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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

RESEARCHER

Month 6 Questionnaire

CONFIDENTIAL

Participant ID: ☐☐☐☐☐

Centre ID: ☐☐

Date of completion: ☐☐ / ☐☐ / ☐☐☐☐
Day *Month* *Year*

Preparation for Structured Interview

The researcher **MUST** ensure that they have the following documents with them when conducting the questionnaire and interview sessions with participants to ensure interviews can be completed accurately and any risk protocols can be implemented as quickly as possible:

Interview related documents:

- **Please make sure you have selected MALE / FEMALE SERBAS schedule**
- SERBAS Charts **in the CRF** – please ensure you complete either the MALE participant or FEMALE participant set of charts
- SERBAS RESPONSE CARDS 1 & 2
- MISS Q RESPONSE CARDS 1-5
- ASSIST RESPONSE CARDS 1-3

Risk related documents:

- A copy of the 'researcher protocol: Disclosure of self-harm/suicide risk and other potential risks'
- Contact details for clinical lead(s)
- Copies of the risk of self-harm/suicide flowchart
- A blank copy of the 'exploring risk questions'
- A copy of the 'exploring risk questions' Guidance
- A copy of the 'self-harm/suicide risk form'
- A copy of the 'non-suicide risk form'
- Access to a mobile phone
- Contact details for: participant's care co-ordinator/duty worker, out of hours/crisis team/local taxi number- in case of risk emergencies
- A copy of the Adverse event procedure
- Blank Serious /Adverse Event form

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.

If you wish to amend any of the data you have written, please put a line through the incorrect response, enter the correct response and initial and date your amendment. Where possible use a red pen to make these amendments.

"Thanks for completing the first set of questions. Do you have any questions or concerns?

This next section will be questions that I will be asking you directly and I will note down your answers for you. The reason we do this is because these questions have been designed to be asked in an interview. It should take about 45 mins to an hour.

How are you feeling? Are you ready to continue?"

Thinking about the **last 3 months**, we would like to know how many consultations you have had with the following health services (if none, please enter ZERO):

1. GENERAL PRACTITIONER (GP) consultations

Have you had any consultations with a General Practitioner (GP) in the last 3 months?
The consultation may take place in a clinic, at home, in a Walk-in Centre or over the phone.

☐ No ———— Continue to the next question

☐ Yes ———— How many consultations have you had in TOTAL? ☐☐☐

Of the above, how many consultations were for one or more for the following reasons?

Please count each appointment only ONCE. For example, if you discussed sexually transmitted infections and contraception in the same consultation, then only count this as one consultation.

Service name	***No. of consultations***	***(add any relevant details here)***
To get advice for discharge through vagina, penis or anus; or sores in genital area; or pain when passing urine.	☐☐	
To get tested for HIV, hepatitis or other sexually-transmitted infections	☐☐	
To get vaccinated to prevent sexually-transmitted infections or Hepatitis or Human papilloma virus (HPV)	☐☐	
To get the morning-after pill or to discuss contraception or family planning.	☐☐	
To discuss termination of pregnancy	☐☐	
To discuss other sexual health issues not listed above, including sexual assault	☐☐	

2. Nurse consultations

Have you had any consultations with a nurse in the last 3 months?
The consultation may take place in a GP practice, mental health service, at home, in a Walk-in Centre or over the phone. DO NOT count visits to Contraception Clinics or Sexual Health Clinics.

☐ No ———— Continue to the next question

☐ Yes ———— How many consultations have you had in TOTAL? ☐☐☐

Of the above, how many consultations were for one or more for the following reasons?

Note: Please count each appointment only ONCE (as above).

Service name	*No. of consultations*	*(add any relevant details here)*
To get advice for discharge through vagina, penis or anus; or sores in genital area; or pain when passing urine.	☐☐	
To get tested for HIV, hepatitis or other sexually-transmitted infections	☐☐	
To get vaccinated to prevent sexually-transmitted infections or Hepatitis or Human papilloma virus (HPV)	☐☐	
To get the morning-after pill or to discuss contraception or family planning.	☐☐	
To discuss termination of pregnancy	☐☐	
To discuss other sexual health issues not listed above, including sexual assault	☐☐	

3. Accidents and Emergency (A & E) Department or Urgent Care Centre

Have you visited A & E or Urgent Care Centre at hospital in the last 3 months?

☐ No ———— Continue to the next question

☐ Yes ———— How many times have you visited A & E or Urgent Care Centre? ☐☐☐

Of the above, how many consultations were for one or more for the following reasons?

