

28. When was the LAST TIME you sought any kind of advice or help about your sex life or sexual health?

- never → go to question 34.
- over five years ago
- in the last five years
- in the last year
- in the last month

29. What were you seeking advice or help about?

\_\_\_\_\_

30. Where did you go for advice or help?

- my GP / family doctor
- a GUM / STD / HIV / sexual health clinic
- a private clinic / doctor
- a charitable advice agency (eg LGB switchboard)
- other \_\_\_\_\_

31. Were you asked about your sexuality?

- no  yes
- can't remember

32. Thinking about that service, indicate whether you disagree or agree with the following statements:

	agree	disagree
"It didn't feel safe enough to discuss my sexuality properly"	<input type="checkbox"/>	<input type="checkbox"/>
"The staff listened carefully to what I said"	<input type="checkbox"/>	<input type="checkbox"/>
"I was treated with courtesy and respect"	<input type="checkbox"/>	<input type="checkbox"/>
"The staff seemed to know their job well"	<input type="checkbox"/>	<input type="checkbox"/>
"I'd recommend that service to other people"	<input type="checkbox"/>	<input type="checkbox"/>

33. How could that service have been made better for you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

34. Do you know where your nearest NHS sexual health clinic is?

- no  yes

35. Indicate whether you agree or disagree with the following statements:

	agree	disagree
It's hard finding information about sexual health which is relevant to me.	<input type="checkbox"/>	<input type="checkbox"/>
I've had bad experiences in sexual health services because of my sexuality.	<input type="checkbox"/>	<input type="checkbox"/>
I often find I've got no one to talk to about my sex and love life.	<input type="checkbox"/>	<input type="checkbox"/>
Being lesbian/gay/bisexual means I have less access to sexual health services	<input type="checkbox"/>	<input type="checkbox"/>

36. Which of the following sexual health services would you like more information about: (tick as many as apply)

- cervical cancer screening
- breast examination
- testicle examination
- HIV testing
- fertility / pregnancy / insemination
- advice and treatment for erection problems
- screening for sexually transmitted infections
- relationship counselling
- dating services
- other \_\_\_\_\_

37. Where would you say you have got most of your information about sexual health from in the past?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thanks for your help. Please remember to post this form to the address on the front.**

## Sexual Health For All 2000

An opportunity for lesbians,  
gay men and bisexuals to inform the  
National Sexual Health Strategy.

This survey is for lesbians, gay men and bisexuals. It has been designed by lesbians, gay men and bisexuals. It is about what we value in our sex lives, what stops us getting what we want, and our experience of sexual health services.

The Department of Health is currently drawing up a National Sexual Health Strategy that will be launched later in the year. The Strategy will be a national plan for improving sexual health in England. It will have major influence on sexual health services provided in the future.

This survey has been commissioned by the Department of Health as part of their consultation during the development of the Strategy. It is being carried out in partnership by:

**Sigma Research**  
**The Lesbian and Gay Foundation**  
**National AIDS Trust**

Please take **ten minutes** to complete this survey and return it free of charge to:

Sigma Research  
FREEPOST SW8053  
London  
SW2 1BR  
**by Friday 28<sup>th</sup> April 2000**

Thanks for your help. We hope to publish the results in the lesbian and gay press in the autumn.

If you want further copies of this survey, or have any questions about it, please call Sigma Research on 020 7737 6223.

1. Are you?  female  male

2. How old are you?  years

3. Who do you live with? (tick as many as apply)

- I live by myself
- female partner
- male partner
- parents
- friends
- children
- other family members (who \_\_\_\_\_)
- other (who \_\_\_\_\_)

4. Which Local Authority do you live in?  
(Who bills your household for Council Tax?)

\_\_\_\_\_  
(If you don't know, please write in the town or city you live in.)

5. How do you usually describe your sexuality?

- lesbian
- gay
- bisexual
- transexual
- I don't usually use a term
- any other term \_\_\_\_\_

6. Are you a parent?  no  yes

7. Would you like to have children at some point in the future  
(whether you've had children already or not)?

no  yes  maybe

8. Do you currently have any regular sexual partners?

(tick as many as apply)

- no
- yes, a woman (or women)
- yes, a man (or men)

9. Do you have a disability?

- no
- yes → What is your disability?

\_\_\_\_\_

10. What is your ethnic group?

- Chinese
- Black Caribbean
- White British
- Indian
- Black African
- White Irish
- Pakistani
- Other Black
- Other White
- Other Asian
- Mixed ethnicity
- Other (what?)

11. What are your three biggest health concerns?

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

12. Are you happy with your sex life?

- yes
- no → Why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. What do you value most in your sex life?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. In the LAST FIVE YEARS, have you had sex with...

- neither men nor women
- women only
- men only
- both men & women

15. In the LAST YEAR how many different WOMEN have you had sex with?

16. In the LAST YEAR how many different MEN have you had sex with?

17. In the LAST YEAR have you been forced to have sex when you didn't want it?

- no
- yes → How many times?

**If you have NOT had sex in the LAST YEAR then go to question number 28 over the page, otherwise continue.**

**For the questions in this column please tick one box thinking about your experience in the last year:**

18. I have had physical problems during sex.

- no
- yes → What problems?

\_\_\_\_\_

19. I picked up a sexually transmitted infection.

- no
- yes
- maybe

20. I passed on a sexually transmitted infection.

- no
- yes
- maybe

21. I had problems using protection for sexually transmitted infections (including HIV).

- no
- yes → What problems?

\_\_\_\_\_

22. I had problems using contraception.

- not applicable
- no
- yes → What problems?

\_\_\_\_\_

23. I was anxious or stressed during sex.

- always
- rarely
- sometimes
- never

24. I agreed to have sex when I didn't want it.

- no
- yes → How many times?

25. I felt bad about the sex I'd had.

- always
- rarely
- sometimes
- never

26. I have avoided same-sex affection in public because of fear of the consequences.

- I have never wanted to show any
- no
- yes

27. Have you had any other problems with your sex life?

- no
- yes → What problems have you had?

\_\_\_\_\_