

Appendix
Project DIRECT Survey Instrument

1) Please tell us who you are.

Name of person completing this survey:

Your job title:

Email address:

Phone number:

2) Please select your local health jurisdiction.

3) Are you the STD Controller for your jurisdiction?

Yes

No

4) This survey contains a variety of questions on evidence-based and promising interventions for the prevention, screening, and treatment of STDs in your jurisdiction, and partnerships of your STD program. For each evidence-based practice, we want to know who you partner with to provide STD service **engagements**. Organizations you check below will appear in subsequent questions. You will have the option to fill in additional partnerships as you complete the survey. You may also return to this question at any time to select additional partners.

- | | |
|---|---|
| <input type="checkbox"/> College and university health or health and wellness centers | <input type="checkbox"/> Hospitals and health care systems |
| <input type="checkbox"/> College and university student organizations | <input type="checkbox"/> HIV clinics |
| <input type="checkbox"/> High schools or high school health and wellness centers | <input type="checkbox"/> Private physician practices |
| <input type="checkbox"/> K-8 schools or K-8 health and wellness centers | <input type="checkbox"/> Employers or business groups |
| <input type="checkbox"/> Community organizations or advocacy groups for HIV or other STD issues | <input type="checkbox"/> Health insurers |
| <input type="checkbox"/> County commissions | <input type="checkbox"/> Centers for Disease Control and Prevention (CDC) |
| <input type="checkbox"/> Community health centers | <input type="checkbox"/> State STD Control Branch |
| <input type="checkbox"/> Family planning programs | <input type="checkbox"/> Academic institutions |
| <input type="checkbox"/> Non-profit organization or agency | <input type="checkbox"/> Substance abuse treatment organizations |
| <input type="checkbox"/> Faith-based organizations | <input type="checkbox"/> Correctional health care |
| | <input type="checkbox"/> Indian Health Services |
| | <input type="checkbox"/> Veterans Administration facilities |

The following section focuses on STD **prevention activities, partnerships and collaborations** in your jurisdiction.

- 5) In the last 5 years, has your program engaged in a needs assessment or collaborative planning effort related to STD issues with organizational partners in your jurisdiction?
- Yes
 - No → **Skip to Question #10**
- 6) Please indicate if any of the needs assessment or collaborative planning activities you engaged in were **targeted or focused on addressing specific STDs**. Check all that apply.
- Gonorrhea
 - Chlamydia
 - Syphilis
 - HIV
 - Needs assessment activities not disease-specific
- 7) What proportion of the **total community effort** for needs assessment or collaborative planning activities was **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. efforts are done with equal effort with community partners
 - Some but not half of the effort, i.e. efforts are mostly through community agencies or partnering programs
 - None, i.e. efforts are provided only by community organizations
- 8) What other **types of organizations were involved** in conducting needs assessments or collaborative planning on STD services needs in your jurisdiction?

| | Partner for HIV needs assessment | Partner for non-HIV STD needs assessment |
|--|----------------------------------|--|
| <i>Carry forward response(s) from (#4)</i> | <input type="checkbox"/> | <input type="checkbox"/> |

- 9) Are or were there any **other types of organizations involved** in conducting needs assessments or collaborative planning on STD services needs in your jurisdiction, not listed above? Please write in below.

10) Are any of the following prevention education activities available in your jurisdiction? Check all that apply.

- School-based comprehensive sexuality education (CSE) programs
- Sexuality education for parents, including programs that encourage parent-child communication, promote parent/family involvement, etc.
- Non-school based programs, including culturally-tailored sexual health education programs
- None of the above → **Skip to Question #16**

If YES to #10 *Sexuality education for parents and/or Non-school based programs*:

11) Are either of the following prevention education activities Internet-based? Check all that apply.

- Sexuality education programs for parents in your jurisdiction
- Community-based programs, including culturally-tailored education programs

If YES to #10 *Non-school based programs*:

12) For non-school based sexual health education programs, **for which populations** do you provide culturally-tailored programs? Check all that apply.

- Sexual minority youth, including gay and trans youth
- Spanish-speaking Latino/a communities
- Non-Spanish-speaking Latino/a communities
- African American communities
- Pregnant or parenting youth
- Foster youth
- Other: _____

13) What proportion of the **total community effort** for providing prevention education activities is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. efforts are done with equal effort with community partners
- Some but not half of the effort, i.e. efforts are mostly through community agencies or partnering programs
- None, i.e. efforts are provided only by community organizations

14) What other **types of organizations are involved** in providing prevention education activities in your jurisdiction? Check all that apply.

