

# APPENDIX B

## Demographic Questionnaire

Dear Doctor, could you please kindly complete the questionnaire below. (Tick where appropriate)

1. Surname  Year of Graduation   
University

2. Age in Years  Less than 30    30-39    40-49    50-59    60-69    70 and over

3. Gender.  Male  Female

4. Do you consider your practice to be: Rural   
Urban   
Peri Urban

5. Postal code of practice area:

6. Suburb.

7. Do you have any post graduate qualifications?  Yes  No

Which qualifications? \_\_\_\_\_

8. Do you consider the majority of patients to be in the:  
Lower socio-economic group   
Middle socio-economic group   
Higher socio-economic group

9. Do you use syndromic management for STD's?  YES  NO

Justify your answer to question 9

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10. Have you attended courses on syndromic management?  YES  NO

11. Would you like more information on syndromic management?  YES  NO

Thank You

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