

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

FOLLOW-UP QUESTIONNAIRE
(YOUNG MEN)

Your answers will remain confidential

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.




ABOUT YOURSELF

1. What is your date of birth?  _____

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

- | | |
|---------------------------------|---------------------------------------|
| my mother | <input type="checkbox"/> ₁ |
| my father | <input type="checkbox"/> ₂ |
| my step-mother | <input type="checkbox"/> ₃ |
| my step-father | <input type="checkbox"/> ₄ |
| my grandmother | <input type="checkbox"/> ₅ |
| my grandfather | <input type="checkbox"/> ₆ |
| another woman who is not my mum | <input type="checkbox"/> ₇ |
| another man who is not my dad | <input type="checkbox"/> ₈ |

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

4. 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"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

5. 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am a failure	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Most of the time I am satisfied with the way I look	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I am proud of my body	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

SCHOOL, FRIENDS, FAMILIES AND WORK

6. Please write in how many Standard Grades you got at each grade.

		Foundation Level
I got	 _____	at Grade 7
I got	 _____	at Grade 6
		General Level
I got	 _____	at Grade 5
I got	 _____	at Grade 4
I got	 _____	at Grade 3
		Credit Level
I got	 _____	at Grade 2
I got	 _____	at Grade 1



7. 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

8a. 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

8b. 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

9. Did your mother / female guardian:

(Please tick one box per line)

	yes	no	Don't know
leave school at 16 (or younger)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any 'O' grades (standard grades) / 'O' levels?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any 'Highers' ('H' grades) / 'A' levels?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
go to college?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
go to university?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get a degree?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any advanced qualification - not a degree (eg HND, SRN, teaching diploma)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

10. Did your father / male guardian:

(Please tick one box per line)

	yes	no	Don't know
leave school at 16 (or younger)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any 'O' grades (standard grades) / 'O' levels?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any 'Highers' ('H' grades) / 'A' levels?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
go to college?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
go to university?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get a degree?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
get any advanced qualification - not a degree (eg HND, SRN, teaching diploma)?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃



11. 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

12. How likely is it that you will be doing the following in **2 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)	<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

13. 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 |

14. 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

15. 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 the teacher you got 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

16. 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
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 use condoms properly?	<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


17. Did you have any sex education in S3 or S4?

(Please tick **only one box**)

no

₂ if 'no',  go to question **19**

yes

₁ if 'yes',  please answer the questions below

How much do you agree with the following statements about the sex education you had in S3 and S4. (Please tick **one box per line**)

Sex education:	strongly agree	agree	unsure	disagree	strongly disagree
was embarrassing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
made me feel more able to discuss sexual matters	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
made me more aware of what girls were thinking about sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
made me more confident about getting condoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
made me more confident about using condoms properly	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
was relevant to my own experience now	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
will be relevant to my experience in the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

18. Thinking about the sex education you had in S3 and S4, should it have come: (Please tick **only one box**)

2 years earlier ₁

1 year earlier ₂

at the time you had it ₃

1 year later ₄

2 years later ₅



RELATIONSHIPS AND BEHAVIOUR

In questions that follow **‘sexual intercourse’** means:

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

19. Think back over the time since the start of S3. Have you had sexual intercourse for the first time since the beginning of S3?
(Please tick **only one box**)

no, I have not yet had sexual intercourse

₂

if ‘no’,  go to question **21**


no, I had sexual intercourse before S3

₃

if ‘no’,  go to question **21**

yes, I have had sexual intercourse for the first time since the start of S3

₁

if ‘yes’,  please answer question **20** below

20. When did your first experience of sexual intercourse happen? (Please tick **only one box**)

Autumn term S3

₁

Autumn term S4

₇

Christmas holidays S3

₂

Christmas holidays S4

₈

Spring term S3

₃

Spring term S4

₉

Easter holidays S3

₄

Easter holidays S4

₁₀

Summer term S3

₅

Summer term S4

₁₁

Summer holidays S3/S4

₆

Summer holidays S4/S5

₁₂

Autumn term S5

₁₃

Can’t remember







₁₄

21. In the **last year**, have you done any of the following:

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

	yes	no
talked to friends about using contraception?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
talked to friends about using condoms?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
bought condoms?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
got condoms free from a clinic or drop in centre?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
practiced handling a condom on your own?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

