

Sexual Health Questionnaire

1. Have you ever accessed sexual health services? Y/N
2. If yes, please tick all that apply:-

	Doctors	Pharmacy	Nurse	Hospital/Clinic	School/College	Other
Sexual health advice						
Regular contraception						
Free condoms						
STI Advice						
Chlamydia testing						
STI Treatment						
Morning After Pill						

3. How have you found accessing the services? (Tick all that apply)

	Doctors	Pharmacy	Nurse	Hospital/Clinic	School/College	Other
Very easy						
Fairly easy						
Fairly difficult						
Very difficult						
Not used						

Have you ever had to purchase condoms? Y/N

Have you ever had to purchase emergency contraception? Y/N

Which of the following would make it easier for you to access sexual health services?

	A lot easier	A little easier	No difference
Being open before 8am or after 8pm M-F			
Being open at weekends			
Being able to access services online			
Being able to receive information by text			

About you

What gender do you identify as:

Male Female Trans Non-binary

prefer not to answer other

Age:

Under 16 16-25 26-35 36-45 46+

Are you in a steady relationship:

Y/N

Do you have any of the following:

Mental health issues Y/N

Learning disabilities Y/N

Deaf/impaired hearing Y/N

Blind/impaired sight Y/N

Physical disability Y/N

Prefer not to say Y/N

Your Postcode:

Post Code of Pharmacy:
