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RESPECT

Randomised Evaluation of Sexual health Promotion Effectiveness informing Care and Treatment (RESPECT): a feasibility study of an intervention aimed at improving the Sexual Health of People with Severe Mental Illness

PARTICIPANT

Month 3 Questionnaire

CONFIDENTIAL

Participant ID: | | | | | |

Centre ID: | | |

PLEASE READ ALL THE INSTRUCTIONS BEFORE COMPLETING THE QUESTIONNAIRE

Thank you for agreeing to take part in this study.

Please read each section carefully. Please answer all the questions. Although some questions may not seem important to you or appear the same as others, it is still important that you answer every one.

Please follow the instructions for each section carefully.

If you are asked to put a cross in the box, please use a cross rather than a tick. For example, in the following question, if your answer to the question is yes, you should place a cross firmly in the box next to 'Yes'.

Do you watch TV?

Yes ☒
No ☐

If you are asked to write a number in boxes, please enter one digit in each box.
For example:

What is your age in years? | **3** | **9** |

How many times have you visited your doctor in the past six months? | **0** | **3** |

Please use a black or blue pen.
Please do not use a pencil or any other coloured pen.

Please enter the date on which you are completing this questionnaire:

		/			/				
Day			*Month*			*Year*			

Section 1:

1. What best describes your relationship status?
Please place a cross (X) in one box only

- ☐ Single, Not Married
- ☐ Married
- ☐ Civil Partnership
- ☐ Living with partner / co-habiting
- ☐ In a relationship, not living together
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Prefer not to answer

Section 2:

This section asks you about what you think peoples chances are of getting a sexually transmitted infection.

Please circle the number which best describes what you think.

	No risk at all	**Slightly at risk**	**Somewhat at risk**	**Good deal at risk**	**Great deal at risk**	**Extremely at risk**
Based on your sexual behaviour in the last 3 months how much do you think you are at risk of getting a sexually transmitted infection?	0	1	2	3	4	5
What is the chance that you will someday get a sexually transmitted infection?	0	1	2	3	4	5
I think sexually transmitted infections are a serious problem in my community?	0	1	2	3	4	5
I worry about getting a sexually transmitted infection?	0	1	2	3	4	5

Section 3:

The statements below describe feelings or thoughts you may have about condoms. For each statement please circle the appropriate number indicating how much you agree or disagree with the statement.

		Strongly Disagree	Somewhat Disagree	Slightly Disagree	Slightly Agree	Somewhat Agree	Strongly Agree
1.	The use of condoms can make sex more stimulating	1	2	3	4	5	6
2.	Condoms are uncomfortable	1	2	3	4	5	6
3.	I find it embarrassing to be seen buying condoms	1	2	3	4	5	6
4.	Using condoms can be pleasurable	1	2	3	4	5	6
5.	Using condoms can show concern and caring	1	2	3	4	5	6
6.	Condoms ruin the mood	1	2	3	4	5	6
7.	Condoms interrupt foreplay	1	2	3	4	5	6
8.	I feel comfortable when I buy condoms	1	2	3	4	5	6
9.	Condoms are unreliable	1	2	3	4	5	6
10.	Condoms are an effective method of preventing sexual diseases	1	2	3	4	5	6

How certain are you that you could do the following?
Please circle the appropriate number indicating how certain you feel.

		Not sure	I have some certainty	I'm sure	I'm absolutely certain	Don't know	Refuse to answer	Not applicable
11.	Convince a new partner to use a male condom	1	2	3	4	5	6	7
12.	Say no to sex if your partner won't use a condom	1	2	3	4	5	6	7
13.	Convince partner that using condom can be exciting	1	2	3	4	5	6	7
14.	Tell partner you will try to use female condom	1	2	3	4	5	6	7
15.	Buy male condom	1	2	3	4	5	6	7
16.	Use female condom correctly	1	2	3	4	5	6	7
17.	Convince long term partner to use male condom	1	2	3	4	5	6	7
18.	Use male condom correctly	1	2	3	4	5	6	7

Section 4:

For each statement please circle True, False or Don't know.
If you don't know please do not guess, please circle don't know.