- Carry forward response(s) from (#4)*

15) Are there any **other types of organizations involved** in providing prevention education activities in your jurisdiction, not listed above? Please write in below.

- 16) Are mobile applications for STD prevention available in your jurisdiction? This may include one or more of the following: using cellphone or mobile technology for improving knowledge, risk reduction, condom promotion, clinic location assistance and/or testing information.
- Yes
 - No → **Skip to Question #20**
- 17) What proportion of the **total community effort** for managing mobile applications for STD prevention is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. efforts are done with equal effort with community partners
 - Some but not half of the effort, i.e. efforts are mostly through community agencies or partnering programs
 - None, i.e. efforts are provided only by community organizations
- 18) What other **types of organizations are involved** in managing mobile applications for STD prevention in your jurisdiction? Check all that apply.
- Telephone or mobile provider companies
 - Sponsored websites or online-to-mobile apps (Grindr, foursquare, etc.)
 - + *Carry forward response(s) from (#4)*
- 19) Are there any **other types of organizations involved** in providing mobile applications in your jurisdiction, not listed above? Please write in below.
- 20) Are condom distribution programs available in your jurisdiction?
- Yes
 - No → **Skip to Question #24**
- 21) What proportion of the **total community effort** for condom distribution is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. efforts are done with equal effort with community partners
 - Some but not half of the effort, i.e. efforts are mostly through community agencies or partnering programs
 - None, i.e. efforts are provided only by community organizations
- 22) What other **types of organizations are involved** in condom distribution in your jurisdiction? Check all that apply.
- Carry forward response(s) from (#4)*

- 23) Are there any **other types of organizations involved** in condom distribution in your jurisdiction, not listed above? Please write in below.
- 24) Are social marketing activities for STD prevention being conducted in your jurisdiction? Examples of social marketing activities include maintaining social media presence or promoting print media in your jurisdiction.
- Yes
 - No → **Skip to Question #30**
- 25) Please indicate which social marketing activities your jurisdiction engages in. Check all that apply.
- Facebook groups or pages
 - Twitter, Instagram, Tumblr or other social media pages or activities
 - Print media campaigns
 - Text message outreach or campaigns
 - Other: _____
- 26) Please indicate if any of the social marketing activities you engage in are **targeted or focused on preventing specific STDs** in your jurisdiction. Check all that apply.
- Gonorrhea
 - Chlamydia
 - Syphilis
 - HIV
 - Prevention activities are general / not disease-specific
- 27) What proportion of the **total community effort** for social marketing is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. efforts are done with equal effort with community partners
 - Some but not half of the effort, i.e. efforts are mostly through community agencies or partnering programs
 - None, i.e. efforts are provided only by community organizations
- 28) What other **types of organizations are involved** in social marketing for STD prevention in your jurisdiction? Check all that apply.
- Sponsored websites
 - +Carry forward response(s) from (#4)

29) Are there any **other types of organizations involved** in *social marketing* in your jurisdiction, not listed above? Please write in below.

The following questions focus on STD **screening** activities, partnerships and collaborations in your jurisdiction.

30) Below is a list of **recommended populations for screening** programs. Please indicate for **which STDs** you have provided *routine or ongoing targeted screening programs* in the last year. Check only those boxes that apply to the targeted screening programs you provide. If you do not provide a targeted screening program for the indicated population or setting, you may indicate 'No targeted screening program.'

| | No routine targeted screening program | Gonorrhea | Chlamydia | HIV | Syphilis |
|---|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sex workers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Men who have sex with men (MSM) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexually active young women | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Individuals in jails or juvenile detention facilities or settings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Geographic hotspots / communities with high morbidity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School-based screening program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

→ If no targeted screening programs, **skip to Question #34**

→ If HIV screening programs only, **skip to Question #34**

- 31) What proportion of the **total community effort** for providing *routine STD screening* for targeted populations is **contributed by your local health department**, either through direct screening provision or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. this service is provided with equal effort with our community partners
 - Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
 - None, i.e. this service is provided only by community agencies or partners

32) What other **types of organizations are involved** in providing *routine STD screening for targeted populations* in your jurisdiction? Check all that apply.

| | Please indicate partner(s) for non-HIV STD screening: | | Please indicate partner(s) for HIV screening: | |
|--|---|--------------------------|---|--------------------------|
| | With a contract | Without a contract | With a contract | Without a contract |
| <i>Carry forward response(s) from (#4)</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33) Are there any **other types of organizations involved** in providing *routine STD screening* for targeted populations in your jurisdiction, not listed above? Please write in below.

