

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

(YOUNG WOMEN – 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 <sub>1</sub>

other rented accommodation <sub>2</sub>

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

temporary accommodation <sub>4</sub>

care or foster home <sub>5</sub>

don't know <sub>6</sub>

4. Do you know your mother's age?

yes <sub>1</sub> if 'yes', please write her age  \_\_\_\_\_

no <sub>2</sub>

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

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

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

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

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 <sub>1</sub>
- Black - African <sub>2</sub>
- Black - Caribbean <sub>3</sub>
- Chinese <sub>4</sub>
- Indian <sub>5</sub>
- Pakistani <sub>6</sub>
- White <sub>7</sub>
- Other <sub>8</sub>



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)

|                           |                          |                          |                          |                                 |
|---------------------------|--------------------------|--------------------------|--------------------------|---------------------------------|
| <b>Very<br/>religious</b> | <b>Religious</b>         | <b>Unsure</b>            | <b>Not<br/>religious</b> | <b>Not at all<br/>religious</b> |
| <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**)

|  | <b>strongly<br/>agree</b> | <b>agree</b>             | <b>disagree</b>          | <b>strongly<br/>disagree</b> |
|--|---------------------------|--------------------------|--------------------------|------------------------------|
| 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<br>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"/>     |

|   |
|---|
| <b>FRIENDS, SCHOOL, WORK AND FAMILIES</b> |
|---|

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

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

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

yes <sub>1</sub>      no <sub>2</sub>

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

yes <sub>1</sub>      no <sub>2</sub>

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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| When I get the chance I skip school                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Teachers in my school never trust us to organise things | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Teachers in my school treat pupils with respect         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |





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

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

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

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

## ALCOHOL AND DRUGS

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

- <sub>1</sub> never  
<sub>2</sub> once or twice a year  
<sub>3</sub> about once a month  
<sub>4</sub> about once a week  
<sub>5</sub> more than once a week

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

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



\_\_\_\_\_



## 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 /<br>does not apply        | very<br>comfortable                   | comfortable                           | in between                            | uncomfortable                         | very<br>uncomfortable                 |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| mother  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| father  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| brother you get on<br>best with                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| sister you get on<br>best with                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| boyfriend   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| best friend (girl)                                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |
| on your own with<br>teacher you get on<br>best with | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

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

## 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 <del>  </del> _____years old |
| heavy petting (hand touching genitals / private parts) | <input type="checkbox"/> | <input type="checkbox"/> | I was <del>  </del> _____years old |
| oral sex (mouth touching genitals / private parts)     | <input type="checkbox"/> | <input type="checkbox"/> | I was <del>  </del> _____years old |
| sexual intercourse                                     | <input type="checkbox"/> | <input type="checkbox"/> | I was <del>  </del> _____years old |



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

no, I've never had a boyfriend <sub>1</sub> if 'no',  go to question 33

I used to have one, but not now <sub>2</sub> if 'used to',  go to question 33

yes, I have one now <sub>3</sub>

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

less than 1 week <sub>1</sub>

between 1 and 2 weeks <sub>2</sub>

between 2 weeks and 1 month <sub>3</sub>

between 1 month and 3 months <sub>4</sub>

between 3 months and 6 months <sub>5</sub>

between 6 months and 1 year <sub>6</sub>

over 1 year <sub>7</sub>

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

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

31. **If you have a boyfriend now**, would you like to have more or less physical contact with him? (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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> | <input type="checkbox"/> <sub>6</sub> |

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

|   |                                       |
|---|---------------------------------------|
| He knows exactly how I feel about him   | <input type="checkbox"/> <sub>1</sub> |
| He knows roughly how I feel about him   | <input type="checkbox"/> <sub>2</sub> |
| He has little idea how I feel about him | <input type="checkbox"/> <sub>3</sub> |
| He does not know how I feel about him   | <input type="checkbox"/> <sub>4</sub> |
| He thinks he knows, but he's wrong      | <input type="checkbox"/> <sub>5</sub> |



**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 <sub>1</sub>

older than you <sub>2</sub>

the same age as you <sub>3</sub>

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

I put a lot of pressure on him <sub>1</sub>

I put pressure on him <sub>2</sub>

I put a bit of pressure on him <sub>3</sub>

there was no pressure either way <sub>4</sub>

he put a bit of pressure on me <sub>5</sub>

he put pressure on me <sub>6</sub>

he put a lot of pressure on me <sub>7</sub>






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 <sub>1</sub>
- penis pulled out before coming <sub>2</sub>
- condom put on just before coming <sub>3</sub>
- condom used throughout <sub>4</sub>
- I was on the pill <sub>5</sub>
- I used emergency contraception (the 'morning after pill') <sub>6</sub>
- other (please describe below) <sub>7</sub>
-  \_\_\_\_\_
- don't know <sub>8</sub>