22. In the **last 2 years** have you gone to any health services to get any of the following: (Please tick **all that apply**)

	no	yes	where (eg GP, clinic. If clinic, state which one)
condoms?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
other contraceptives?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
advice about your girlfriend being pregnant?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
advice about sexually transmitted diseases?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
other please state what  _____	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____



23. Have you experienced any of the following with a girl / woman? 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"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old
heavy petting (hand touching genitals / private parts)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old
oral sex (mouth touching genitals / private parts)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old
sexual intercourse	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old

24. Have you ever been forced to do something sexual which you did not want to do?
(*Please tick **only one box***)

never	<input type="checkbox"/> ₁
yes, more than two years ago	<input type="checkbox"/> ₂
yes, in the last two years	<input type="checkbox"/> ₃

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

no, I've never had a girlfriend ₂ if 'no',  go to question **30**

I used to have one, but not now ₃ if 'used to',  go to question **30**

yes, I have one now ₁ if 'yes',  go to question **26**

26. 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

27. **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
I could discuss using contraception with her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I could discuss using condoms with her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

28. **If you have a girlfriend now**, please answer the following question. (*Please tick **only one box***)

	yes	no	can't remember
We have talked about whether we should have sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃




29. **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 ₁

She knows roughly how I feel about her ₂

She has little idea how I feel about her ₃

She knows nothing about how I feel about her ₄

30. If you **HAVE NOT** had sexual intercourse,
please  go to question **31**

If you **HAVE** had sexual intercourse,
please  go to question **32**

31. 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 |
| don't know | <input type="checkbox"/> | 5 |

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 |
| when sexually attracted | <input type="checkbox"/> | 5 |
| don't know | <input type="checkbox"/> | 6 |


Now,  please go to question 63




For those who HAVE had sexual intercourse

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

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

 _____

33. When you **first** had sexual intercourse, how old was she?

 _____




34. When you **first** had sexual intercourse 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 |

35. 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

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

- no ₂ if 'no',  go to question **37**
- can't remember ₃ if 'can't remember',  go to question **37**
- yes ₁ if 'yes',  please answer the questions below

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

We had talked about protecting ourselves **well before** we had sexual intercourse (i.e. at least a day before)

yes

₁

no

₂

can't remember


₃

We talked about protecting ourselves **just before** we had sexual intercourse

₁
₂
₃


37. 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?  _____

38. 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

39. 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 ₁


I wish I'd not waited so long ₂

It was at about the right time ₃

It shouldn't have happened at all ₄

Don't know ₅

40. 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 **41**


yes ₁ if 'Yes',  please answer the question below

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

41. **Have you had sexual intercourse more than once?**
(either with the same person **OR** with a different person)
(*Please tick **only one box***)

no ₂ if 'no',  go to question **61**

yes ₁ if 'yes',  go to question **42**




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


42. When you **last** had sexual intercourse 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 |



43. 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 |

44. 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?  _____
-

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

- no 2 if 'no',  go to question **57**
- yes 1 if 'yes',  go to question **46**



46. Still thinking about **your most recent sexual partner**, was she your girlfriend? (*Please tick **only one box***)

no ₂ if 'no',  go to question **47**

yes ₁ if 'yes',  please answer the question below

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

47. Still thinking about **your most recent sexual partner**, was she **also the person** you had sexual intercourse with for the **very first time**? (*Please tick **only one box***)

yes ₁ if 'yes',  go to question **55**

no ₂ if 'no',  go to question **48**

Still thinking about **your most recent sexual partner**. The following questions are about the **first time** you had sexual intercourse **with that person**

48. Have you had sexual intercourse more than once **with your most recent sexual partner?** (*Please tick **only one box***)

no ₂ if 'no',  go to question **52**

yes ₁ if 'yes',  please answer the questions below

49. When you **first** had sexual intercourse **with your most recent sexual partner**, 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 |




50. When you **first** had sexual intercourse **with your most recent sexual partner**, 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 |

51. Were you drunk or stoned when you **first** had sexual intercourse **with your most recent sexual partner**?
(Please tick **only one box**)