34) Are *rapid screening services* available in your jurisdiction?

These may include oral swabs or other rapid screening.

- Yes
- No → **Skip to Question #42**

35) **For which STDs** are *rapid screening services* available? Check all that apply.

- HIV
- Syphilis

If *HIV* selected for #35:

36) What proportion of the **total community effort** for *rapid screening services for HIV* is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs

- None, i.e. this service is provided only by community agencies or partners

37) What other **types of organizations are involved** in providing rapid screening services for HIV in your jurisdiction? Check all that apply.

- Carry forward response(s) from (#4)

38) Are there any **other types of organizations involved** in providing rapid screening services for HIV in your jurisdiction, not listed above? Please write in below.

If SYPHILIS selected for #35:

39) What proportion of the **total community effort** for rapid screening services for Syphilis is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
- None, i.e. this service is provided only by community agencies or partners

40) What other **types of organizations are involved** in providing rapid screening services for Syphilis in your jurisdiction? Check all that apply.

- Carry forward response(s) from (#4)

41) Are there any **other types of organizations involved** in providing rapid screening services for Syphilis in your jurisdiction, not listed above? Please write in below.

42) Are mobile screening services available in your jurisdiction? These may include mobile vans or other mobile specimen collection.

- Yes
- No → **Skip to Question #47**

43) **For which STDs** are mobile screening services available? Check all that apply.

- Non-HIV STDs
- HIV → **Skip to Question #47**

- 44) What proportion of the **total community effort** for mobile screening is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. this service is provided with equal effort with our community partners
 - Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
 - None, i.e. this service is provided only by community agencies or partners
- 45) What other **types of organizations are involved** in providing mobile screening in your jurisdiction? Check all that apply.
- Carry forward response(s) from (#4)
- 46) Are there any **other types of organizations involved** in providing mobile screening in your jurisdiction, not listed above? Please write in below.
- 47) Is at-home screening for gonorrhea and chlamydia, including mail-in kits or self-swabs, available in your jurisdiction?
- Yes
 - No → **Skip to Question #51**
 - Don't know → **Skip to Question #51**
- 48) What proportion of the **total community effort** for providing at-home screening is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. this service is provided with equal effort with our community partners
 - Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
 - None, i.e. this service is provided only by community agencies or partners
- 49) What other **types of organizations are involved** in offering at-home screening in your jurisdiction? Check all that apply.
- Carry forward response(s) from (#4)
- 50) Are there any **other types of organizations involved** in offering at-home screening in your jurisdiction, not listed above? Please write in below.

The following questions focus on STD **treatment activities, partnerships and collaborations** in your jurisdiction.

- 51) Are any trainings for clinical or medical providers or health workers related to STD treatment or related issues, other than those focused on HIV, available in your jurisdiction? Examples of these types of activities might be a health officer or other physician leader disseminating guidelines updates, monitoring or reviewing treatment decisions with a provider on how a case was treated in relation to current guidelines, providing training specifically on STD treatment guidelines, or providing individual provider technical assistance.
- Yes
 - No → **Skip to Question #57**
- 52) Are any of the following trainings available in your jurisdiction? Check all that apply.
- Training for clinical or medical providers to improve compliance with STD treatment guidelines, other than HIV
 - Sexual history training for clinical or medical providers
 - Training for non-clinical providers in the community
 - Cultural competency or diversity trainings
 - Other clinical or medical provider trainings in an ongoing capacity (please specify:)
- 53) Considering all of the provider trainings and activities related to STD issues (other than HIV) available in your jurisdiction, please indicate which STDs are the focus of these trainings. Check all that apply.
- Training programs are general/non-STD-disease specific
 - Gonorrhea
 - Chlamydia
 - Syphilis
 - Don't know
- 54) What proportion of the **total community effort** to train providers in STD issues (other than HIV) is **contributed by your local health department**, either directly through your program or funded through contracts?
- All of the effort, i.e. very little community agency or partnering efforts
 - Most but not all of the effort, i.e. some community agency or partnering efforts
 - About half of the effort, i.e. this service is provided with equal effort with our community partners
 - Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
 - None, i.e. this service is provided only by community agencies or partners

55) What other **types of organizations are involved** in training providers in STD issues (other than HIV) in your jurisdiction? Check all that apply of which you are aware.

