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P3096/FEMALE

ELSA English
 Longitudinal
 Study of
 Ageing

Serial number

CK

Person

First name

Card

Version

Interviewer ID No.

Point No.

SEXUAL RELATIONSHIPS AND ACTIVITIES

Self-Completion questionnaire for women

In Confidence

INTRODUCTION

This booklet contains questions that ask about your attitudes to sexual relationships and your own sexual activities. Some questions may be of a sensitive nature. However, your accurate and considered responses are very important for this research. Sexual relationships and activities relate to health, well-being and other aspects of people's lives, but we have very little information on whether and how they change as people grow older. Answers to these questions will help us understand possible changes, the reasons, and how changes in sexual relationships relate to other aspects of people's lives.

As with all other information you give us, your answers will be treated in the strictest confidence and used only for the purposes of this research.

The interviewer has a blank copy of the questionnaire to refer to if you need help in answering any questions so that they do not look at your copy.

You will find further explanations and instructions at the beginning of each section of the questionnaire. In the questionnaire there are sometimes instructions to go to certain questions – please follow these instructions carefully as they will take you to the questions which are relevant to you.

Please fill in your details below

First name Date of birth

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is still in your home once you have completed the questionnaire, please place it in the envelope provided, seal the envelope and hand it back to the interviewer. If the interviewer has gone, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

PLEASE START THE QUESTIONNAIRE AT QUESTION **1 ON THE NEXT PAGE**

THANK YOU AGAIN FOR YOUR HELP

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MANCHESTER
1824

1

This question asks about **your personal attitudes** to sex. Please tick the one response that best describes your reaction to each of the following statements.

Tick one box on each line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Stongly disagree
Having sexual relations before marriage is wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
A married person having sexual relations with someone other than their spouse is wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Two adults of the same sex having sexual relations is wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Having one night stands is wrong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Satisfactory sexual relations are essential to the maintenance of a long-term relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sexual relations without love is OK	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
People are under a lot of pressure to have sex nowadays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
There's too much sex in the media nowadays	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Young people today start having sex too early	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Men have a naturally higher sex drive than women	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
The ability to have sex decreases as a person grows older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Sexual changes that occur with age are not important to older people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Being sexually active is physically and psychologically beneficial to older people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

2

The following questions ask about your own sexual drive or sexual desire during the **past month**.

How often did you think about sex during the **past month**? This includes times of just being interested in sex, daydreaming or fantasising about sex, as well as times when you wanted to have sex.

Tick one box

- Not at all 1
- Once in the past month 2
- 2 or 3 times in the past month 3
- Once a week 4
- 2 or 3 times a week 5
- Once a day 6
- More than once a day 7

3

Thinking about the **past month**, have you been worried or concerned by your level of sexual drive/desire?

Tick one box

- Not at all worried or concerned 1
- A little bit worried or concerned 2
- Moderately worried or concerned 3
- Very worried or concerned 4
- Extremely worried or concerned 5

4

Compared with **a year ago**, has your sexual drive/desire changed?

Tick one box

- Increased a lot 1
- Increased moderately 2
- Neither increased nor decreased 3
- Decreased moderately 4
- Decreased a lot 5

5

Have you had any sexual activity (sexual intercourse, masturbation, petting or fondling) in the **past year**?

Tick *one* box

Yes ₁ → Go to **6**

No sexual activity in the **past year** ₂ → Go to **26**

6

The following questions ask about the frequency of your sexual activities during the **past month**.

How many times have you had or attempted sexual intercourse (vaginal, anal or oral sex) during the **past month**?

Tick *one* box

Not at all ₁

Once in the past month ₂

2 or 3 times in the past month ₃

Once a week ₄

2 or 3 times a week ₅

Once a day ₆

More than once a day ₇

7

Apart from when you attempted sexual intercourse, how frequently did you engage in other sexual activities (kissing, fondling and petting) during the **past month**?

Tick *one* box

Not at all ₁

Once in the past month ₂

2 or 3 times in the past month ₃

Once a week ₄

2 or 3 times a week ₅

Once a day ₆

More than once a day ₇

8

How often did you masturbate in the **past month**?

Tick one box

- Not at all 1
- Once in the past month 2
- 2 or 3 times in the past month 3
- Once a week 4
- 2 or 3 times a week 5
- Once a day 6
- More than once a day 7

9

Thinking about the **past month**, have you been worried or concerned by the overall frequency of your sexual activities (sexual intercourse, kissing, fondling and petting and masturbation)?

Tick one box

- Not at all worried or concerned 1
- A little bit worried or concerned 2
- Moderately worried or concerned 3
- Very worried or concerned 4
- Extremely worried or concerned 5

10

How do you feel about the frequency of your sexual activities?