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 <sub>1</sub>      no <sub>2</sub>      can't remember <sub>3</sub>

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

- no <sub>2</sub>
- yes <sub>1</sub> → 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 <sub>1</sub>
- I expected it to happen soon, but was not sure when <sub>2</sub>
- I planned it to happen beforehand (but not together) <sub>3</sub>
- We planned it together beforehand <sub>4</sub>
- It was completely unexpected <sub>5</sub>
- Can't remember <sub>6</sub>

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

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



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

no <sub>2</sub> if 'no',  go to question 43

yes <sub>1</sub>

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

less than 1 week <sub>1</sub>

between 1 and 2 weeks <sub>2</sub>

between 2 weeks and 1 month <sub>3</sub>


between 1 month and 3 months <sub>4</sub>

between 3 months and 6 months <sub>5</sub>

between 6 months and 1 year <sub>6</sub>

over 1 year <sub>7</sub>

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

no <sub>2</sub> if 'no',  go to question 53


yes <sub>1</sub>

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


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"/> <sub>1</sub> |
| penis pulled out before coming  | <input type="checkbox"/> <sub>2</sub> |
| condom put on just before coming  | <input type="checkbox"/> <sub>3</sub> |
| condom used throughout  | <input type="checkbox"/> <sub>4</sub> |
| I was on the pill   | <input type="checkbox"/> <sub>5</sub> |
| I used emergency contraception (the 'morning after pill')                                 | <input type="checkbox"/> <sub>6</sub> |
| other (please describe below)   | <input type="checkbox"/> <sub>7</sub> |
|  _____ |                                       |
| don't know  | <input type="checkbox"/> <sub>8</sub> |



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

no <sub>2</sub>

yes <sub>1</sub> → 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 <sub>2</sub> if 'no',  go to question 51

yes <sub>1</sub>

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

no <sub>2</sub> if 'no',  go to question 49

yes <sub>1</sub>

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

less than 1 week <sub>1</sub>

between 1 and 2 weeks <sub>2</sub>

between 2 weeks and 1 month <sub>3</sub>

between 1 month and 3 months <sub>4</sub>

between 3 months and 6 months <sub>5</sub>

between 6 months and 1 year <sub>6</sub>

over 1 year <sub>7</sub>

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 were you on the contraceptive pill (or jag or implant) when having sexual intercourse?  
(Please tick **only one** box)

never <sub>1</sub>

sometimes <sub>2</sub>

always <sub>3</sub>

52. How often did you use a condom?

never <sub>1</sub>

sometimes <sub>2</sub>

always <sub>3</sub>



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

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





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

|   | <b>strongly<br/>agree</b>             | <b>agree</b>                          | <b>unsure</b>                         | <b>disagree</b>                       | <b>strongly<br/>disagree</b>          |
|---|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| If things become sexual I intend to tell my boyfriend exactly how far I want to go                                      | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| People with very few sexual partners still get sexually transmitted diseases  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| It is likely that I will get a sexually transmitted disease in the next 10 years unless I use condoms                   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| The only sexually transmitted disease I'm worried about catching is HIV / AIDS  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| One of the things I fear most is becoming pregnant  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| Condoms are very effective in preventing HIV / AIDS   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| The contraceptive pill is effective in preventing pregnancy   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| 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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| A school girl should be allowed to have an abortion in order to continue her career                                     | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

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

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

|  | strongly<br>agree                     | agree                                 | unsure                                | disagree                              | strongly<br>disagree                  |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| do whatever he decides about condoms                 | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| use a condom even if you are on the pill             | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| take the contraceptive pill                          | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| discuss condoms with him before having sex           | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| <u>always</u> use a condom during sexual intercourse | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

---

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

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

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



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

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

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

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58. Your feelings about sex

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

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

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**)*

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

---

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

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

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



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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| oral sex is safer than sexual intercourse?   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| all diseases caught from having sex can be cured with medical treatment?                         | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| someone had a disease caught from having sex, they may show no sign of it at all?                | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| a girl under 16 thinks she may be pregnant, doctors will inform her parents if she seeks advice? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| a girl can get pregnant if she has sex standing up?  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |
| a girl can get pregnant if the man / boy withdraws before ejaculation / coming?                  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> |

*(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"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

## 62. Imagine:

- you are going out with a boy you really like,
- you think he's really good looking,
- he's just given you a really nice evening,
- you are afraid he'll chuck you if you don't have sex,
- but you do not feel ready for sexual intercourse.

