a specific STD (Table 1). Of these respondents, nearly 1.2 million were men and almost one million were women. Bacterial STDs were more common among the respondents than viral STDs. Genital warts and chlamydia were the most commonly reported STDs during the preceding year.

Overall, about 22 million adults aged 18–59 had ever had an STD. Bacterial STDs were more common than viral STDs (13.4 million vs. 10.8 million), and gonorrhea was the most commonly reported STD (by 7.6 million respondents).

Where Do People Seek Treatment?

Among those who reported ever having had an STD, a private practice (49%) was the most frequently mentioned place to which the respondents had gone for treatment (Table 2). Respondents who said they had been told in the past year that they had an STD also were more likely to report having gone to a private doctor or group practice for treatment (62%, not shown). Among the remaining respondents who had ever had an STD, 8% had gone to an “other clinic,” 7% to an emergency room, 5% to an STD clinic and 5% to a family planning clinic; 23% did not mention a place where they had been treated for their STD and 3% mentioned multiple sites.

Figure 1 shows that the pattern of STD treatment choice for the younger members of the sample (18–29-year-olds) was very similar to that of older respondents (30–59-year-olds). The main difference was that a higher percentage of the younger group than of the older group chose family planning clinics (12% vs. 2%).

Forty-nine percent of respondents with genital herpes, 59% of those with genital warts and 62% of those with hepatitis reported receiving treatment from a private practice. In contrast, only 26% of respondents who reported ever having gonorrhea indicated that they had received treatment from a private practitioner (Table 2).

STDs for which a relatively large percentage of respondents reported going to an emergency room included syphilis (13%), PID (13%), hepatitis (11%) and gonorrhea (11%). Ten percent of the respondents who reported ever having had chlamydia had gone to a family planning clinic for treatment, while no respondents with hepatitis or nongonococcal urethritis reported having gone to such a clinic.

Ten percent of the respondents who reported ever having had gonorrhea had gone to an STD clinic. Eighteen percent of the male respondents who ever had nongonococcal urethritis had gone to some “other” clinic, as had 15% of all respondents who reported ever having had gonorrhea.

A varying proportion of respondents mentioned more than one place where they received treatment for a specific STD. More than 6% of the respondents who reported genital herpes had received treatment at multiple sites, compared with 3% of those who had gonorrhea or who had nongonococcal urethritis.

More than 35% of the recipients who had ever had gonorrhea had had this STD more than once (not shown). Nongonococcal urethritis (16%) and chlamydia (14%) were the next most often reported diseases that respondents had had repeatedly. In addition, respondents who reported having gone to an STD clinic or a family planning clinic were most likely to have had any STD more than once (31% and 29%, respectively).

Who Goes Where for Treatment?

Table 3 (page 14) shows odds ratios calculated from a multinomial response model (N=495). These odds ratios can give us an idea of the direction and magnitude of the relative odds that a respondent chose a particular treatment site. For instance, compared with respondents having a viral infection (genital herpes, genital warts, hepatitis or HIV), respondents with a bacterial infection (gonorrhea, chlamydia, nongonococcal urethritis, PID or syphilis) were 7.1 times more likely to choose an STD clinic instead of a private practice. Again, compared to those who had a viral infection, respondents who had a bacterial infection were 5.2 times more likely to choose an STD clinic over an emergency room.

Men were significantly more likely than women to go to an emergency room, family planning clinic, STD clinic or some “other” clinic than to a private practice. In other words, the estimated odds that a woman would choose a private practice versus any other treatment site were higher than the same estimated odds for men. Therefore, women were more likely to choose a private practice for treatment of an STD than were men.

Respondents who reported having gone to a family planning clinic for treatment of an STD were significantly younger than those who reported having visited a private practice (an odds ratio of 0.8 for each year of age). However, those respondents who said they had gone to an STD clinic, who had visited some “other” clinic or who did not mention any place of treatment were significantly older than those who had visited a family planning clinic.

White respondents were significantly less likely than black respondents to have gone to an emergency room or a family planning clinic than to a private practice. On the other hand, whites were more likely than blacks to report having gone to an STD clinic, having visited some “other” clinic or having mentioned no place of treatment compared with a family planning clinic.

We also found that respondents with an