Note: Please count each appointment only ONCE (as above).

Service name	*No. of consultations*	*Add any relevant details here*
To get help for a sexually transmitted infection	☐☐	
To get the morning-after pill	☐☐	
To get support after a sexual assault	☐☐	
To ask for treatment to prevent HIV infection after a sexual intercourse (post exposure prophylaxis following sexual exposure PEPSE)	☐☐	

4. Pharmacy visits or appointments

Have you visited a pharmacy in the last 3 months (such as Boots or Superdrug) to get morning-after pill because you were worried that you could get pregnant?

☐ No ———— Continue to the next question

☐ Yes ———— How many times have you used the morning-after pill? ☐☐

5. Contraception Clinic consultations

Have you visited a contraception clinic to get contraception or discuss family planning in the last 3 months? (DO NOT include consultations already reported above, such as consultations with nurse)

☐ No ———— Continue to the next question

☐ Yes ———— How many times have you visited a contraception clinic? ☐☐

6. Sexual Health Clinic consultations

Have you visited a sexual health clinic to discuss sexual health issues in the last 3 months?
(DO NOT include consultations already reported above, such as those with a contraception clinic)

☐ No ———— Continue to the next question

☐ Yes ———— How many times have you used visited a sexual health clinic? ☐☐

Of the above, how many consultations were for one or more for the following reasons?
Note: Please count each appointment only ONCE (as above).

Service name	***No. of consultations***	***(add any relevant details here)***
To get advice for discharge through vagina, penis or anus; or sores in genital area; or pain when passing urine.	☐☐	
To get tested for HIV, hepatitis or other sexually-transmitted infections	☐☐	
To get vaccinated to prevent STIs or Hepatitis or Human Papilloma Virus (HPV)	☐☐	
To get the morning-after pill or to discuss contraception or family planning.	☐☐	
To discuss termination of pregnancy	☐☐	
To discuss other sexual health issues not listed above, including sexual assault	☐☐	
To discuss treatment to prevention of HIV (pre or post exposure prophylaxis PREP or PEPSE)	☐☐	

7. Sexual Assault Referral Centre (SARC) consultations

Have you visited a sexual assault referral centre to discuss a sexual assault in the last 3 months?

☐ No ———— Continue to the next question

☐ Yes ———— How many times have you visited SARC? ☐☐

ASSIST

Let's take a little break from talking about sex – let's move on to talking about alcohol, tobacco products and other drugs. I am going to ask you some questions about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (SHOW ASSIST RESPONSE CARD 1 - SUBSTANCES).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this interview, we will not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

Question 1

In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY)

a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐ Yes	☐ No
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐ Yes	☐ No
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐ Yes	☐ No
d.	Cocaine (coke, crack, etc.)	☐ Yes	☐ No
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐ Yes	☐ No
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐ Yes	☐ No
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐ Yes	☐ No
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐ Yes	☐ No
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐ Yes	☐ No
j.	Other - specify: ☐	☐ Yes	☐ No

Probe if all answers are negative: "Not even when you were in school?"

*If "**No**" to all items, stop interview and move on to SERBAS.*

If "**Yes**" to any of these items, ask Question 2 for each substance ever used.

Question 2

In the past three months, how often have you used the substances you mentioned (FIRST DRUG, SECOND DRUG, ETC)?

		Never	Once or twice	Monthly	Weekly	Daily or almost daily
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐	☐	☐
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐	☐	☐
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐	☐	☐

If "Never" to all items in Question 2, skip to Question 6.

If any substances in Question 2 were used in the previous three months, continue with Questions 3, 4 & 5 for each substance used.

Question 3

During the past three months, how often have you had a strong desire or urge to use (FIRST DRUG, SECOND DRUG, ETC)?

		Never	Once or twice	Monthly	Weekly	Daily or almost daily
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐	☐	☐

		Never	Once or twice	Monthly	Weekly	Daily or almost daily
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐	☐	☐
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐	☐	☐

Question 4

During the past three months, how often has your use of *(FIRST DRUG, SECOND DRUG, ETC)* led to health, social, legal or financial problems?

		Never	Once or twice	Monthly	Weekly	Daily or almost daily
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐	☐	☐
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐	☐	☐
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐	☐	☐

Question 5

During the past three months, how often have you failed to do what was normally expected of you because of your use of (FIRST DRUG, SECOND DRUG, ETC)?