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

52. Did you talk about protecting yourself when you **first** had sexual intercourse **with your most recent sexual partner**?
(Please tick **only one box**)

no ₂ if 'no',  go to question **53**

can't remember ₃ if 'can't remember',  go to question **53**

yes ₁ if 'yes',  please answer the questions below

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

We had talked about protecting ourselves **well before** we had sexual intercourse (i.e. at least a day before)

yes

₁

no

₂

can't remember

₃

We talked about protecting ourselves **just before** we had sexual intercourse

₁
₂
₃

53. Which of these statements best describes how that **first time with your most recent sexual partner** 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


54. Looking back now to the **first** time you had sexual intercourse **with your most recent sexual partner**, which of these statements applies? (*Please tick **only one box***)

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

The next questions involve thinking carefully about ALL the times you have had sexual intercourse ever and in the last year

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

 _____

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

 _____

57. How many times have you had sexual intercourse in the last year? (*Please tick **only one box***)

- | | | |
|--------------|--------------------------|---|
| 0 | <input type="checkbox"/> | 1 |
| 1 | <input type="checkbox"/> | 2 |
| 2 | <input type="checkbox"/> | 3 |
| 3 | <input type="checkbox"/> | 4 |
| 4-6 | <input type="checkbox"/> | 5 |
| 7-9 | <input type="checkbox"/> | 6 |
| more than 10 | <input type="checkbox"/> | 7 |

58. How many times did you use a condom in the last year?
(Please tick **only one box**)

- | | | |
|--------------|--------------------------|---|
| 0 | <input type="checkbox"/> | 1 |
| 1 | <input type="checkbox"/> | 2 |
| 2 | <input type="checkbox"/> | 3 |
| 3 | <input type="checkbox"/> | 4 |
| 4-6 | <input type="checkbox"/> | 5 |
| 7-9 | <input type="checkbox"/> | 6 |
| more than 10 | <input type="checkbox"/> | 7 |

**Thinking of ALL the times you have had sexual intercourse
ever**

59. How often was your partner on the contraceptive pill (or jag
or implant) when having sexual intercourse?
(Please tick **only one box**)

- | | | |
|---------------------|--------------------------|---|
| never | <input type="checkbox"/> | 1 |
| not very often | <input type="checkbox"/> | 2 |
| about half the time | <input type="checkbox"/> | 3 |
| most of the time | <input type="checkbox"/> | 4 |
| always | <input type="checkbox"/> | 5 |
| don't know | <input type="checkbox"/> | 6 |

60. How often did you use a condom, ever?

- | | | |
|---------------------|--------------------------|---|
| never | <input type="checkbox"/> | 1 |
| not very often | <input type="checkbox"/> | 2 |
| about half the time | <input type="checkbox"/> | 3 |
| most of the time | <input type="checkbox"/> | 4 |
| always | <input type="checkbox"/> | 5 |




61. In most sexual relationships sex is sometimes really good and sometimes not so good

Thinking about the **last** time you had sexual intercourse, how much do you agree with the following statements:
(Please tick **one box per line**)

	strongly agree	agree	unsure	disagree	strongly disagree
I enjoyed it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
My partner made it clear that she enjoyed it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I think she enjoyed it	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

62. Have any of your sexual partners ever been pregnant?

no / not sure ₂ if 'no/not sure',  go to question **63**

yes ₁ If you don't mind, please tell us what happened (or is happening) to the pregnancy?



If 'yes' did you want her to become pregnant?

yes ₁ no ₂

If 'yes' did she want to become pregnant?

yes ₁ no ₂

EXPECTATIONS ABOUT OTHERS

63. 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 |
| three-quarters of them | <input type="checkbox"/> ₃ |
| half of them | <input type="checkbox"/> ₄ |
| quarter of them | <input type="checkbox"/> ₅ |
| a few of them | <input type="checkbox"/> ₆ |
| none of them | <input type="checkbox"/> ₇ |

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"/> ₁ |
| most of them | <input type="checkbox"/> ₂ |
| three-quarters of them | <input type="checkbox"/> ₃ |
| half of them | <input type="checkbox"/> ₄ |
| quarter of them | <input type="checkbox"/> ₅ |
| a few of them | <input type="checkbox"/> ₆ |
| none of them | <input type="checkbox"/> ₇ |




