

THE SEX AND LIFESTYLE QUESTIONNAIRE: YOUR ATTITUDES, BELIEFS AND BEHAVIOUR

(YOUNG MEN – S3)

With the exception explained by the researcher, your answers will remain confidential and will not be seen by:

- anyone at school,
- or your family.

So, please be honest about how you feel and what you think.

By answering these questions you will help us find out more about young people and sexual relationships.

There are no 'right' or 'wrong' answers - we just want to know what you think, and something about your experiences.

Young people do sexual things at different ages.


We are interested in your ideas and experiences whatever they are, so please answer these questions as fully and honestly as possible.

Please read the instructions carefully.

If you are not sure what a question means, please put up your hand and one of the researchers will come and help you.



ABOUT YOURSELF

1. How many people (children and adults) including yourself live in your home?  _____

2. How many bedrooms are there in your home?  _____

3. What kind of house / flat do you live in?
(Please tick **only one** box)

council housing ₁

other rented accommodation ₂


privately-owned housing
(i.e. own home / paying mortgage) ₃

temporary accommodation ₄

care or foster home ₅

don't know ₆

4. Do you know your mother's age?



yes ₁ if 'yes', please write her age  _____



no ₂


5. Which adults do you stay with at home?
(Please tick **all that apply**)

- my mother ₁
- my father ₂
- my step-mother ₃
- my step-father ₄
- my grandmother ₅
- my grandfather ₆
- another woman who is not my mum ₇
- another man who is not my dad ₈

6. How many brothers and sisters do you have?
(Please write in **how many are older** and **how many are younger**. Include your **twin** if you have one.)

I have  _____ **older brother(s)** and  _____ **younger brother(s)**

I have  _____ **older sister(s)** and  _____ **younger sister(s)**


7. How much of your own money do you have on average to spend as you like each week?  £ _____




8. Please tell us if your mother (or female guardian) is:
(Please tick **all that apply**)

- in full time paid work ₁
- in part time paid work ₂
- a full time housewife ₃
- unemployed ₄
- a student ₅
- sick / disabled ₆
- retired ₇
- not sure ₈
- I don't have a mother / female guardian ₉

9. If your mother (or female guardian) has a job what does she do? (for example: ticket collector on a train)

 _____

If she does not have a job, what was her last job?
(for example: ticket collector on a train)

 _____

10. Please tell us if your father (or male guardian) is:
(Please tick **all that apply**)

- in full time paid work ₁
- in part time paid work ₂
- a full time househusband ₃
- unemployed ₄
- a student ₅
- sick / disabled ₆
- retired ₇
- not sure ₈
- I don't have a father / male guardian ₉

11. If your father (or male guardian) has a job what does he do?
(for example: ticket collector on a train)



- If he does not have a job, what was his last job?
(for example: ticket collector on a train)



12. Are you: (Please tick **all that apply**)

- Bangladeshi ₁
- Black - African ₂
- Black - Caribbean ₃
- Chinese ₄
- Indian ₅
- Pakistani ₆
- White ₇
- Other ₈



13. What religion(s), if any, were you brought up with?
(Please tick **all that apply**)

none	<input type="checkbox"/>	1
Christian		
Catholic	<input type="checkbox"/>	2
Protestant	<input type="checkbox"/>	3
Hindu	<input type="checkbox"/>	4
Jewish	<input type="checkbox"/>	5
Muslim	<input type="checkbox"/>	6
Sikh	<input type="checkbox"/>	7
Other (Please write religion)	<input type="checkbox"/>	8
 _____		

14. How religious do you think you are?
(Please tick **only one** box)

Very religious	Religious	Unsure	Not religious	Not at all religious
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5

15. How much do you agree or disagree with the following
statements? (Please tick **one box per line**)

	strongly agree	agree	disagree	strongly disagree
I like myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time I am satisfied with the way I look	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am proud of my body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FRIENDS, SCHOOL, WORK AND FAMILIES

16. Think about your friends. (*Please tick **one box per line***)

	none	a few	half	most	all
How many are male?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How many are female?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How many are at another school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How many have left school?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
How many smoke cigarettes most days?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