- Carry forward response(s) from (#4)

56) Are there any **other types of organizations involved** in training providers in STD issues (other than HIV) in your jurisdiction, not listed above? Please write in below.

57) Do **laboratories in your jurisdiction** accept rectal / throat specimens for gonorrhea / chlamydia?

- Yes
- No → **Skip to Question #61**

58) What proportion of the **total effort** for rectal / throat testing is **contributed by your local health department**, either directly through your program or funded through contracts, or by **a public health lab**?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partners
- None, i.e. this service is provided only by community agencies or partnering efforts

59) What other **types of organizations conduct** rectal / throat testing in your jurisdiction? Check all that apply.

- Hospital laboratory
- Community health centers laboratories
- Public health laboratory (with verified protocols)
- Private commercial laboratories (e.g. Quest, etc.)
- Veterans Administration Facilities
- Indian Health Services
- Other: _____

60) Are there any **other types of organizations that conduct** rectal / throat testing in your jurisdiction, not listed above? Please write in below.

The following questions focus on **follow-up** to treatment activities, partnerships and collaborations for STDs other than HIV in your jurisdiction.

61) Are any follow-up activities for STD control and care available in your jurisdiction? Check all that apply.

- Follow-up with providers on missing data
- Follow-up with patients
- Verifying treatment for select patients
- Follow-up of index cases to retest after treatment
- Other ongoing follow-up activities (please specify:) _____
- None of the above → **Skip to Question #66**

62) **For which STDs** are follow-up activities for STD control and care routinely conducted? Check all that apply.

- Gonorrhea
- Chlamydia
- Primary and secondary syphilis
- Early latent syphilis
- Late latent syphilis
- None

63) What proportion of the **total community effort** for follow-up activities is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
- None, i.e. this service is provided only by community agencies or partners

64) What other **types of organizations are involved** with follow-up activities in your jurisdiction? Check all that apply.

- Carry forward response(s) from (#4)*

65) Are there any **other types of organizations involved** with follow-up activities in your jurisdiction, not listed above? Please write in below.

66) Is contact tracing / partner notification / referral for treatment for **STDs other than HIV** available in your jurisdiction?

- Yes
- No → **Skip to Question #75**

67) In the last 12 months, how many contacts were followed by your STD program? Please input a number.

68) **For which STDs** do you routinely provide contact tracing / partner notification / referral for treatment? Check all that apply.

- Gonorrhea
- Chlamydia
- Primary and secondary syphilis
- Early latent syphilis
- Late latent syphilis
- None
- Don't know

69) Please indicate the mediums for partner notification available in your jurisdiction. Check all that apply.

- Internet-based notifications / Email
- Secure message on clinic website or online portal
- Messaging via dating/hookup websites and/or mobile apps (e.g. Adam4Adam, Manhunt, BarebackRT)
- Text message
- In-person visits
- Phone
- Letter / Mail

70) Is expedited partner therapy available in your jurisdiction for select cases?

- Yes
- No → **Skip to Question #72**

71) **For which STDs** is expedited partner therapy available? Check all that apply.

- Gonorrhea
- Chlamydia

72) What proportion of the **total community effort** for contact tracing / partner notification / referral is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
- None, i.e. this service is provided only by community agencies or partners

73) What other **types of organizations are involved** with contact tracing / partner notification / referral in your jurisdiction? Check all that apply.

- Carry forward response(s) from (#4)

74) Are there any **other types of organizations involved** with contact tracing / partner notification / referral in your jurisdiction, not listed above? Please write in below.

75) Is targeted case management of individuals to reduce re-infection risk for **STDs other than HIV** available in your jurisdiction? Examples of targeted case management would include interviewing patients to ensure they were treated, referring individuals for additional clinical services, or ensuring partner treatment.

- Yes
- No → **Skip to Question #80**

76) **For which STDs** is targeted case management available? Check all that apply.

- Gonorrhea
- Chlamydia
- Primary and secondary syphilis
- Early latent syphilis
- Late latent syphilis
- None
- Don't know

77) What proportion of the **total community effort** for targeted case management is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
- None, i.e. this service is provided only by community agencies or partners

78) What other **types of organizations are involved** with providing targeted case management in your jurisdiction? This could include community agencies to which you refer untreated cases. Check all that apply.