		Never	Once or twice	Monthly	Weekly	Daily or almost daily
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐	☐	☐
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐	☐	☐
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐	☐	☐

Ask Questions 6 & 7 for all substances ever used (i.e. those endorsed in Question 1)

Question 6

Has a friend or relative or anyone else ever expressed concern about your use of (FIRST DRUG, SECOND DRUG, ETC.)?

		No Never	Yes in the past 3 months	Yes, but not in the past 3 months
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐

		No Never	Yes in the past 3 months	Yes, but not in the past 3 months
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐

Question 7

Have you ever tried and failed to control, cut down or stop using (FIRST DRUG, SECOND DRUG, ETC.)?

		No Never	Yes in the past 3 months	Yes, but not in the past 3 months
a.	Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	☐	☐	☐
b.	Alcoholic beverages (beer, wine, spirits, etc.)	☐	☐	☐
c.	Cannabis (marijuana, pot, grass, hash, etc.)	☐	☐	☐
d.	Cocaine (coke, crack, etc.)	☐	☐	☐
e.	Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	☐	☐	☐
f.	Inhalants (nitrous, glue, petrol, paint thinner, etc.)	☐	☐	☐
g.	Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.)	☐	☐	☐
h.	Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)	☐	☐	☐
i.	Opioids (heroin, morphine, methadone, codeine, etc.)	☐	☐	☐
j.	Other - specify: ☐	☐	☐	☐

Question 8

	No Never	Yes in the past 3 months	Yes, but not in the past 3 months
Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)	☐	☐	☐

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MALE PARTICIPANT

SERBAS CHARTS

Participant ID: ☐☐☐☐☐ **Centre ID:** ☐☐ **Date of completion:** ☐☐ / ☐☐ / ☐☐☐☐

Day *Month* *Year*

MALE PARTICIPANT SERBAS CHARTS

C001 **- VAGINAL / ANAL / ORAL WITH FEMALE**	☐ **NO GO TO C003**	☐ **YES GO TO C002**
C002	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A FEMALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO C006 (NEXT CHART)**
C003 **- REPEAT Q - VAGINAL / ANAL / ORAL WITH FEMALE**	☐ **NO GO TO C005**	☐ **YES GO TO C004**
C004	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A FEMALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO C006 (NEXT CHART)**
C005 **- REASONS FOR NOT HAVING SEX WITH FEMALE PARTNERS (UP TO 3).** **From verbatim response, code up to 3 responses** **<u>0 = NO 1 = YES</u>**		**GO TO SECTION F**

	0=NO 1=YES	
C005A	☐	Death of partner
C005B	☐	No current partner
C005C	☐	Partners mental illness / medication side effects
C005D	☐	Partners illness or fatigue
C005E	☐	Partners AIDS related condition / side effects
C005F	☐	Partners concern with being re/infected by participant
C005G	☐	Partners concern with re/infecting participant
C005H	☐	Partners drug use
C005I	☐	Partners alcohol use
C005J	☐	Partner in prison
C005K	☐	Female partner's pregnancy
C005L	☐	Lack of privacy

MALE PARTICIPANT SERBAS CHARTS

	0=NO 1=YES	
C005M	☐	Partners college / job demands
C005N	☐	Partner not interested in sex
C005O	☐	Participant mental illness / medication side effects
C005P	☐	Participants illness or fatigue
C005Q	☐	Participants AIDS related condition / side effects
C005R	☐	Participants concern with being re/infected by partner
C005S	☐	Participants concern with re/infecting partner
C005T	☐	Participants drug use
C005U	☐	Participants alcohol use
C005V	☐	Participant in prison
C005W	☐	Not interested in sex
C005X	☐	Not interested in female sex partner
C005Y	☐	Other reason(s):

MALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

C006 Part. ID	C007 Type 1=steady 2=casual	C008 Residence 1=together 2=not together	C009 HIV Test		VAGINAL SEX			
			a. Tested? 0=N; 1=Y; 2=DK	b. HIV+ or AIDS? 1=Y; 2=N	D001 Times	D002 Times with condom	D003 Times no condom	D003a Reason (Legible)
a.	1 2	1 2	0 1 2	1 2				
b.	1 2	1 2	0 1 2	1 2				
c.	1 2	1 2	0 1 2	1 2				
d.	1 2	1 2	0 1 2	1 2				
e.	1 2	1 2	0 1 2	1 2				

MALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ORAL SEX (partner on participant)			
	D004 Times	D005 Times with a condom	D006 Times no condom	D006a Reason (Legible)
a.				
b.				
c.				
d.				
e.				

MALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ORAL SEX (participant on partner)			
	D007 Times	D008 Times with dental dam	D009 Times no dental dam	D009a Reason
a.				
b.				
c.				
d.				
e.				

MALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ANAL SEX				Total Tally of Sex Acts (D001 + D004 + D007 + D010)
	D010 Times	D011 Times with condom	D012 Times no condom	D012a Reason	
a.					
b.					
c.					
d.					
e.					

MALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

C006 Part. ID	SUBSTANCE USE JUST BEFORE OR DURING SEX		
	D013 Alcohol	D014 Cannabis	D015 Other Drugs
a.			
b.			
c.			
d.			
e.			

MALE PARTICIPANT SERBAS CHARTS

CHART: SEX EXCHANGES WITH ALL FEMALE PARTNERS

	a How many	b How many times	c Times used condoms
E001 **Gave money for sex**			
E002 **Received money for sex**			
E003 **Gave cigarettes for sex**			
E004 **Received cigarettes for sex**			
E005 **Gave drugs or alcohol for sex**			
E006 **Received drugs or alcohol for sex**			
E007 **Gave food or shelter for sex**			
E008 **Received food or shelter for sex**			

MALE PARTICIPANT SERBAS CHARTS

F001 - ANAL / ORAL WITH MALE	☐ **NO GO TO F003**	☐ **YES GO TO F002**
F002	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A MALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO F006 (NEXT CHART)**
F003 - REPEAT Q - ANAL / ORAL WITH MALE	☐ **NO GO TO F005**	☐ **YES GO TO F004**
F004	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A MALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO F006 (NEXT CHART)**
F005 - REASONS FOR NOT HAVING SEX WITH MALE PARTNERS (UP TO 3). From verbatim response, code up to 3 responses 0 = NO 1 = YES		**IF PARTICIPANT HAD FEMALE PARTNERS GO TO SECTION I IF PARTICIPANT HAD NO MALE OR FEMALE PARTNERS END THE INTERVIEW**

	0=NO 1=YES	
F005A	☐	Death of partner
F005B	☐	No current partner
F005C	☐	Partners mental illness / medication side effects
F005D	☐	Partners illness or fatigue
F005E	☐	Partners aids related condition / side effects
F005F	☐	Partners concern with being re/infected by participant
F005G	☐	Partners concern with re/infecting participant
F005H	☐	Partners drug use
F005I	☐	Partners alcohol use
F005J	☐	Partner in prison
F005K	☐	Omitted from male section
F005L	☐	Lack of privacy

MALE PARTICIPANT SERBAS CHARTS

	0=NO 1=YES	
F005M	☐	Partners college / job demands
F005N	☐	Partner not interested in sex
F005O	☐	Participant mental illness / medication side effects
F005P	☐	Participants illness or fatigue
F005Q	☐	Participants aids related condition / side effects
F005R	☐	Participants concern with being re/infected by partner
F005S	☐	Participants concern with re/infecting partner
F005T	☐	Participants drug use
F005U	☐	Participants alcohol use
F005V	☐	Participant in prison
F005W	☐	Not interested in sex
F005X	☐	Not interested in male sex partner
F005Y	☐	Other reason(s):

MALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

F006 Part. ID	F007 Type 1=steady 2=casual	F008 Residence 1=together 2=not together	F009 HIV Test		ORAL SEX (partner on participant)			
			a. Tested? 0=N; 1=Y; 2=DK	b. HIV+ or AIDS? 1=Y; 2=N	G001 Times	G002 Times with condom	G003 Times no condom	G003a Reason
a.	1 2	1 2	0 1 2	1 2				
b.	1 2	1 2	0 1 2	1 2				
c.	1 2	1 2	0 1 2	1 2				
d.	1 2	1 2	0 1 2	1 2				
e.	1 2	1 2	0 1 2	1 2				

MALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

F006 Part. ID	ORAL SEX (participant on partner)			
	G004 Times	G005 Times with a condom	G006 Times no condom	G006a Reason
a.				
b.				
c.				
d.				
e.				

MALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

ANAL SEX (insertive)				
F006 Part. ID	**G007 Times**	**G008 Times with condom**	**G009 Times no condom**	**G009a Reason**
a.				
b.				
c.				
d.				
e.				

MALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

F006 Part. ID	ANAL SEX (receptive)				Total Tally of Sex Acts (G001 + G004 + G007 + G010)
	G010 Times	G011 Times with condom	G012 Times no condom	G012a Reason	
a.					
b.					
c.					
d.					
e.					

MALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

F006 Part. ID	SUBSTANCE USE JUST BEFORE OR DURING SEX		
	G013 Alcohol	G014 Cannibis	G015 Other Drugs
a.			
b.			
c.			
d.			
e.			

MALE PARTICIPANT SERBAS CHARTS

CHART: SEX EXCHANGES WITH ALL MALE PARTNERS

	a How many	b How many times	c Times used condoms or dental dam
H001 **Gave money for sex**			
H002 **Received money for sex**			
H003 **Gave cigarettes for sex**			
H004 **Received cigarettes for sex**			
H005 **Gave drugs or alcohol for sex**			
H006 **Received drugs or alcohol for sex**			
H007 **Gave food or shelter for sex**			
H008 **Received food or shelter for sex**			

MALE PARTICIPANT SERBAS CHARTS

I001 Places partner were met.		# of partners
1 Your flat / house or family/friend's house		
2. Cars, taxis, bus		
3. Outdoor plublic place: for example, the park, the street, the beach		
4. Indoor public place off psychiatric hospital grounds: for example, cinema, toilet, bookshop, gym		
5. Hospital:	Day hospital	
	The ward	
	Outpatient clinic	
6. Prison		
7. Place people go to do drugs		
8. Club / bar / pub		
9. Brothel, sex club, massage parlor, or hotel		
10. Other		

Abstention		
I002 Times	If zero please write '0'	"Insert one example (please insert verbatim response):
Forced sex		
I003 Times	If zero please write '0'	
I004 Able to talk	☐ Yes ☐ No	Only answer if more than zero for I003

FEMALE PARTICIPANT

SERBAS CHARTS

Participant ID: ☐☐☐☐☐ **Centre ID:** ☐☐ **Date of completion:** ☐☐ / ☐☐ / ☐☐☐☐

Day *Month* *Year*

FEMALE PARTICIPANT SERBAS CHARTS

C001 **- VAGINAL / ANAL / ORAL WITH MALE**	☐ **NO GO TO C003**	☐ **YES GO TO C002**
C002	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A MALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO C006 (NEXT CHART)**
C003 **- REPEAT Q - VAGINAL / ANAL / ORAL WITH MALE**	☐ **NO GO TO C005**	☐ **YES GO TO C004**
C004	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A MALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO C006 (NEXT CHART)**
C005 **- REASONS FOR NOT HAVING SEX WITH MALE PARTNERS (UP TO 3).** **From verbatim response, code up to 3 responses** **0 = NO 1 = YES**		**GO TO SECTION F**

	0=NO 1=YES	
C005A	☐	Death of partner
C005B	☐	No current partner
C005C	☐	Partners mental illness / medication side effects
C005D	☐	Partners illness or fatigue
C005E	☐	Partners AIDS related condition / side effects
C005F	☐	Partners concern with being re/infected by participant
C005G	☐	Partners concern with re/infecting participant
C005H	☐	Partners drug use
C005I	☐	Partners alcohol use
C005J	☐	Partner in prison
C005K	☐	Participants pregnancy
C005L	☐	Lack of privacy

FEMALE PARTICIPANT SERBAS CHARTS

	0=NO 1=YES	
C005M	☐	Partners college / job demands
C005N	☐	Partner not intersted in sex
C005O	☐	Participant mental illness / medication side effects
C005P	☐	Participants illness or fatigue
C005Q	☐	Participants AIDS related condition / side effects
C005R	☐	Participants concern with being re/infected by partner
C005S	☐	Participants concern with re/infecting partner
C005T	☐	Participants drug use
C005U	☐	Participants alcohol use
C005V	☐	Participant in prison
C005W	☐	Not intersted in sex
C005X	☐	Not interested in male sex partner
C005Y	☐	Other reason(s):

FEMALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

C006 Part. ID	C007 Type 1=steady 2=casual	C008 Residence 1=together 2=not together	C009 HIV Test		VAGINAL SEX			
			a. Tested? 0=N; 1=Y; 2=DK	b. HIV+ or AIDS? 1=Y; 2=N	D001 Times	D002 Times with condom	D003 Times no condom	D003a Reason (Legible)
a.	1 2	1 2	0 1 2	1 2				
b.	1 2	1 2	0 1 2	1 2				
c.	1 2	1 2	0 1 2	1 2				
d.	1 2	1 2	0 1 2	1 2				
e.	1 2	1 2	0 1 2	1 2				

FEMALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ORAL SEX (partner on participant)			
	D004 Times	D005 Times with a dental dam	D006 Times no dental dam	D006a Reason (Legible)
a.				
b.				
c.				
d.				
e.				

FEMALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ORAL SEX (participant on partner)			
	D007 Times	**D008** Times with condom	**D009** Times no condom	**D009a** Reason
a.				
b.				
c.				
d.				
e.				

FEMALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

C006 Part. ID	ANAL SEX				Total Tally of Sex Acts (D001 + D004 + D007 + D010)
	D010 Times	D011 Times with condom	D012 Times no condom	D012a Reason	
a.					
b.					
c.					
d.					
e.					

FEMALE PARTICIPANT SERBAS CHARTS

CHART: MALE PARTNER - PAST 3 MONTHS

C006 Part. ID	SUBTANCE USE JUST BEFORE OR DURING SEX		
	D013 Alcohol	D014 Cannibis	D015 Other Drugs
a.			
b.			
c.			
d.			
e.			

FEMALE PARTICIPANT SERBAS CHARTS

CHART: SEX EXCHANGES WITH ALL MALE PARTNERS

	a How many	b How many times	c Times used condoms or dental dam
E001 **Gave money for sex**			
E002 **Received money for sex**			
E003 **Gave cigarettes for sex**			
E004 **Received cigarettes for sex**			
E005 **Gave drugs or alcohol for sex**			
E006 **Received drugs or alcohol for sex**			
E007 **Gave food or shelter for sex**			
E008 **Received food or shelter for sex**			

FEMALE PARTICIPANT SERBAS CHARTS

F001 - VAGINAL TO VAGINA CONTACT / ORAL WITH FEMALE	☐ **NO GO TO F003**	☐ **YES GO TO F002**
F002	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A FEMALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO F006 (NEXT CHART)**
F003 - REPEAT Q - VAGINAL TO VAGINA CONTACT / ORAL WITH FEMALE	☐ **NO GO TO F005**	☐ **YES GO TO F004**
F004	**ENTER DATE OF LAST TIME THEY HAD SEX WITH A FEMALE (in the last 3 months)**	☐☐ / ☐☐ / ☐☐☐☐ dd mm yyyy **GO TO F006 (NEXT CHART)**
F005 **- REASONS FOR NOT HAVING SEX WITH FEMALE PARTNERS (UP TO 3).** **From verbatim response, code up to 3 responses** **0 = NO 1 = YES**		**IF PARTICIPANT HAD MALE PARTNERS GO TO SECTION I** **IF PARTICIPANT HAD NO MALE OR FEMALE PARTNERS END THE INTERVIEW**

	0=NO 1=YES	
F005A	☐	Death of partner
F005B	☐	No current partner
F005C	☐	Partners mental illness / medication side effects
F005D	☐	Partners illness or fatigue
F005E	☐	Partners aids related condition / side effects
F005F	☐	Partners concern with being re/infected by participant
F005G	☐	Partners concern with re/infecting participant
F005H	☐	Partners drug use
F005I	☐	Partners alcohol use
F005J	☐	Partner in prison
F005K	☐	Omitted from same sex section
F005L	☐	Lack of privacy

FEMALE PARTICIPANT SERBAS CHARTS

	0=NO 1=YES	
F005M	☐	Partners college / job demands
F005N	☐	Partner not intersted in sex
F005O	☐	Participant mental illness / medication side effects
F005P	☐	Participants illness or fatigue
F005Q	☐	Participants aids related condition / side effects
F005R	☐	Participants concern with being re/infected by partner
F005S	☐	Participants concern with re/infecting partner
F005T	☐	Participants drug use
F005U	☐	Participants alcohol use
F005V	☐	Participant in prison
F005W	☐	Not intersted in sex
F005X	☐	Not interested in female sex partner
F005Y	☐	Other reason(s):

FEMALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

F006 Part. ID	F007 Type 1=steady 2=casual	F008 Residence 1=together 2=not together	F009 HIV Test		ORAL SEX (partner on participant)			
			a. Tested? 0=N; 1=Y; 2=DK	b. HIV+ or AIDS? 1=Y; 2=N	G001 Times	G002 Times with dental dam	G003 Times no dental dam	G003a Reason
a.	1 2	1 2	0 1 2	1 2				
b.	1 2	1 2	0 1 2	1 2				
c.	1 2	1 2	0 1 2	1 2				
d.	1 2	1 2	0 1 2	1 2				
e.	1 2	1 2	0 1 2	1 2				

FEMALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

F006 Part. ID	ORAL SEX (participant on partner)				Deleted G007 to G012a.	Total tally of sex acts (G001 + G004)
	G004 Times	G005 Times with a dental dam	G006 Times no dental dam	G006a Reason		
a.						
b.						
c.						
d.						
e.						