17. Do you have a **male** friend you can talk to about very private and personal things? (*Please tick **only one box***)

yes ₁ no ₂

18. Do you have a **female** friend you can talk to about very private and personal things? (*Please tick **only one box***)

yes ₁ no ₂

19. How much do you agree with the following statements about school? (*Please tick **one box per line***)

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
I like school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
When I get the chance I skip school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Teachers in my school never trust us to organise things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Teachers in my school treat pupils with respect	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



20. These questions are about the rules in your house about going out in the evening. (*Please tick **one box per line***)

	always	usually	sometimes	never
Do you have to ask permission to go out in the evening?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Do you have to be back by a certain time in the evening?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Does anybody stay up until you get home?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Do you have to tell anybody where you are going in the evening?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

21. How likely is it that you will be doing the following in 4 years time? (*Please tick **one box per line***)


	very likely	likely	unsure	unlikely	very unlikely
be in a secure job?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
be living with a girlfriend / wife?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
be in a training scheme? (e.g. Skillseekers, Youth Training Scheme (YTS))	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
have a child / children?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
be at a college or university?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
be in a steady relationship with someone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

ALCOHOL AND DRUGS

22. In the last twelve months, about how often have you got drunk? *(Please tick **only one** box)*

- | | |
|-----------------------|---------------------------------------|
| never | <input type="checkbox"/> ₁ |
| once or twice a year | <input type="checkbox"/> ₂ |
| about once a month | <input type="checkbox"/> ₃ |
| about once a week | <input type="checkbox"/> ₄ |
| more than once a week | <input type="checkbox"/> ₅ |

23. Have you tried, or do you use, any of the following? *(Please tick **one box per line**)*

	never tried	tried	use occasionally	use regularly
Tobacco (cigarettes)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Cannabis (hash, dope, grass)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Magic Mushrooms (mushies)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Glue, gas, solvent or sprays	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
LSD (acid)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Astrolite (trols, sky)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Ecstasy (ekky, E)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Amphetamines (speed, sulphate)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Temazepam (jellies, ruggers)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Other, please give name	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
 _____				



LEARNING ABOUT SEX

24. How comfortable or uncomfortable are you when talking about sex with the following people? (*Please tick **one box per line***)

	never have / does not apply	very comfortable	comfortable	in between	uncomfortable	very uncomfortable
mother	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
father	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
brother you get on best with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
sister you get on best with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
best friend (boy)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
on your own with teacher you get on best with	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

25. In your school sex education, how well do you think the following topics have been covered? (*Please tick **one box per line***)

	don't remember it being discussed	very well	well	okay	not well	not well at all
Where to get medical advice about contraception?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Where to get medical advice about sexually transmitted diseases?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How not to have sex when you don't want to?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Contraception? (ways to avoid pregnancy when having sex)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
How to avoid diseases that might be caught from having sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

RELATIONSHIPS AND BEHAVIOUR

Most of you will not have had sexual intercourse, but some might.
We would like to know a little about your own experiences.

In the questions below '**sexual intercourse**' means:

- a boy / man putting his penis into a girl / woman's vagina,
- or '**going the whole way**'.

26. In the last month, have you told your friends that you have had more sexual experience than you really have had?
(Please tick **only one** box)

- | | | |
|---------------|--------------------------|---|
| often | <input type="checkbox"/> | 1 |
| sometimes | <input type="checkbox"/> | 2 |
| once or twice | <input type="checkbox"/> | 3 |
| never | <input type="checkbox"/> | 4 |

27. Have you experienced any of the following with another person? If 'yes', please write down how old you were the **first** time. (Please tick **one box per line**)

- | | no | yes | age 1st time |
|--|--------------------------|--------------------------|-------------------------------------|
| kissing using tongues | <input type="checkbox"/> | <input type="checkbox"/> | I was 16 _____ years old |
| heavy petting (hand touching genitals / private parts) | <input type="checkbox"/> | <input type="checkbox"/> | I was 16 _____ years old |
| oral sex (mouth touching genitals / private parts) | <input type="checkbox"/> | <input type="checkbox"/> | I was 16 _____ years old |
| sexual intercourse | <input type="checkbox"/> | <input type="checkbox"/> | I was 16 _____ years old |



