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The Sexunzipped sexual health questionnaire

User account

To receive your **£10 shopping voucher**, we need your name and address (only one voucher per household).

Please also enter your email address.

Your details will be kept secure, in accordance with the Data Protection Act 1998.

Account information

E-mail address:

Personal details

First name:

Last name:

Address Line 1:

Address Line 2:

City:

Post code:

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Question	
<p>How did you hear about this research?</p> <p>Facebook advert Through a friend or relative By email Online (e.g. blog, twitter) From school or college Leaflet or poster Other</p>	
<p>Are you.....</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female to male transgender <input type="radio"/> Male to female transgender <input type="radio"/> Other (please state)</p>	
<p>Have you felt sexually attracted</p> <p><input type="radio"/> Only to females, never to males <input type="radio"/> More often to females, and at least once to a male <input type="radio"/> About equally often to females and to males <input type="radio"/> More often to males, and at least once to a female <input type="radio"/> Only to males, and never to females <input type="radio"/> I have never felt sexually attracted to anyone</p>	
<p>Which of these is true for you at the moment?</p> <p><input type="radio"/> a) I am not in a relationship</p> <p><input type="radio"/> b) I am currently in a relationship with one person</p> <p><input type="radio"/> c) I am currently in relationships with more than one person</p>	<p>If a) Have you been in a relationship in the past?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>If yes, how long ago did your relationship end?</p> <p><input type="radio"/> Less than a week ago <input type="radio"/> 1 to 4 weeks ago <input type="radio"/> One month to 3 months ago <input type="radio"/> More than 3 months ago</p>
	<p>(If b, c or yes to past relationship) Which best describes your relationship/s?</p> <p><input type="radio"/> Sexual relationship/s <input type="radio"/> Non-sexual relationship/s</p>
<p>What gender is your partner (or ex-partner)? (If you have more than one partner, please pick the one you are closest to or have been with the longest)</p> <p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Female to male transgender <input type="radio"/> Male to female transgender <input type="radio"/> Other (please state)</p>	

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Confidence about sex and relationships	
When communicating about sex with a partner, how easy or difficult would it be for you to.....? 1. Ask if they have ever had a sexually transmitted infection? 2. Discuss contraception (birth control) (e.g. the pill) 3. Discuss condom use? 4. Refuse to have sex if they won't use a condom? 5. Make the first move with sex 6. Tell them that you like a specific sexual activity? 7. Tell them you do not want to have sex? 8. Tell them if a certain sexual activity makes you uncomfortable?	<input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable <input type="radio"/> Very difficult <input type="radio"/> Difficult <input type="radio"/> Easy <input type="radio"/> Very easy <input type="radio"/> Not applicable
How confident are you that you could..... 1. Stop to use a condom in the heat of the moment? 2. Put a condom on yourself or a partner without losing the erection? 3. Suggest sex if you want it? 4. Tell or show someone how they can give you sexual pleasure?	<input type="radio"/> I definitely could <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not <input type="radio"/> Not applicable <input type="radio"/> I definitely could <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not <input type="radio"/> Not applicable <input type="radio"/> I definitely could <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not <input type="radio"/> Not applicable <input type="radio"/> I definitely could <input type="radio"/> I probably could <input type="radio"/> I probably could not <input type="radio"/> I definitely could not <input type="radio"/> Not applicable
Have you talked about these things with current (or most recent) partner/s?	
1. The kind of sex you like 2. The kind of sex a partner likes	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable
Sex and relationship problems	
In the last 3 months, have you been.... 1. Humiliated or emotionally abused in other ways by a partner or ex-partner?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure

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<p>2. Afraid of a partner or ex-partner?</p> <p>3. Forced to have any kind of sexual activity by a partner or ex-partner?</p> <p>4. Kicked, hit, slapped or otherwise physically hurt by a partner or ex-partner?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p>
<p>In the last 3 months, has a partner..</p> <p>1. Told you who you could see and where you could go</p> <p>2. Pressurised you into any form of sexual activity?</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not sure</p>
<p>In the last 3 months, have any of these been a problem for you?</p> <p>1. Lacked interest in having sex</p> <p>2. Lacked enjoyment in sex</p> <p>3. Felt anxious during sex</p> <p>4. Felt physical pain as a results of sex</p> <p>5. Felt no excitement or arousal during sex</p> <p>6. Did not come to a climax (experience an orgasm)</p> <p>7. Came to a climax (experienced an orgasm) more quickly than you would like</p> <p>8. (Women only) had trouble with an uncomfortably dry vagina</p> <p>9. (Men only) had trouble getting or keeping an erection</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p>
<p>(If yes to any of these)</p> <p>Have you avoided sex because of this?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable</p>	
<p>In the last 3 months, how many times have you had sex you regretted?</p> <p>None</p> <p>1</p> <p>2</p> <p>3</p> <p>4</p> <p>5</p> <p>6</p> <p>7</p> <p>8</p> <p>9</p> <p>10 or more</p>	

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Satisfaction	
Thinking about the past 3 months, how much do you agree or disagree with the following statements?	
I feel satisfied with my relationship/s	<input type="radio"/> Strongly agree <input type="radio"/> Agree
I feel satisfied with my sex life	<input type="radio"/> Neither agree nor disagree <input type="radio"/> Disagree
I feel distressed or worried about my sex life	<input type="radio"/> Strongly disagree <input type="radio"/> Not applicable

The last time you had sex	
When was the last time you had sex with someone (if ever)?	
<input type="radio"/> Less than a week ago <input type="radio"/> More than a week but less than a month ago <input type="radio"/> 1-3 months ago <input type="radio"/> More than 3 months ago <input type="radio"/> Never	
What gender was the last person you had sex with?	
<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender (male to female) <input type="radio"/> Transgender (female to male) <input type="radio"/> Other (please state)	
Was the last person you had sex with...	If b, how long have you been having sex with this person?
<input type="radio"/> a. Somebody you've had sex with only once <input type="radio"/> b. Somebody you've had sex with more than once	<input type="radio"/> Less than one week <input type="radio"/> 1 week to 4 weeks <input type="radio"/> 1 month to 6 months <input type="radio"/> 7 months to 1 year <input type="radio"/> More than 1 year
The last time you had sex.....	
1. How safe and comfortable did you feel?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> Very safe and comfortable <input type="radio"/> Not applicable
2. How much did you enjoy the physical feelings?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> A lot <input type="radio"/> Not applicable
3. How emotionally close did you feel to the other person?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> Very close <input type="radio"/> Not applicable
4. How much did you enjoy the pleasure you gave to the other person?	<input type="radio"/> Not at all <input type="radio"/> Moderately <input type="radio"/> A lot <input type="radio"/> Not applicable
The last time you had sex, did you have vaginal sex, where the penis entered the vagina?	(If yes) Was a condom used?
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	(If yes): Was the condom used from start to finish of sex?

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	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	Did the condom split or fall off? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
The last time you had sex, did you have anal sex, where the penis entered the anus? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	(If yes): Was a condom used? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	(If yes): Was the condom used from start to finish of sex? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
	Did the condom split or fall off? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable
The last time you had sex, did you or your partner use any form of contraception (birth control)? <input type="radio"/> a. None for me, don't know about partner <input type="radio"/> b. None for either of us <input type="radio"/> c. Yes (skip to list) <input type="radio"/> d. Not applicable	(If c, yes) Please tick all contraceptives (birth control) that you used the last time you had sex: <input type="radio"/> The Pill, contraceptive patch, or contraceptive vaginal ring <input type="radio"/> Condoms (including female condoms) <input type="radio"/> Emergency contraceptive pill (morning after pill) <input type="radio"/> Injection <input type="radio"/> Contraceptive implant <input type="radio"/> Withdrawal <input type="radio"/> Intrauterine device (coil/IUD/IUS) <input type="radio"/> Diaphragm or cap or spermicide <input type="radio"/> Natural family planning (safe period/rhythm method) <input type="radio"/> Don't know name of the contraception <input type="radio"/> Other (please state).....
Are you or a partner trying to get pregnant at the moment? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not applicable	
Have you or a female partner been pregnant in the last 3 months? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Not applicable	
(If yes) What happened with the pregnancy? <input type="radio"/> Still pregnant <input type="radio"/> Miscarriage or stillbirth <input type="radio"/> An abortion <input type="radio"/> A baby	

More about sex	
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<p>In the last 3 months, how many male partners have you had sex with?</p> <p>0 1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>In the last 3 months, how many female partners have you had sex with?</p> <p>0 1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>How many times in the last 3 months have you had vaginal sex without a condom?</p> <p><input type="radio"/> None <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> 3 times <input type="radio"/> 4 times <input type="radio"/> 5 times <input type="radio"/> 6 times or more <input type="radio"/> Not applicable</p>	
<p>How many times in the last 3 months have you had anal sex without a condom?</p> <p><input type="radio"/> None <input type="radio"/> Once <input type="radio"/> Twice <input type="radio"/> 3 times <input type="radio"/> 4 times <input type="radio"/> 5 times <input type="radio"/> 6 times or more <input type="radio"/> Not applicable</p>	
<p>Which sexual health services have you used in the last 3 months (tick all that apply)</p> <p><input type="radio"/> None <input type="radio"/> Condom pick-up</p>	

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<ul style="list-style-type: none"><input type="radio"/> Contraception/birth control<input type="radio"/> Emergency contraceptive pills<input type="radio"/> Pregnancy test<input type="radio"/> Discussion of abortion choices<input type="radio"/> Check-up for sexually transmitted infections (e.g.<input type="radio"/> Chlamydia, Gonorrhoea)<input type="radio"/> Blood tests for sexually transmitted infections (e.g. <input type="radio"/> HIV, syphilis or Hepatitis)<input type="radio"/> Relationship counselling<input type="radio"/> Sexual assault/abuse counselling<input type="radio"/> Other sexual health services	
<p>Adding up these visits, how many times did you use a sexual health service in the last 3 months?</p> <p>1 2 3 4 5 6 7 8 9 10 or more</p>	
<p>Have you had Chlamydia in the last 3 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p>	
<p>Have you had antibiotic treatment for Chlamydia in the last 3 months?</p> <p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know</p>	
<p>In the last 3 months, have you had any of the following (tick all that apply)?</p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Warts<input type="radio"/> Herpes<input type="radio"/> Gonorrhoea<input type="radio"/> Pubic lice<input type="radio"/> Trichomonas (TV)<input type="radio"/> Syphilis<input type="radio"/> HIV<input type="radio"/> Hepatitis<input type="radio"/> (WOMEN ONLY) Pelvic infection (PID)<input type="radio"/> (WOMEN ONLY) Vaginal thrush (Candida, Yeast infection)<input type="radio"/> Can't remember the name<input type="radio"/> Other (please write in name) <p>.....</p>	
<p>In the last 3 months, how many times have you been too drunk or high to remember whether you had sex?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Once</p> <p><input type="radio"/> Twice</p> <p><input type="radio"/> 3 times</p> <p><input type="radio"/> 4 times</p>	

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<input type="radio"/> 5 times <input type="radio"/> 6 or more times	
<p>How do you rate these sexual activities?</p> <ol style="list-style-type: none"> 1. Sex by phone or online 2. Touching with clothes on 3. Touching with clothes off 4. Masturbating myself 5. Masturbating someone else 6. Being masturbated by someone else 7. Giving someone oral sex 8. Oral sex done to me 	<input type="radio"/> Would like to try <input type="radio"/> Would not like to try <input type="radio"/> Tried and would not do again <input type="radio"/> Tried and would do again
<ol style="list-style-type: none"> 1. Vaginal sex (penis-vagina) 2. Vaginal sex (with fingers or hand) 3. Vaginal sex (with sex toys) 4. Anal sex (rimming) 5. Anal sex (being rimmed) 6. Anal sex (penis-anus) 7. Anal sex (with sex toys) 	<input type="radio"/> Would like to try <input type="radio"/> Would not like to try <input type="radio"/> Tried and would not do again <input type="radio"/> Tried and would do again