FEMALE PARTICIPANT SERBAS CHARTS

CHART: FEMALE PARTNER - PAST 3 MONTHS

F006 Part. ID	SUBTANCE USE JUST BEFORE OR DURING SEX		
	G013 Alcohol	G014 Cannibis	G015 Other Drugs
a.			
b.			
c.			
d.			
e.			

FEMALE PARTICIPANT SERBAS CHARTS

CHART: SEX EXCHANGES WITH ALL FEMALE PARTNERS

	a How many	b How many times	c Times used dental dam
H001 **Gave money for sex**			
H002 **Received money for sex**			
H003 **Gave cigarettes for sex**			
H004 **Received cigarettes for sex**			
H005 **Gave drugs or alcohol for sex**			
H006 **Received drugs or alcohol for sex**			
H007 **Gave food or shelter for sex**			
H008 **Received food or shelter for sex**			

FEMALE PARTICIPANT SERBAS CHARTS

I001 Places partner were met		# of partners
1 Your flat / house or family/friend's house		
2. Cars, taxis, bus		
3. Outdoor public place: for example, the park, the street, the beach		
4. Indoor public place off psychiatric hospital grounds: for example, cinema, toilet, bookshop, gym		
5. Hospital:	Day hospital	
	The ward	
	Outpatient clinic	
6. Prison		
7. Place people go to do drugs		
8. Club / bar / pub		
9. Brothel, sex club, massage parlor, or hotel		
10. Other		

Abstention		
I002 Times	If zero please write '0'	"Insert one example (please insert verbatim response)
Forced sex		
I003 Times	If zero please write '0'	
I004 Able to talk	Yes No	Only answer if more than zero for I003

MISS-Q

Participant ID: ☐☐☐☐☐

Centre ID: ☐☐

Date of completion: ☐☐ / ☐☐ / ☐☐☐☐

Day *Month* *Year*

The questions in this next section are about people's attitudes to mental illness and your experience of mental illness and how it has impacted your life. There is no right / wrong response to any of the questions. Please respond to the questions as best you can.

MISS-Q

These first questions are about what you believe staff think about mental illness and sexuality. Please tell me how much you agree with the following statements: **(SHOW RESPONSE CARD 1)**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refuse to Answer	Not applicable
Staff make patients feel comfortable to talk about sexuality and sex issues	☐	☐	☐	☐	☐	☐
Staff talk to patients about how psychiatric medication can interfere in sexual functioning	☐	☐	☐	☐	☐	☐
Staff are supportive when patients express interest in having a romantic or sexual relationship	☐	☐	☐	☐	☐	☐
Staff are not supportive when patients talk about sexual issues	☐	☐	☐	☐	☐	☐

These next questions are about what you believe most people think about mental illness and sexuality. Please tell me how much you agree with the following statements: **(SHOW RESPONSE CARD 1)**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refuse to Answer	Not applicable
Most people don't show interest in having a sexual or romantic relationship with someone who has a mental illness	☐	☐	☐	☐	☐	☐
Most people think that a person with mental illness doesn't get to be a good partner for someone who doesn't have a mental illness	☐	☐	☐	☐	☐	☐
Most people when they find out someone is a user of mental health services, they don't think that person is sexually undesirable	☐	☐	☐	☐	☐	☐
Most people think users of mental health services should not have sexual or romantic relationships	☐	☐	☐	☐	☐	☐