28. Do you have a girlfriend at the moment?
(Please tick **only one** box)

no, I've never had a girlfriend ₁ if 'no',  go to question 33

I used to have one, but not now ₂ if 'used to',  go to question 33

yes, I have one now ₃

29. How long have you gone out with the girlfriend you have now? (Please tick **only one** box)

less than 1 week ₁

between 1 and 2 weeks ₂

between 2 weeks and 1 month ₃

between 1 month and 3 months ₄

between 3 months and 6 months ₅

between 6 months and 1 year ₆

over 1 year ₇

30. **If you have a girlfriend now**, please indicate how much you agree with the following statements about her.
(Please tick **one box per line**)

	strongly agree	agree	disagree	strongly disagree
I really enjoy the time we spend together.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I find it difficult to show my girlfriend that I am feeling affectionate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I enjoy <u>all</u> our physical contact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄


31. **If you have a girlfriend now**, would you like to have more or less physical contact with her? (Please tick **only one box**)

A lot more	More	It's fine as it is	Less	A lot less	Don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

32. **If you have a girlfriend now**, does your girlfriend know how you feel about her? (Please tick **only one box**)

She knows exactly how I feel about her	<input type="checkbox"/> ₁
She knows roughly how I feel about her	<input type="checkbox"/> ₂
She has little idea how I feel about her	<input type="checkbox"/> ₃
She does not know how I feel about her	<input type="checkbox"/> ₄
She thinks she knows, but she's wrong	<input type="checkbox"/> ₅



33. If you HAVE had sexual intercourse, please go to question 34 

If you HAVE NOT had sexual intercourse, please answer the question below 

When do you expect to **first** have sexual intercourse?

A. (Please tick **only one** box)

- | | | |
|------------------|--------------------------|---|
| When 20 or older | <input type="checkbox"/> | 1 |
| By the age of 20 | <input type="checkbox"/> | 2 |
| By the age of 18 | <input type="checkbox"/> | 3 |
| By the age of 17 | <input type="checkbox"/> | 4 |
| By the age of 16 | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

Again, when do you expect to **first** have sexual intercourse?

B. (Please tick **only one** box)


- | | | |
|--------------------------------|--------------------------|---|
| Not until I'm in love | <input type="checkbox"/> | 1 |
| Not until we're going steady | <input type="checkbox"/> | 2 |
| Not until we're engaged | <input type="checkbox"/> | 3 |
| Not until we're married | <input type="checkbox"/> | 4 |
| Simply when sexually attracted | <input type="checkbox"/> | 5 |
| Don't know | <input type="checkbox"/> | 6 |

Now,  please go to question 53

For those who HAVE had sexual intercourse

Please answer the following questions about your **first** experience of sexual intercourse.

34. When you **first** had sexual intercourse, how old were you?

 _____

35. When you **first** had sexual intercourse how old was the other person?

younger than you ₁

older than you ₂

the same age as you ₃

36. When you **first** had sexual intercourse which of these was true? (*Please tick **only one** box*)

I put a lot of pressure on her ₁

I put pressure on her ₂

I put a bit of pressure on her ₃

there was no pressure either way ₄


she put a bit of pressure on me ₅

she put pressure on me ₆

she put a lot of pressure on me ₇




37. When you **first** had sexual intercourse, did you or your partner use any form of contraception or do anything to protect yourselves? (*Please tick **all that apply***)

- no ₁
- penis pulled out before coming ₂
- condom put on just before coming ₃
- condom used throughout ₄
- my partner was on the pill ₅
- my partner used emergency contraception (the 'morning after pill') ₆
- other (please describe below) ₇
-  _____
- don't know ₈

38. Did you talk about protecting yourself (e.g. as above) with your first partner **before** having sexual intercourse? (*Please tick **only one** box*)

- yes ₁ no ₂ can't remember ₃

39. Were you drunk or stoned when you **first** had sexual intercourse? (*Please tick **only one** box*)

- no ₂
- yes ₁ → If 'yes', what drink / drugs had you had?  _____

40. Which of these statements best describes how that **first** time you had sexual intercourse came about?
(Please tick **only one** box)


- It just happened on the spur of the moment ₁
- I expected it to happen soon, but was not sure when ₂
- I planned it to happen beforehand (but not together) ₃
- We planned it together beforehand ₄
- It was completely unexpected ₅
- Can't remember ₆

41. Looking back now to the **first** time you had sexual intercourse, which of these statements applies?
(Please tick **only one** box)

- I should have waited longer before having sex ₁
- I should not have waited so long ₂
- It was at about the right time ₃
- It shouldn't have happened at all ₄
- Don't know ₅



42. Thinking of the person you **first** had sexual intercourse with, was she your girlfriend? (*Please tick **only one** box*)

no ₂ if 'no',  go to question 43

yes ₁

If 'yes', how long had you gone out with her **before** you had sexual intercourse? (*Please tick **only one** box*)

less than 1 week ₁

between 1 and 2 weeks ₂

between 2 weeks and 1 month ₃

between 1 month and 3 months ₄

between 3 months and 6 months ₅

between 6 months and 1 year ₆

over 1 year ₇

43. Have you had sexual intercourse more than once?
(either with the same person **OR** with a different person)

no ₂ if 'no',  go to question 53


yes ₁

Please answer the following questions about the **last** time you had sexual intercourse.

44. When you **last** had sexual intercourse with someone, which of these was true? (*Please tick **only one** box*)

- | | |
|----------------------------------|---------------------------------------|
| I put a lot of pressure on her | <input type="checkbox"/> ₁ |
| I put pressure on her | <input type="checkbox"/> ₂ |
| I put a bit of pressure on her | <input type="checkbox"/> ₃ |
| there was no pressure either way | <input type="checkbox"/> ₄ |
| she put a bit of pressure on me | <input type="checkbox"/> ₅ |
| she put pressure on me | <input type="checkbox"/> ₆ |
| she put a lot of pressure on me | <input type="checkbox"/> ₇ |


45. When you **last** had sexual intercourse, did you or your partner use any form of contraception or do anything to protect yourselves? (*Please tick **all that apply***)

- | | |
|---|---------------------------------------|
| no | <input type="checkbox"/> ₁ |
| penis pulled out before coming | <input type="checkbox"/> ₂ |
| condom put on just before coming | <input type="checkbox"/> ₃ |
| condom used throughout | <input type="checkbox"/> ₄ |
| My partner was on the pill | <input type="checkbox"/> ₅ |
| My partner used emergency contraception (the 'morning after pill') | <input type="checkbox"/> ₆ |
| other (please describe below) | <input type="checkbox"/> ₇ |
|  _____ | |
| Don't know | <input type="checkbox"/> ₈ |

46. Were you drunk or stoned when you **last** had sexual intercourse? (*Please tick **only one** box*)



no ₂

yes ₁ → If 'yes', what drink / drugs had you had?  _____

47. Have you had sexual intercourse with more than one person? (*Please tick **only one** box*)

no ₂ if 'no',  go to question 51

yes ₁

48. Thinking of the person you **last** had sexual intercourse with, was she your girlfriend?

no ₂ if 'no',  go to question 49

yes ₁

If 'yes', how long had you gone out with her **before** you had sexual intercourse? (*Please tick **only one** box*)

less than 1 week ₁

between 1 and 2 weeks ₂

between 2 weeks and 1 month ₃

between 1 month and 3 months ₄

between 3 months and 6 months ₅

between 6 months and 1 year ₆

over 1 year ₇

49. How many different people have you had sexual intercourse with in the last year?

 _____

50. How many different people have you had sexual intercourse with ever?

 _____

The next questions involve thinking carefully about **ALL** the times you have had sexual intercourse.

