

THE SEX AND LIFESTYLE QUESTIONNAIRE

Strictly Confidential

By answering these questions you will help us find out more about young people, their relationships and the health services that may best support young people

Please note: there are no 'right' or 'wrong' answers – we just want to know something about your experiences

ABOUT YOURSELF

1. When did you leave school?
(Please tick **only one box**)

Before or during S5 ₁

At the end of S5 ₂

During S6 ₃

End of S6 ₄

2. Can you please tell us what you have been doing in the last year
(summer 1999 – summer 2000)?
(Please tick **all that apply**)

Still at school ₁

Full-time work ₂

Part-time work ₃

Training as part of a government training
scheme (e.g. 'New Deal') ₄

Course at college or recognised apprenticeship
(e.g. GNVQ, OND/ONC, national BTEC etc.,
City and Guilds craft, SCOTVEC modules) ₅

Higher education course at a college or
university (e.g. degree, HND/HNC, higher BTEC
etc., NVQ level 4; Nursing) ₆

Other (please describe below) ₇

 _____


3. What are you planning for the next year (until summer 2001)?
 (Please tick **all that apply**)

- Full-time work ₁
- Part-time work ₂
- Training as part of a government training scheme (e.g. 'New Deal') ₃
- Course at college or recognised apprenticeship (e.g. GNVQ, OND/ONC, national BTEC etc., City and Guilds craft, SCOTVEC modules) ₄
- Higher education course at a college or university (e.g. degree, HND/HNC, higher BTEC etc., NVQ level 4; Nursing) ₅
- Taking a year out (to work or to travel) before starting full-time education in 2001 / 2002 ₆
- No plans / other plans (please describe below) ₇
~~✍~~ _____

4. 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 in insecure job(s) / unemployed / government training scheme (e.g. 'New Deal')?	<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
Engaged to be married?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Be married?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Be living with a partner (e.g. boyfriend / girlfriend)?	<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

5. Which people do you live with? *(Please tick **all that apply**)*

- | | | | | | |
|--|--------------------------|---|---|--------------------------|----|
| my mother | <input type="checkbox"/> | 1 | my father's partner (e.g. 'girlfriend') | <input type="checkbox"/> | 6 |
| my father | <input type="checkbox"/> | 2 | my brother(s) / sister(s) | <input type="checkbox"/> | 7 |
| my stepmother | <input type="checkbox"/> | 3 | my friends / flatmates | <input type="checkbox"/> | 8 |
| my stepfather | <input type="checkbox"/> | 4 | my partner (e.g. boyfriend or girlfriend) | <input type="checkbox"/> | 9 |
| my mother's partner (e.g. 'boyfriend') | <input type="checkbox"/> | 5 | other (please describe below) | <input type="checkbox"/> | 10 |
| | | |  _____ | | |

6. How easy is it for you to talk to your Mother about things that really bother you? *(Please tick **only one box**)*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Does not apply | Very easy | Easy | Difficult | Very difficult |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

7. How easy is it for you to talk to your Father about things that really bother you? *(Please tick **only one box**)*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Does not apply | Very easy | Easy | Difficult | Very difficult |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

8. Do you and your parents agree about how you spend your free time? *(Please tick **only one box**)*

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Does not apply | We always agree | We mostly agree | We only sometimes agree | We hardly ever agree |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 |

9. 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
Boyfriend	<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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

10. **If you have a partner (e.g. boyfriend or girlfriend) now**, please indicate how much you agree with the following statements about them.
(*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 partner 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 my partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I could discuss using condoms with my partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

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.

11. How easy or difficult would it be for you to use a condom properly?
(*Please tick **only one box***)

very easy	easy	unsure	difficult	very difficult
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅


12. In the future, if you have a sexual relationship with someone and don't want to get / get her pregnant, would you intend to always use a condom during sexual intercourse? *(Please tick **only one box**)*


strongly intend to	intend to	unsure	do not intend to	strongly do not intend to
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

13. In the future, the first time you have sex with someone, will that person want a condom to be used? *(Please tick **only one box**)*

very likely	likely	unsure	unlikely	very unlikely
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

14. Have you had sexual intercourse?

no ₂ if 'no',  go to question 21

yes ₁ if 'yes',  go to question 15


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

 _____

16. 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	<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

17. 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 |
| the pill | <input type="checkbox"/> | 5 |
| 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 |

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

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

 _____

19. 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 |

20. For young women only

Have you ever been pregnant?

no / not sure ₂ **if 'no/not sure',**  **go to question 21**

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



20. For young men only

Have any of your sexual partners ever been pregnant by you?

no / not sure ₂ **if 'no/not sure',**  **go to question 21**

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



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

never ₁








yes, before I was in S4 ₂

yes, when I was in S4 or later ₃

22. At this point in your life, are you?
*(Please tick **one box per line**)*

	yes	no	Don't know
in a steady relationship with someone?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
engaged to be married?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
married?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

23. 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	 _____
Emergency contraception (the 'morning after pill')	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
Other contraceptives?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
Advice about 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	 _____

24. **For women only:**

Do you have a supply of emergency contraception (the 'morning after pill') at home?

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

yes	I did, but I have used them all	No
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

THANK YOU VERY MUCH FOR FILLING IN THIS QUESTIONNAIRE

Please return it in the envelope provided