- Carry forward response(s) from (#4)

79) Are there any **other types of organizations involved** with providing targeted case management in your jurisdiction, not listed above? Please write in below.

80) Are investigations and referrals for untreated cases conducted in your jurisdiction?

- Yes
- No → **Skip to Question #85**

81) **For which STDs** are investigations and referrals for untreated cases available? Check all that apply.

- Gonorrhea
- Chlamydia
- Primary and secondary syphilis
- Early latent syphilis
- Late latent syphilis

82) What proportion of the **total community effort** for investigations and referral for untreated cases is **contributed by your local health department**, either directly through your program or funded through contracts?

- All of the effort, i.e. very little community agency or partnering efforts
- Most but not all of the effort, i.e. some community agency or partnering efforts
- About half of the effort, i.e. this service is provided with equal effort with our community partners
- Some but not half of the effort, i.e. provision of this service is mostly through community agencies or partnering programs
- None, i.e. this service is provided only by community agencies or partners

83) What other **types of organizations are involved** with referring untreated cases in your jurisdiction? This could include organizations to which you refer untreated cases. Check all that apply.

- Carry forward response(s) from (#4)*

84) Are there any **other types of organizations involved** with referring untreated cases in your jurisdiction, not listed above? Please write in below.

The following questions are about your STD **program** funding, organization and staffing.

85) Is your STD program funded separately or combined with other public health programs in your jurisdiction?

- STD program is funded separately → **Skip to Question #87**
- STD program is combined

86) If combined, with whom? Check all that apply.

- HIV
- Tuberculosis
- Hepatitis
- Family planning
- Communicable disease
- Other _____

87) Did your jurisdiction open or close an STD clinic in the past ten years?

- Yes, Opened (Please indicate what year): _____
- Yes, Closed (Please indicate what year): _____
- No

88) Does your local health department (LHD) provide the adult correctional health services for your county?

- Yes
- No

89) Does your LHD provide the juvenile correctional health services for your county?

- Yes
- No

90) Of your total workforce, how many full time employees (FTEs) were dedicated to STDs in 2014? The number should reflect staff working directly with the county on STD activities whether or not they are county employees. Please enter an approximate number of FTEs in your 2014 STD workforce.

91) Over the last five years, has the number of FTEs dedicated to STDs:

- Decreased greatly
- Slightly decreased
- Stayed roughly the same
- Slightly increased
- Increased greatly
- Don't know

92) Not including state or other non-county/city funds, what was your local funding amount dedicated to STD prevention and control in 2014? (If unsure, please approximate to the nearest \$10,000 up to \$100,000)

- Local funding amount _____
- Don't know

93) Please indicate the number of STD screening tests your program performed in 2014. If the **service was not provided** in 2014, please enter a zero ('0') in the # administered box. Estimates are sufficient, but if you don't know, please leave boxes blank.

| | # administered |
|-----------------------------|----------------|
| Gonorrhea screening tests | _____ |
| Chlamydia screening tests | _____ |
| Syphilis screening tests | _____ |
| HIV screening tests | _____ |
| Hepatitis C screening tests | _____ |

94) How many STD clinics did your local health department fund, manage, or operate in 2014?

- Number:
- None → **Submit Survey**

95) What is the clinic(s)' fee for STD services? Choose one.

- No fee
- No fee, minimum donation encouraged of (\$) _____
- Waivable fee of (\$) _____
- Sliding scale fee, range of (\$) _____
- Flat fee of (\$) _____
- Health department manages more than one clinic with different fee structures. Please describe below: _____
- Other _____
- Don't know

96) From which of the following does your STD program clinic request reimbursement for clinical services? Check all that apply.

- Patients self-pay
- FamilyPact
- Medi-Cal
- Child Health and Disabilities Program (CHDP)
- Private insurers
- Other: _____
- None of the above → **Skip to Question #98**
- Don't know → **Skip to Question #98**

97) Please indicate whether clinic billing is done in house (by clinic staff) or outsourced (by an outside firm or agency).

- In house
 - Outsourced. Name of firm / agency: _____
- **Submit Survey**

If *Don't Know* or *None of the above* for Question #96:

98) Does your program plan to initiate billing for third party reimbursement?

- Yes. Approximate start date: _____
- No
- Don't know