Next questions are about what you believe about mental illness and sexuality
Please tell me how much you agree with the following statements: **(SHOW RESPONSE CARD 1)**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Refuse to Answer	Not applicable
Having a mental Illness has a negative impact on your opportunities for sexual relationships	☐	☐	☐	☐	☐	☐
You are the one who chooses the course of your sexual life	☐	☐	☐	☐	☐	☐
You hide the fact that you have been diagnosed with a mental illness from people you are interested in having a romantic or sexual relationship with	☐	☐	☐	☐	☐	☐
Having a mental illness makes me you feel less attractive than other women	☐	☐	☐	☐	☐	☐
You feel more comfortable having a romantic or sexual relationship with people who have also used mental health services	☐	☐	☐	☐	☐	☐
In order to be sexually active, you always do what other people ask of you	☐	☐	☐	☐	☐	☐
You avoid approaching someone you are interested in having a sexual or romantic relationship with if you think s/he has negative attitudes about users of mental health services	☐	☐	☐	☐	☐	☐
You explain what mental illness is to those you are interested in having a sexual or romantic relationship with	☐	☐	☐	☐	☐	☐

The next questions are about your family and the staff where you are currently receiving mental health services. Please tell me how much you agree with the following statements: **(SHOW RESPONSE CARD 2)**

	Often	Sometimes	Rarely	Never	Refuse to Answer	Not applicable
How often has someone in your family said that because you are a user of mental health services you should not have sex	☐	☐	☐	☐	☐	☐
And how often has a mental health care provider said that to you	☐	☐	☐	☐	☐	☐
How often has someone in your family said that because you are a user of mental health services you should not have children or get pregnant	☐	☐	☐	☐	☐	☐
And how often has a mental health care provider said that to you	☐	☐	☐	☐	☐	☐
How often has someone in your family said that because you are a user of mental health services you should not have a romantic or sexual relationship with other patients	☐	☐	☐	☐	☐	☐
And how often has a mental health care provider said that to you	☐	☐	☐	☐	☐	☐
How often has someone in your family said that because you are a user of mental health services you should not have a romantic or sexual relationship with people who do not have a mental illness	☐	☐	☐	☐	☐	☐
And how often has a mental health care provider said that to you	☐	☐	☐	☐	☐	☐
How often has someone in your family said that because you are a user of mental health services you should have a hysterectomy, tubal ligation or abortion as a form of birth control	☐	☐	☐	☐	☐	☐
And how often has a mental health care provider said that to you	☐	☐	☐	☐	☐	☐

In this next section we are interested in understanding your personal experience about certain areas of your life. Please tell me how much you agree with the following statements **(SHOW RESPONSE CARD 2)**

	Often	Sometimes	Rarely	Never	Refuse to Answer	Not applicable
How often has someone made fun of you because you have a mental illness	☐	☐	☐	☐	☐	☐
Has often has someone called you crazy or nuts	☐	☐	☐	☐	☐	☐
How often has someone ignored you not taken seriously what you had to say because you have a mental illness	☐	☐	☐	☐	☐	☐
How often have you been treated differently from others because they learnt you have a mental illness	☐	☐	☐	☐	☐	☐
How often have you experienced people trying to take advantage of you because they know you have a mental illness	☐	☐	☐	☐	☐	☐
How often have you found yourself having sex with people you don't like	☐	☐	☐	☐	☐	☐

Now let's think about all the people you have wanted to have a romantic or sexual relationship with. Please respond to the following question using the response card: **(SHOW RESPONSE CARD 3)**

	All of them	Most of them	Some of them	None	Refuse to Answer	Not applicable
How many of them said they didn't want to be involved with you because you were a user of mental health services	☐	☐	☐	☐	☐	☐

For these next questions please could you tell me how good or successful you are when it comes to relationships **(SHOW RESPONSE CARD 4)**

	Very good	Good	Not so good	Unsuccessful	Refuse to Answer	Not applicable
Having a sexual or romantic relationship with someone you are attracted to or interested in getting to know better	☐	☐	☐	☐	☐	☐
Being attractive to the person you are having a relationship with	☐	☐	☐	☐	☐	☐
Negotiating with your partner to get your sexual needs met	☐	☐	☐	☐	☐	☐
Helping your partner meet his / her sexual needs	☐	☐	☐	☐	☐	☐
Protecting yourself from getting pregnant	☐	☐	☐	☐	☐	☐
Protecting yourself from getting sexually transmitted infections, including HIV	☐	☐	☐	☐	☐	☐

Now I would like you to tell me how you think about the following statements describe the way you feel about your sexuality **(SHOW RESPONSE CARD 5)**

	Not at all	A little	A lot	Very much	Refuse to Answer	Not applicable
You feel discouraged about your sex life	☐	☐	☐	☐	☐	☐
You are not satisfied with your sexual experiences	☐	☐	☐	☐	☐	☐
You feel good about the way you express your own sexual needs and desires	☐	☐	☐	☐	☐	☐