**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 |  |  |  |  |  |  |

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_