1.	Coughing and sneezing DO NOT spread HIV	True	False	Don't know
2.	A person can get HIV by sharing a glass of water with someone who has HIV	True	False	Don't know
3.	Pulling out the penis before a man climaxes / cums keeps a woman from getting HIV during sex	True	False	Don't know
4.	A woman can get HIV if she has anal sex with a man	True	False	Don't know
5.	Showering or washing one's genitals / private parts after sex keeps a person from getting HIV	True	False	Don't know
6.	All pregnant women infected with HIV will have babies born with HIV	True	False	Don't know
7.	People who have been infected with HIV quickly show serious signs of being infected	True	False	Don't know
8.	There is a vaccine that can stop adults from getting HIV	True	False	Don't know
9.	People are likely to get HIV by deep kissing, putting their tongue in their partners mouth, if their partner has HIV	True	False	Don't know
10.	A woman cannot get HIV if she has sex during her period	True	False	Don't know
11.	There is a female condom that can help decrease a woman's chance of getting HIV	True	False	Don't know
12.	A person will not get HIV if s/he is taking antibiotics	True	False	Don't know
13.	Having sex with more than one partner can increase a person's chance of being infected with HIV	True	False	Don't know
14.	Taking a test for HIV one week after having sex will tell a person if s/he has HIV	True	False	Don't know
15.	A person can get HIV by sitting in a hot tub or a swimming pool with a person with HIV	True	False	Don't know
16.	A person can get HIV from oral sex	True	False	Don't know
17.	Using Vaseline or baby oil with condoms lowers the chance of getting HIV	True	False	Don't know

Section 5:

<u>Imagine this situation</u>:

You've made a decision that you are going to have sex with a person that you've been seeing. You're very comfortable with the person, you trust them and the relationship is special to you. You're watching TV at your place and you're cuddling. You are thinking about taking him / her to your bedroom. You care a great deal for each other and you want to have sex.

With this situation in mind, please read the statements below. Think about each statement and circle the number that describes what you would do. Please say <u>what you would really do</u> not what you think you should do.

The term 'safer sex' used below means to take precautions to protect against sexually transmitted infections / HIV

		Definitely will NOT do	Very unlikely to do	Somewhat unlikely to do	Somewhat likely to do	Very likely to do	Definitely will do
1.	I will use a condom	0	1	2	3	4	5
2.	I will tell the person we need to practice safer sex	0	1	2	3	4	5
3.	I will do only safer-sex behaviours	0	1	2	3	4	5
4.	I will drink or use drugs before sex	0	1	2	3	4	5
5.	I will tell the person I don't want to have sex without a condom	0	1	2	3	4	5
6.	I will decide ahead of time what I am willing to do	0	1	2	3	4	5
7.	I will actively guide our actions to have safer sex (take precautions to protect myself against sexually transmitted infections / HIV)	0	1	2	3	4	5
8.	I will wait and see what my partner says we should do about condoms	0	1	2	3	4	5

Section 6:

Now a few more general questions about things affecting sex

1. From this list, please place an X to indicate which you or <u>any</u> partner, have used together, as a form of CONTRACEPTION in the last 3 months.

More than one answer can be chosen		Place a X
a.	No method used - in the last 3 months	☐
b.	I have been sterilized	☐
c.	My partner has been sterilized	☐
d.	The Pill	☐
e.	Male condom	☐
f.	Female condom	☐
g.	Morning after pill	☐
h.	Emergency intra-uterine device (IUD)	☐
i.	Coil/intra-uterine device (IUD)	☐
j.	Hormonal IUD - MIRENA	☐
k.	Cap/diaphragm	☐
l.	Injections	☐
m.	Spermicides (foams/gels/sprays/pessaries)	☐
n.	Natural family planning (safe period/rhythm method/Persona)	☐
o.	Withdrawal	☐
p.	Implants	☐
q.	Same sex relationship so not applicable	☐
r.	Other method of protection (please say what):	☐

2. And which have you used at all with a partner in the last 3 months?

More than one answer can be chosen		Place a X
a.	No method used - in the last 3 months	☐
b.	I have been sterilized	☐
c.	My partner has been sterilized	☐
d.	The Pill	☐
e.	Male condom	☐
f.	Female condom	☐
g.	Morning after pill	☐

h. Emergency intra-uterine device (IUD) ☐

i. Coil/intra-uterine device (IUD) ☐

j. Hormonal IUD - MIRENA ☐

k. Cap/diaphragm ☐

l. Injections ☐

m. Spermicides (foams/gels/sprays/pessaries) ☐

n. Natural family planning (safe period/rhythm method/Persona) ☐

o. Withdrawal ☐

p. Implants ☐

q. Other method of protection (please say what): _____ ☐

3. Which would you say is your most usual method in the last 3 months?

More than one answer can be chosen	**Place a X**
a. No method used at the moment	☐
b. I have been sterilized	☐
c. My partner has been sterilized	☐
d. The Pill	☐
e. Male condom	☐
f. Female condom	☐
g. Morning after pill	☐
h. Emergency intra-uterine device (IUD)	☐
i. Coil/intra-uterine device (IUD)	☐
j. Hormonal IUD - MIRENA	☐
k. Cap/diaphragm	☐
l. Injections	☐
m. Spermicides (foams/gels/sprays/pessaries)	☐
n. Natural family planning (safe period/rhythm method/Persona)	☐
o. Withdrawal	☐
p. Implants	☐

If condoms used, in the last 3 months have you used condoms:

More than one answer can be chosen		Place a X
a.	To prevent pregnancy	☐
b.	To protect against HIV	☐
c.	To protect against other sexually transmitted infections	☐
d.	Not applicable	☐

