Yes ☐ No

4. In your opinion, did the treatment work?

   ☐ Yes ☐ No ☐ Not applicable/ Don't know as I had no symptoms

5. Do you have any symptoms or signs that make you worry about another STI?
   ☐ Yes ☐ No

   a. If yes, have you been to the clinic yourself? ☐ Yes ☐ No

      i. If no, would you like us to refer you to a clinic? ☐ Yes ☐ No

6. Partner treatment:
   a. Did you tell your partner of the diagnosis of STI? ☐ Yes ☐ No
   b. Did your partner go for testing? ☐ Yes ☐ No ☐ Unknown
   c. Did your partner get treatment? ☐ Yes ☐ No ☐ Unknown

Plan of action:
☐ Discharged ☐ Refer local clinic ☐ Refer Harriet Shezi clinic

☐ Refer Child Line ☐ Other: _____

Signature/ name : _____ Date: _____

Narratives around sexual behaviour and decisions regarding treatment-seeking of adolescent females who contracted a sexually transmitted infection: Birth to Twenty cohort.

Qualitative part of the questionnaire – this assumes that all girls know about their STI

1) Tell me a little bit about yourself.
    a. Are you still at school?
    b. Are you working, what kind of work are you doing?
    c. What about family support?
    d. What about your peer group?

2) Tell me how you felt when you heard that you had a STI? Probe around how she thought she got it, the circumstances around getting it, what she understood by it.

3) Who did you speak to when you heard about your STI diagnosis? Probe around support network and how they reacted to it; if no mention of family probe around why not.

4) What did you think about going to get treatment? If not sought treatment, why not?

5) Please describe your experience at the clinic when you went for treatment.
    a. Probe around feeling at ease/ being judged by clinic staff; was the clinic accessible, acceptable, (affordable), did it provide a good service? Were there clinic-specific things that either helped or hindered the participant getting treatment?

6) When you hear the term STI or sexually transmitted infection or HIV, what comes to your mind?

7) What do you think other people think about STI or HIV (to get an idea about peer pressure and stigma)?

8) I want you to think back to the first time you had sex. Were you prepared for it, was it planned? Tell me more about the circumstances around it.

Use life history approach starting with age at first sex. Probes inlcude age at first sex, type of sex, partners' ages, consensual or not, concurrent partners, peer pressure.

9) Has anything changed since you found out about your STI? Probe: referring to relationships.

Thank you for your time and participation.

Tape off

Ask if there are any questions which made her uncomfortable, any questions that she would like answers/ suggestions on.

Suggests safe sex practices and advice.

Record all on FIELD NOTES

Plan of action:

☐ Discharged ☐ Refer local clinic ☐ Refer Harriet Shezi clinic

☐ Refer Child Line

Signature/ name : _____ Date: _____

Notes:

Interviewer:

Date:

QUALITY CHECK

Date: