

THE SEX AND LIFESTYLE QUESTIONNAIRE

Strictly Confidential

By answering these questions you can help us find out more about young people, their relationships and what type of health services are most useful.

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 2002 – summer 2003)?
(Please tick **all that apply**)

Full-time work ₁


Part-time work ₁

Training as part of a government training scheme (e.g. 'New Deal') ₁


Course at college or recognised apprenticeship (e.g. GNVQ, OND/ONC, national BTEC etc., City and Guilds craft, SCOTVEC modules) ₁

Higher education course at a college or university (e.g. degree, HND/HNC, higher BTEC etc., NVQ level 4; Nursing) ₁

Taking a year out (to work or to travel) before starting full-time education in 2003 ₁


Other (please describe below)  _____

3. What are you planning for the next year (until summer 2004)?
 (Please tick **all that apply**)

- Full-time work ₁
- Part-time work ₁
- Training as part of a government training scheme (e.g. 'New Deal') ₁
- Course at college or recognised apprenticeship (e.g. GNVQ, OND/ONC, national BTEC etc., City and Guilds craft, SCOTVEC modules) ₁
- Higher education course at a college or university (e.g. degree, HND/HNC, higher BTEC etc., NVQ level 4; Nursing) ₁
- Taking a year out (to work or to travel) before starting full-time education in 2004 ₁
- No plans / other plans (please describe below)
 _____

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 job contributing towards a career?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Be in a job not leading towards a career?					
Be unemployed / in a 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"/> ₁ |
| my father | <input type="checkbox"/> ₁ | my brother(s) / sister(s) | <input type="checkbox"/> ₁ |
| my stepmother | <input type="checkbox"/> ₁ | my friends / flatmates | <input type="checkbox"/> ₁ |
| my stepfather | <input type="checkbox"/> ₁ | my partner (e.g. boyfriend or girlfriend / husband or wife) | <input type="checkbox"/> ₁ |
| my mother's partner (e.g. 'boyfriend') | <input type="checkbox"/> ₁ | my child / children | <input type="checkbox"/> ₁ |
| | | other (please describe below) | |
| | |  _____ | |

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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> 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 / 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	<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	Unsure	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	<input type="checkbox"/> ₅
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	<input type="checkbox"/> ₅
I enjoy <u>all</u> our physical contact	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I could discuss using contraception with my partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
I could discuss using condoms with my partner	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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.

Some of these questions are about sexual intercourse. By sexual intercourse we mean 'going the whole way' / penetrative sex.

11. Please imagine having sexual intercourse with a new person in the future. 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. Please imagine starting a sexual relationship with a new person in the future, and you 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. Please imagine having sexual intercourse with a new person in the future. Do you think it is likely that the person would want to use a condom?
(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. Below are some things people say about relationships and sex. We would like to know what your views are.

Please say how much you agree or disagree.

<i>(Please tick one box per line)</i>	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
Using a condom would be embarrassing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
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
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
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
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
In the future when you first have sex with someone your <u>friends</u> would 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

15. Please imagine starting a sexual relationship with a new person in the future and you don't want to get / 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
Discuss condoms with him / her before having sex	<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
Suggest using condoms to him / her	<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

16. **When your friends have sex with someone new for the first time do you agree or disagree that:**

(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

16. Please imagine that, in the future, you have just had sexual intercourse with a new person.

Would you regret having had sex if:


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

	Strongly agree	Agree	Unsure	Disagree	Strongly disagree
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

The next questions are about your actual experiences. Again, could you please answer these questions as honestly as possible. Please remember that all of your answers are confidential.

18. Have you had sexual intercourse?

No ₂ if 'no',  go to question 40

yes ₁ if 'yes',  go to question 19

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

 _____

20. 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

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

- I put a lot of pressure on my sexual partner ₁
- I put pressure on my sexual partner ₂
- I put a bit of pressure on my sexual partner ₃
- there was no pressure either way ₄
- my sexual partner put a bit of pressure on me ₅
- my sexual partner put pressure on me ₆
- my sexual partner put a lot of pressure on me ₇

22. Thinking of the person you **first** had sexual intercourse with, was that person your boyfriend or girlfriend at that time? *(Please tick **only one box**)*


no ₂ if 'no',  go to question **24**

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

23. How long had you gone out with that boyfriend or girlfriend **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

24. Looking back now to the **first** time you 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 ₁
- Condom put on just before coming ₁
- Condom used throughout ₁
- The pill ₁
- Emergency contraception (the 'morning after pill') ₁
- Contraceptive injection (jag) or implant ₁
- Other (please describe below)  _____ ₁
- Don't know ₁

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

no ₂ if 'no',  go to question **31**

yes ₁ if 'yes',  go to question **26**

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

26. 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 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

27. Still thinking about the **first** time with **your most recent sexual partner**, which of these was true? *(Please tick **only one box**)*

- I put a lot of pressure on my sexual partner ₁
- I put pressure on my sexual partner ₂
- I put a bit of pressure on my sexual partner ₃
- there was no pressure either way ₄
- my sexual partner put a bit of pressure on me ₅
- my sexual partner put pressure on me ₆
- my sexual partner put a lot of pressure on me ₇

28. Still thinking about **your most recent sexual partner**, was that person your boyfriend or girlfriend at that time? *(Please tick **only one box**)*

no ₂ if 'no',  go to question 30

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

29. How long had you gone out with that boyfriend or girlfriend **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

30. 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 ₁
- Penis pulled out before coming ₁
- Condom put on just before coming ₁
- Condom used throughout ₁
- The pill ₁
- Emergency contraception (the 'morning after pill') ₁
- Contraceptive injection (jag) or implant ₁
- Other (please describe below) _____ ₁
- Don't know ₁

31. 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 ₁
- Penis pulled out before coming ₁
- Condom put on just before coming ₁
- Condom used throughout ₁
- The pill ₁
- Emergency contraception (the 'morning after pill') ₁
- Contraceptive injection (jag) or implant ₁
- Other (please describe below) _____ ₁
- Don't know ₁

**Thinking of ALL the times you have had sexual intercourse
ever and in the last year**

32. How many different women have you had sexual intercourse with ever?

 _____

33. How many different men have you had sexual intercourse with ever?

 _____

34. 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 |

35. What methods of contraception or protection have you used, ever?
(Please tick **all that apply**)

- | | |
|--|---------------------------------------|
| Male condom | <input type="checkbox"/> ₁ |
| Female condom | <input type="checkbox"/> ₁ |
| Contraceptive pill | <input type="checkbox"/> ₁ |
| Contraceptive injection | <input type="checkbox"/> ₁ |
| Contraceptive implant | <input type="checkbox"/> ₁ |
| Intrauterine device (IUD) | <input type="checkbox"/> ₁ |
| Diaphragm / cap | <input type="checkbox"/> ₁ |
| Rhythm method | <input type="checkbox"/> ₁ |
| Withdrawal (penis pulled out before coming) | <input type="checkbox"/> ₁ |
| Emergency contraception (the 'morning after pill') | <input type="checkbox"/> ₁ |
| Other (please describe below) | <input type="checkbox"/> ₁ |

 _____

36. 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 |

37. 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 |

38. **For young women only**

Have you ever been pregnant?

no / not sure ₂ if 'no/not sure',  go to question 40

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



39. **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 40

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










40. 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

41. 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	
Married?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	

42. In the **last 2 years** have you gone to any health services to get any of the following: *(Please tick **one box per line**)*

	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 infections?	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
Other Please state what	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	 _____
 _____			

43. **For women only:** (young men  go to question 44)

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

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

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

	True	False	Don't know
Oral sex is safer than sexual intercourse	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A girl can get pregnant even if the man / boy withdraws before ejaculation / coming	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

45.

(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

To ensure that this questionnaire has been completed by the correct person below we ask simply for your day and month of birth.

46. What is your day and month of birth (e.g. 31/08) ✍ _____

THANK YOU VERY MUCH FOR FILLING IN THIS QUESTIONNAIRE

Please return it in the envelope provided