64. Some boys have relationships with other boys, what about you?

Have you experienced any of the following with a boy / man? 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"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old
heavy petting (hand touching genitals / private parts)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old

If you have **NEVER** experienced heavy petting with a boy / man,  please go to question **69**

If you have experienced heavy petting with a boy / man,  please go to question **65**



65. Have you experienced the following with a boy / man? If 'yes', please write down how old you were the **first** time.

	no	yes	age 1st time
oral sex (mouth touching genitals / private parts)	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old

anal sex	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	I was 2 _____ years old
----------	---------------------------------------	---------------------------------------	------------------------------------

66. The **first** time you experienced heavy petting, oral or anal sex with a **boy / man**, which of these was true?
(Please tick **only one box**)

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

67a. The **first** time you experienced heavy petting, oral or anal sex with a **boy / man**, which of these statements best describes how it 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

67b. Looking back now to the **first** time you experienced heavy petting, oral or anal sex with a **boy / man**, which of these statements applies? (*Please tick **only one box***)

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

68. **If you have experienced anal sex**, please answer the following question. (*Please tick **only one box***)

- | | yes | no | can't
remember |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| looking back to the first time you experienced anal sex with a boy / man , was a condom used? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> 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.

69. 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
carry condoms when you go out	<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 that you should use 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
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 at a clinic or with a doctor for a girlfriend 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 a girlfriend going on the pill in a clinic or with a doctor	<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

70. 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
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 let sexual things just happen	<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
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



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

	strongly agree	agree	unsure	disagree	strongly disagree
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
The condom is a good way of preventing pregnancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It's important to think about sexually transmitted diseases when you choose a contraceptive	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It's important to plan how you will protect yourself from unwanted pregnancy before you have sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
It's important to plan how you will protect yourself from sexually transmitted diseases before you have sex	<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 develop a career	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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

<i>(Please tick one box per line)</i>	strongly intend to	intend to	unsure	do not intend to	strongly do not intend to
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
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
get condoms of your own	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
carry condoms when you go out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
talk openly to her about sex	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
suggest using condoms to her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
suggest to her that she uses the contraceptive pill	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
make an appointment at a clinic or with a doctor 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 contraception in a clinic or with a doctor	<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
persuade her that you should use a condom	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅



72. **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
other people who are important to you 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

73. **When your friends have sex with someone for the first time:**

(Please tick one box per line)

	strongly agree	agree	unsure	disagree	strongly disagree
most of them would use condoms	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

74. **When **you** have sex with someone, even if you think she has condoms, **should you, personally, 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

We now want to learn about your attitudes to **forcing** people to have sex. (Please tick **one box per line**)

75. I might force a young woman to have sex if:

	strongly agree	agree	unsure	disagree	strongly disagree
we had been going out together for a long time	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I was so turned on I couldn't stop	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
she'd asked me back home after a drink	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I thought nobody would find out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I'd spent a lot of money on her	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
she'd had sex with loads of men	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

76. **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



77. 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
I could see myself having a sexual relationship with someone of my 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

78. 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 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

79. **Are the following statements true or false?**

(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
If 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 boy / man withdraws before ejaculation / coming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

(Please tick **only one box**)

	the morning after	within two days (48 hours)	within three days (72 hours)	within a week (168 hours)	don't know
Do you know if 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

80. **Do you know where you can be prescribed contraception?**

no ₂

yes ₁ if 'yes' please write as many different types of places as possible

 _____



81. Imagine:

- you've been having sexual intercourse with your girlfriend for a month,

(Please tick **only one box**)

	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

now imagine:

- 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 **only one box**)

	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

82. 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

YOUR ANSWERS TO THIS QUESTIONNAIRE

83. 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


Your answers have provided extremely valuable information about young people's sexual experiences and what kind of sex education is most helpful. We might want to continue the study to see what happens in the future.

Do you mind if we contact you in the future to help us with further questionnaires? (You can always opt out of the study at any stage.)

I do **not** mind ₁ I do mind ₂



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