51. How often was (were) your partner(s) on the contraceptive pill (or or or or implant) when you had sexual intercourse?
(Please tick **only one** box)

- never ₁
- sometimes ₂
- always ₃
- don't know ₃

52. How often did you use a condom?

- never ₁
- sometimes ₂
- always ₃



THINKING ABOUT FUTURE SEXUAL RELATIONSHIPS

Please answer all the questions below, even though for most of you they will apply to you when you are older.

53. How easy or difficult would it be for you to:

*(Please tick **one box per line**)*

	very easy	easy	unsure	difficult	very difficult
get a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
use a condom properly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
talk openly about sex with a girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
suggest using condoms with a girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
persuade a girlfriend to use a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
suggest using the contraceptive pill to a girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
make an appointment with a clinic or a doctor with your girlfriend for her to go on the pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
discuss with a doctor or in a clinic your girlfriend going on the pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
say no to doing something sexual you don't want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

54. Below are some things people say about relationships and sex. We would like to know what your views are. Please say how much you agree or disagree.

<i>(Please tick one box per line)</i>	strongly agree	agree	unsure	disagree	strongly disagree
Using a condom would be embarrassing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
In a good relationship it is important to just let things happen sexually	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Using a condom would interrupt sexual fun	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Getting your girlfriend pregnant is a risk you have to take to enjoy sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
People who have sex when they are young rarely enjoy it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Sexual intercourse is the only way to be satisfied in a sexual relationship	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It's much more grown up to have a girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You have just as much fun when you don't have a girlfriend	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
You can enjoy each other's bodies without sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Using a condom would reduce sexual enjoyment	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



(Please tick **one box per line**)

	strongly agree	agree	unsure	disagree	strongly disagree
If things become sexual I intend to tell my girlfriend exactly how far I want to go	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
People with very few sexual partners still get sexually transmitted diseases	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It is likely that I will get a sexually transmitted disease in the next 10 years unless I use condoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
The only sexually transmitted disease I'm worried about catching is HIV / AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
One of the things I fear most is getting a girl pregnant	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Condoms are very effective in preventing HIV / AIDS	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
The contraceptive pill is effective in preventing pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
There is nothing wrong with an abortion if the woman herself wants it, <u>even</u> if the father is against an abortion	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
A school girl should be allowed to have an abortion in order to continue her career	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

55. In the future, if you have sexual intercourse with someone and you don't want to get her pregnant, would you intend to:

(Please tick **one box per line**)

	strongly agree	agree	unsure	disagree	strongly disagree
do whatever she decides about condoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
use a condom even if she is on the pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
encourage her to take the contraceptive pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
discuss condoms with her before having sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
<u>always</u> use a condom during sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

56. In the future, the first time you have sex with someone:

(Please tick **one box per line**)

	strongly agree	agree	unsure	disagree	strongly disagree
she will want you to use a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
your friends will want you to use a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



57. When you have sex with someone, even if you think she has condoms, should you yourself take care that:

(Please tick one box per line)

	strongly agree	agree	unsure	disagree	strongly disagree
condoms are available?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
a condom is used?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

58. Your feelings about sex

(Please tick one box per line)

	strongly agree	agree	unsure	disagree	strongly disagree
I would be really nervous if I got into a sexual relationship with someone	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Sexual fantasies are healthy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I really like the idea of being touched sexually	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I really like the idea of touching someone sexually	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

59. Below are some things people say about relationships and sex. We would like to know what your views are. Please say how much you agree or disagree.