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

|  | very likely                           | likely                                | unsure                                | unlikely                              | very unlikely                         |
|--|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <b>Is it likely:</b>   |                                       |                                       |                                       |                                       |                                       |
| he would talk you into sexual intercourse  | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |
| you could persuade him to do something sexual that you will both enjoy instead of sexual intercourse | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |

## 63. Imagine:

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

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

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

(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 he does? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> | <input type="checkbox"/> <sub>5</sub> |



### EXPECTATIONS ABOUT OTHERS

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

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

### ABOUT YOURSELF

65. What is your date of birth? \_\_\_\_\_

66. Do you know your post code?

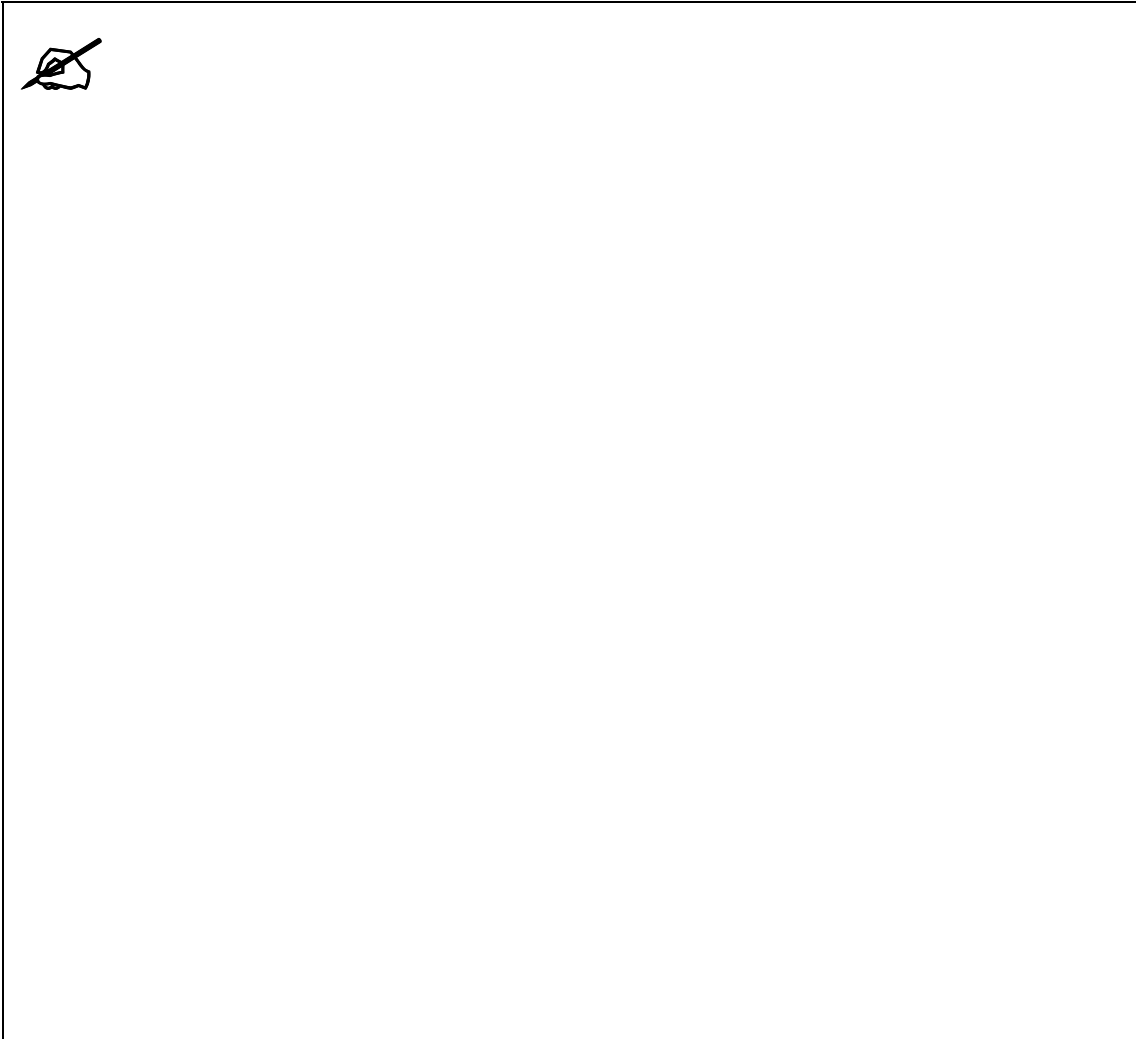
- yes <sub>1</sub> → If 'yes', please write in your post code \_\_\_\_\_
- no <sub>2</sub>

### 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 <b>honest</b> have your answers been?   | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |
| How <b>accurate</b> have your answers been? | <input type="checkbox"/> <sub>1</sub> | <input type="checkbox"/> <sub>2</sub> | <input type="checkbox"/> <sub>3</sub> | <input type="checkbox"/> <sub>4</sub> |

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 |