<p>In the future</p>	
<p>In the near future, do you think you will.....</p> <ol style="list-style-type: none"> 1. Use a condom if you have vaginal sex with a new partner? 2. Use a condom if you have anal sex with a new partner? 3. Have tests for sexually transmitted infections if you have a new partner? 4. Make sure that new partner/s have tests for sexually transmitted infections? 5. Make sure that you (or a partner) are using contraception (e.g. The pill)? 6. Discuss sexual enjoyment with partner(s)? 	<input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable <input type="radio"/> Definitely not <input type="radio"/> Probably not <input type="radio"/> Maybe- maybe not <input type="radio"/> Probably <input type="radio"/> Definitely <input type="radio"/> Not applicable

[Type text]

True or false?	
1. Whether or not I get a sexually transmitted infection is just luck.	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
2. I would definitely know if I had Chlamydia, without needing a test	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
3. You can easily tell who is likely to have Chlamydia	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Unsure of answer
True or false? 1. Baby oil or Vaseline is a good lubricant to use on a condom 2. With a condom on, the man should wait until the penis is soft before withdrawing after sex	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know
True or false? 1. A woman's clitoris is right inside the vagina 2. Washing the vagina after penetrative sex (penis-vagina) will help to prevent pregnancy	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know
Imagine that a 17 year old girl has had sex with her boyfriend about 10 times without condoms or contraception and didn't get pregnant • This probably means she can't get pregnant • This probably means that he can't get her pregnant	<input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know <input type="radio"/> True <input type="radio"/> False <input type="radio"/> Don't know

Time to confess	
For this research to be accurate, we need to be sure that only young people have completed the survey. Are you really between 16 and 20 years old? <input type="radio"/> Yes <input type="radio"/> No	If no: 'Thank you for your interest in our survey, if you would like to know more about the research, please contact Ona McCarthy, o.mccarthy@ucl.ac.uk'
About you These questions are to make sure that we've reached a mix of different young people in this survey.	
What is your date of birth?	

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.....(Day).....(Month)(Year)	
<p>Are you..</p> <ul style="list-style-type: none"><input type="radio"/> At school<input type="radio"/> At sixth form college<input type="radio"/> At college or university<input type="radio"/> In training<input type="radio"/> Working<input type="radio"/> Unemployed<input type="radio"/> Long-term sick or disabled<input type="radio"/> Other (please state) <p>(If you can choose more than one, please choose the option that best describes you)</p>	
<p>What is your cultural background?</p> <ul style="list-style-type: none"><input type="radio"/> White British<input type="radio"/> White Irish<input type="radio"/> Other White<input type="radio"/> Black British<input type="radio"/> Black Caribbean<input type="radio"/> Black African<input type="radio"/> Other Black<input type="radio"/> Asian British<input type="radio"/> Indian<input type="radio"/> Pakistani<input type="radio"/> Bangladeshi<input type="radio"/> Chinese<input type="radio"/> Other Asian<input type="radio"/> Mixed cultural background<input type="radio"/> Other cultural background<input type="radio"/> Prefer not to say <p>If other please state</p> <p>.....</p>	
<p>Who do you live with most of the time? (tick all that apply):</p> <ul style="list-style-type: none"><input type="radio"/> a. With parents or step parents<input type="radio"/> b. With other relatives<input type="radio"/> c. With friends<input type="radio"/> d. With partner<input type="radio"/> d. On your own<input type="radio"/> e. In care or foster care<input type="radio"/> g. With your children (or partner's children)	
<p>Thinking about the people that you live with, are they... (tick all that apply):</p> <ul style="list-style-type: none"><input type="radio"/> At school, college or university<input type="radio"/> In training<input type="radio"/> Working<input type="radio"/> Unemployed<input type="radio"/> Long-term sick or disabled<input type="radio"/> Not applicable	

[Type text]

Other (please state)

.....

Is there anything else that you'd like to add?

Any comments about the answers that you gave, or about this online survey?

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