*(Please tick **one box per line**)*

	strongly agree	agree	unsure	disagree	strongly disagree
People should be free to have sexual relationships with people of their own sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It is wrong to have sexual relationships with people of the same sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

60. In the future, if you had sexual intercourse with a girlfriend would you regret having had sex if:

*(Please tick **one box per line**)*

	strongly agree	agree	unsure	disagree	strongly disagree
she'd had to persuade you to have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
you felt ready for sex but you only used the contraceptive pill, NOT a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
you felt ready for sex but you did not use any protection against pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



61. Do you know if:

(Please tick one box per line)

	True	False	Don't know
a girl can get pregnant if it is the first time she has sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
oral sex is safer than sexual intercourse?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
all diseases caught from having sex can be cured with medical treatment?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
someone had a disease caught from having sex, they may show no sign of it at all?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
a girl under 16 thinks she may be pregnant, doctors will inform her parents if she seeks advice?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
a girl can get pregnant if she has sex standing up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
a girl can get pregnant if the man / boy withdraws before ejaculation / coming?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(Please tick one box per line)

	the morning after	within two days (48 hours)	within three days (72 hours)	within a week (168 hours)	don't know
emergency contraception ('the morning after pill') has to be used...	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

62. Imagine:

- you've been having sexual intercourse with your girlfriend for a month,
- you've been entirely faithful and she says she's been faithful too,
- she's on the contraceptive pill and you use condoms,
- you don't want a baby in this relationship,
- she says she's only had sex with one other boy,
- you know him and he's a nice guy.

(Please tick **one box per line**)

	now	soon	after 6 months	after 1 year	never
would you stop using condoms?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

(Please tick **one box per line**)

	very likely	likely	unsure	unlikely	very unlikely
could you refuse sex when you don't feel like it, but she does?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

63. Imagine:

- you are going out with a girl who you really like,
- but you don't see it as serious and you don't love her,
- you want to have sexual intercourse,
- she says she's not ready for sex yet.

(Please tick **one box per line**)

	strongly agree	agree	unsure	disagree	strongly disagree
Is it alright to:					
tell her you love her in the hope she'll agree to sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
get her drunk in the hope she'll agree to sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅




EXPECTATIONS ABOUT OTHERS


64. How many 16 year old **boys** from your school do you think have had sexual intercourse? (*Please tick **only one** box*)

- | | |
|-----------------------|---------------------------------------|
| all of them | <input type="checkbox"/> ₁ |
| most of them | <input type="checkbox"/> ₂ |
| half of them | <input type="checkbox"/> ₃ |
| less than half | <input type="checkbox"/> ₄ |
| about quarter of them | <input type="checkbox"/> ₅ |
| very few of them | <input type="checkbox"/> ₆ |
| none of them | <input type="checkbox"/> ₇ |