4. Have you got contraception from any of these sources in the last 3 months?

More than one answer can be chosen		Place a X
a.	A doctor or nurse at your GP's surgery	☐
b.	Sexual health clinic (GUM clinic)	☐
c.	Family planning clinic / contraceptive clinic / reproductive health clinic	☐
d.	NHS antenatal clinic / midwife	☐
e.	Private doctor or clinic	☐
f.	Youth advisory clinic (e.g. Brook clinic)	☐
g.	Pharmacy / Chemist	☐
h.	Internet website	☐
i.	Supplies from school / college / university services	☐
j.	Over the counter at a petrol station/supermarket/other shop	☐
k.	Vending machine	☐
l.	Mail order	☐
m.	Hospital accident and emergency (A & E) department	☐
n.	Any other type of place, please say where:	☐
o.	I have not got contraception in the last 3 months	☐

5. If all of these different types of service were available in your area and easy to get to, which one would you prefer to get contraception from?
Please cross one box only

a.	A doctor or nurse at your GP's surgery	☐
b.	Sexual health clinic (GUM clinic)	☐
c.	Family planning clinic / contraceptive clinic / reproductive health clinic	☐
d.	Youth advisory clinic (e.g. Brook clinic)	☐
e.	Pharmacy / Chemist	☐
f.	NHS or Department of Health website	☐
g.	None of these	☐
h.	Not needed	☐

6. If you thought that you might have an infection that is transmitted by sex, where would you first go to seek a diagnosis and/or treatment?
Please cross one box only

a. General practice (GP) surgery ☐

b. Sexual health clinic (GUM clinic) ☐

c. NHS Family planning clinic / contraceptive clinic / reproductive health clinic ☐

d. NHS Antenatal clinic / midwife ☐

e. Private non-NHS clinic or doctor ☐

f. Pharmacy / chemist ☐

g. Internet site offering treatment ☐

h. Youth advisory clinic (e.g. Brook clinic) ☐

i. Hospital accident and emergency (A&E) department ☐

j. Somewhere else ☐

7. In the last 3 months have you attended a sexual health clinic (GUM clinic)?

☐ **Yes** ☐ **No**

8. In the last 3 months have you been told by a doctor or other healthcare professional that you had any of the following?

More than one answer can be chosen	**Place a X**
a. Chlamydia	☐
b. Gonorrhoea	☐
c. Genital Warts (venereal warts)	☐
d. Syphilis	☐
e. Trichomonas vaginalis (Trich, TV)	☐
f. Herpes (genital herpes)	☐
g. Pubic lice / crabs	☐
h. Hepatitis B	☐
i. (Men only) NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)	☐

j. (Men only) Epididymitis ☐

k. (Women only) Pelvic Inflammatory Disease (PID, salpingitis) ☐

l. (Women only) Vaginal thrush (Candida, Yeast infection) ☐

m. (Women only) Bacterial vaginosis ☐

n. Yes, but can't remember which ☐

o. None of these ☐

p. Other: please state: ☐

9. Have you been tested for HIV in the last 3 months?
Please cross one box only

☐ Yes* ☐ No** ☐ Maybe/Not sure**

*If 'Yes', why were you tested? Otherwise, **If 'No' or 'Maybe/Not sure' please go to question 12.

	More than one answer can be chosen	**Place a X**
a.	I/ my partner was pregnant	☐
b.	For insurance or mortgage purposes or to travel to another country	☐
c.	As part of a sexual health check up	☐
d.	As part of a general health check up	☐
e.	I wanted to stop using condoms in a relationship	☐
f.	I was concerned about personal risks to myself or a partner	☐
g.	A doctor advised me to have an HIV test	☐
h.	Or, other reason	☐

10. Where were you tested? (the last HIV test if more than one)
Please choose one answer from this list.

a. General practice (GP) surgery ☐
b. Sexual health clinic (GUM clinic) ☐
c. NHS Family planning clinic / contraceptive clinic / reproductive health clinic ☐
d. NHS Antenatal clinic / midwife ☐
e. Private non-NHS clinic or doctor ☐
f. Internet site offering postal kit ☐
g. Youth advisory clinic (e.g. Brook clinic) ☐
h. Termination of pregnancy (abortion) clinic ☐
i. Hospital accident and emergency (A&E) department ☐
j. Somewhere else ☐

11. Were you given the results of the test? ☐ Yes ☐ No
Please cross one box only

Finally, we have some questions about pregnancy:

12. Have you or your partner (if applicable) been pregnant in the last 3 months? ☐ Yes ☐ No
Please cross one box only

13. If you were planning a family do you know who could offer advice / support? ☐ Yes* ☐ No
Please cross one box only

***If you answered 'Yes', please state:**

ReQoL™ redacted for copyright reasons.

EQ-5D™ redacted for copyright reasons.

Thank you for completing all of the questions in this booklet.

Please pass the booklet back to the researcher and take a break.