



Derby City Council

My Life, My Journey

Sexual Health

Name

Age

Today's Date

Information about Sexual Health

1. How useful do you find the sources of information below when finding out about sex and relationships (including pregnancy and contraception)?
(Answer each question by ticking the box that applies most to you)

	Not at all useful	Not very useful	Neutral	Useful	Very useful
Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend / Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teacher at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits from outside groups like health visitors and youth services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents or carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother / sister or other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning / Young person's clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctor / nurse at GP surgery / hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemist or pharmacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Film	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Books / leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Information and Advice

2. Who do you talk to about sex and relationships and how often? (Please tick one box per line)

	Always	Often	Never
Mother / Stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father / Stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grandparents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brother / step brother you get on best with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sister / step sister you get on best with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend / girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other professional workers (e.g. Connexions advisor). Please tell us below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Which of the following could stop you from going to services like your GP, Sexual Health Service, young person's clinic, pharmacy / chemist to use contraceptive services? (Tick all that apply)

<input type="checkbox"/> Worries about confidentiality	<input type="checkbox"/> Transport problems
<input type="checkbox"/> Lack of information	<input type="checkbox"/> Worries of being seen entering
<input type="checkbox"/> Worries of being medically examined	<input type="checkbox"/> Inconvenient opening times
<input type="checkbox"/> Embarrassment	<input type="checkbox"/> Religious and cultural grounds
<input type="checkbox"/> Worries about being judged	<input type="checkbox"/> Other, please tell us below

Your knowledge

1. How much do you feel you know about... (Tick the answer you think applies for you)

	Nothing at all	Only a little	Some	A lot
How girl's bodies develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How boys' bodies develop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotions and relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive and healthy relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Masturbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pornography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexuality (Lesbian, gay, bisexual, transgender, transsexual, Asexual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How to be able to say 'no' to doing something sexual you don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contraception and where to get this from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency ('morning after pill') contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted infections and where to get tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ways in which HIV (the AIDS virus) can be passed on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a blood test for HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How a baby is born	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Abortion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, please tell us below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your knowledge

2. What would you like to know more about? (Tick all that apply)

- | | |
|--------------------------|---|
| <input type="checkbox"/> | How girls' bodies develop |
| <input type="checkbox"/> | How boys' bodies develop |
| <input type="checkbox"/> | Emotions and relationships |
| <input type="checkbox"/> | Positive and healthy relationships |
| <input type="checkbox"/> | Domestic violence |
| <input type="checkbox"/> | Sexual feelings |
| <input type="checkbox"/> | Masturbation |
| <input type="checkbox"/> | Pornography |
| <input type="checkbox"/> | Sexuality (Lesbian, gay, bisexual, transgender, transsexual, Asexual) |
| <input type="checkbox"/> | How to be able to say 'no' to doing something sexual you don't want to do |
| <input type="checkbox"/> | Sexual intercourse |
| <input type="checkbox"/> | Safe sex |
| <input type="checkbox"/> | Contraception and where to get it from |
| <input type="checkbox"/> | Emergency ('morning after pill') contraception |
| <input type="checkbox"/> | Sexually transmitted infections and where to get tested |
| <input type="checkbox"/> | Ways in which HIV (the AIDS virus) can be passed on |
| <input type="checkbox"/> | Having a blood test for HIV |
| <input type="checkbox"/> | How a baby is born |
| <input type="checkbox"/> | Being a parent |
| <input type="checkbox"/> | Termination (Abortion) |
| <input type="checkbox"/> | Other, please tell us below |

Your knowledge

3. What might stop you from going to ask for help and advice about sexual health? (Tick all that apply)

<input type="checkbox"/> Worries about confidentiality	<input type="checkbox"/> Transport problems
<input type="checkbox"/> Lack of information	<input type="checkbox"/> Worries of being seen entering
<input type="checkbox"/> Worries of being medically examined	<input type="checkbox"/> Inconvenient opening times
<input type="checkbox"/> Embarrassment	<input type="checkbox"/> Religious and cultural grounds
<input type="checkbox"/> Worries about being judged	<input type="checkbox"/> Other, please tell us below

Sexual Health Quiz

1. About sex and sexual health (Tick one box for each line)

	True	False	Don't know
It's against the law to have sex with a boy or girl who is under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a girl is under 16 and is on the pill, her doctor must tell her parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral sex is safer than sexual intercourse because you can't get pregnant or catch an STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl under 16 thinks she may be pregnant, doctors will inform her parents if she seeks advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If someone had an infection caught from having sex, they may show no sign of it at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All infections caught from having sex can be cured with medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's ok for a 16 year old to have a relationship with a someone aged 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is safe to have anal sex without contraception	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contraception

1. About contraception (Tick one box for each line)

	True	False	Don't know
Even if contraception is used correctly, there is still a chance that a girl can become pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can't buy condoms if you're under 16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can get pregnant having sex for the first time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl can get pregnant if she has sex standing up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A girl can't get pregnant during her period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teenagers under 16 can get free condoms from the Family Planning clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All emergency contraception (the morning after pill) is free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you know where you can get contraception?

Yes

No

If 'yes' please tell us below

Contraception

3. If I wanted individual advice from a professional about contraception I would prefer to go to... (Please choose one)

- GP
- School nurse
- Sexual Health Service
- Chemist / pharmacy
- Other, please tell us below

4. To prevent pregnancy the emergency contraceptive pill (morning after pill) must be used within...

- | | | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> 12 hours | <input type="checkbox"/> 48 hours | <input type="checkbox"/> 72 hours | <input type="checkbox"/> 120 hours | <input type="checkbox"/> Don't know |
|-----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|

5. What might stop you from going to ask for help or advice about sexual health? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Worries about confidentiality | <input type="checkbox"/> Transport problems |
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Worries of being seen entering |
| <input type="checkbox"/> Worries of being medically examined | <input type="checkbox"/> Inconvenient opening times |
| <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Religious and cultural grounds |
| <input type="checkbox"/> Worries about being judged | <input type="checkbox"/> Other, please tell us below |

Sexually Transmitted Infections (STI's)

1. About sexually transmitted infections (Tick one box for each line)

	True	False	Don't know
HIV is the most common STI (sexually transmitted infection) in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia is most common STI (sexually transmitted infection) in the UK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause infertility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause cervical cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STIs (sexually transmitted infections) may cause testicular cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You can catch an STI (sexually transmitted infection) during oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone with an STI (sexually transmitted infection) might not know about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If a friend was worried about STI (sexually transmitted infection), I'd know where to take them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowing when you are at risk of STIs (sexually transmitted infections) is more important than knowing what the symptoms are.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexually Transmitted Infections (STI's)

2. Which of the following medical conditions is only a sexually transmitted infection (Please choose one)

Thrush

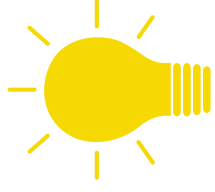
HIV

Chlamydia

3. What might stop you from going to ask for help and advice about sexual health? (Tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Worries about confidentiality | <input type="checkbox"/> Transport problems |
| <input type="checkbox"/> Lack of information | <input type="checkbox"/> Worries of being seen entering |
| <input type="checkbox"/> Worries of being medically examined | <input type="checkbox"/> Inconvenient opening times |
| <input type="checkbox"/> Embarrassment | <input type="checkbox"/> Religious and cultural grounds |
| <input type="checkbox"/> Worries about being judged | <input type="checkbox"/> Other, please tell us below |

Action Plan



Name

What is going to help you?	How is it going to help you?	Who is going to help you?	When would you like it to start?
What else might help?			

Review



Name

How much has it helped you?

A lot

A little

Not at all

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