ABOUT YOURSELF

65. What is your date of birth?  _____

66. Do you know your post code?

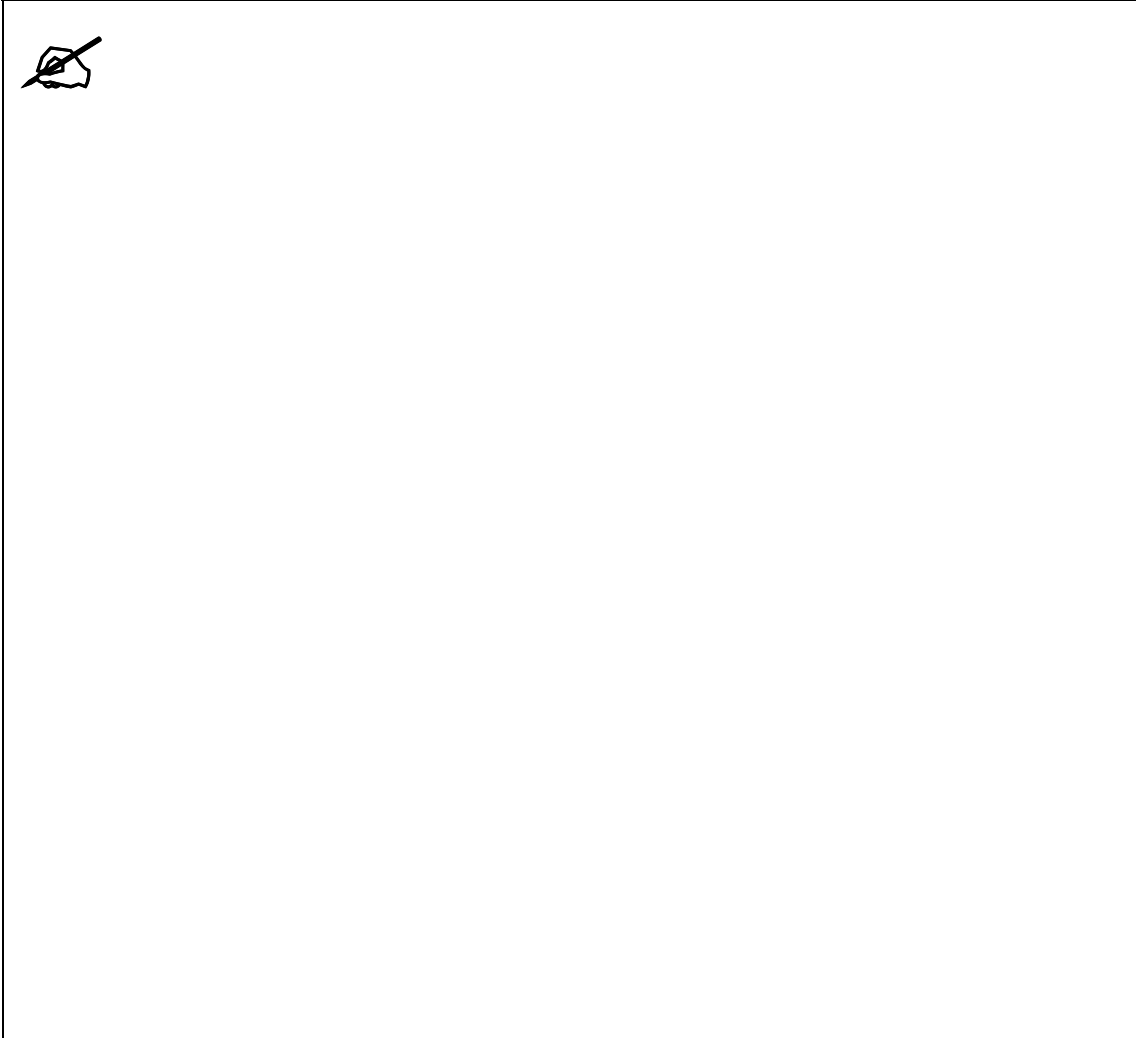
- yes ₁ → If 'yes', please write in your post code  _____
- no ₂

YOUR ANSWERS TO THIS QUESTIONNAIRE

67. The following question asks you about how honest and accurate your answers to this questionnaire have been.
(*Please tick **one box per line***)

- | | completely | very | fairly | not very |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| How honest have your answers been? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |
| How accurate have your answers been? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ |

If you have any comments you would like to make, please write them in the box below.



😊 THANK YOU FOR FILLING IN THIS QUESTIONNAIRE 😊

There is a game overleaf for those who have finished the questionnaire before the school bell has rung.



The names of 20 pop groups are hidden amongst the letters below. Circle the names and see how many you can find before we collect the questionnaires.

U	N	O	S	R	E	D	N	E	E	H	B	N	O	B
C	L	E	O	P	A	T	R	A	T	M	O	I	B	W
S	A	T	M	M	A	R	S	P	E	A	Y	A	A	I
R	P	I	R	A	L	U	H	U	R	D	Z	L	C	T
N	G	I	C	A	Q	U	A	L	N	O	O	L	K	C
D	K	A	C	T	I	E	G	P	A	N	N	S	S	H
O	B	T	S	E	U	B	G	O	L	N	E	A	T	E
D	S	I	O	N	G	K	Y	A	A	A	T	I	R	D
G	N	A	L	A	D	I	A	F	N	S	I	N	E	R
Y	I	E	S	L	L	W	R	I	I	G	I	T	E	T
P	M	W	O	H	I	R	B	L	M	V	I	S	T	J
E	T	E	R	S	E	E	A	M	S	E	E	N	B	R
C	E	J	A	M	I	R	O	Q	U	A	I	C	O	A
T	H	E	T	A	M	P	E	R	E	R	L	S	Y	C
B	A	A	B	N	A	I	L	L	I	G	T	T	S	O