Tick one box

- Too frequent 1
- About the right frequency 2
- Not frequent enough 3

11

Compared with **a year ago**, has the overall frequency of your sexual activities changed?

Tick one box

- Increased a lot 1
- Increased moderately 2
- Neither increased nor decreased 3
- Decreased moderately 4
- Decreased a lot 5

12

The following questions ask about your ability to become sexually aroused during the **past month**. It is not uncommon for women to experience arousal problems. This may mean that individuals may not always be able to engage in satisfactory sexual activity.

How often did you feel sexually aroused (turned on) during sexual activity (including intercourse or masturbation) during the **past month**?

Tick *one* box

- No sexual activity in past month 1 → Go to **20**
- Almost never/never aroused 2
- Aroused a few times (much less than half the time) 3
- Aroused sometimes (about half the time) 4 → Go to **13**
- Aroused most of the time (much more than half the time) 5
- Almost always/always aroused 6

13

How often did you have an uncomfortably dry vagina during sexual activity during the **past month**?

Tick *one* box

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most of the time (much more than half the time) 4
- Almost always/always 5

14

How often did you experience pain or discomfort during or after sexual activity during the **past month**?

Tick *one* box

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most of the time (much more than half the time) 4
- Almost always/always 5

15

Thinking of the **past month**, are you worried or concerned by your current ability to become sexually aroused?

Tick one box

- Not at all worried or concerned 1
- A little bit worried or concerned 2
- Moderately worried or concerned 3
- Very worried or concerned 4
- Extremely worried or concerned 5

16

Compared with **a year ago**, has your ability to become sexually aroused changed?

Tick one box

- Increased a lot 1
- Increased moderately 2
- Neither increased nor decreased 3
- Decreased moderately 4
- Decreased a lot 5

17

The following questions ask about your feelings of orgasm or climax in response to **any** sexual stimulation (including intercourse or masturbation) during the **past month**.

When you had sexual stimulation during the **past month**, how often did you have the feeling of orgasm or climax?

Tick one box

- No sexual intercourse/masturbation in past month 1 → Go to **20**
- Almost never/never orgasm or climax 2
- A few times (much less than half the time) 3
- Sometimes (about half the time) 4 → Go to **18**
- Most of the time (much more than half the time) 5
- Almost always/always 6

18

When you had sexual stimulation during the **past month**, how difficult was it for you to reach orgasm or climax?

Tick one box

- Extremely difficult/impossible 1
- Very difficult 2
- Moderately difficult 3
- Slightly difficult 4
- Not at all difficult 5

19

Thinking of the **past month**, are you worried or concerned by your current orgasmic experience?

Tick one box

- Not at all worried or concerned 1
- A little bit worried or concerned 2
- Moderately worried or concerned 3
- Very worried or concerned 4
- Extremely worried or concerned 5

20

The following questions ask about your overall sex life over the **past three months**. Have you had any sexual activity **with a partner** during the **past three months**?

Tick one box

- No, not at all 1 → Go to **26**
- Yes, one or more times 2 → Go to **21**

21

Who usually initiated sexual activity during the **past three months**?

Tick one box

- I did 1
- My partner(s) and I did equally 2
- My partner(s) did 3

22

During the **past three months**, how often did you have sex primarily because you felt obliged to or that it was your duty?

Tick one box

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most of the time (much more than half the time) 4
- Almost always/always 5

23

During the **past three months**, how often did you and your partner share the same sexual likes and dislikes?

Tick one box

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most of the time (much more than half the time) 4
- Almost always/always 5

24

During the **past three months**, how often did you feel emotionally close to your partner when you had sex together?

Tick one box

- Almost never/never 1
- A few times (much less than half the time) 2
- Sometimes (about half the time) 3
- Most of the time (much more than half the time) 4
- Almost always/always 5

25

During the **past three months**, how satisfied have you been with your overall sex life?

Tick one box

- Very satisfied 1
- Moderately satisfied 2
- Neither satisfied nor dissatisfied 3
- Moderately dissatisfied 4
- Very dissatisfied 5

26

Even if you have not had any sexual activity, during the **past three months** how worried or concerned have you been about your overall sex life?

Tick one box

- Not at all worried or concerned 1
- A little bit worried or concerned 2
- Moderately worried or concerned 3
- Very worried or concerned 4
- Extremely worried or concerned 5

27

Have you sought help or advice regarding your sex life from any of the following sources during the **past three months**?

Tick all that apply

- Family member/friend 01
- Self-help books/Information leaflets/Internet sites 02
- Self-help groups/Helpline 03
- GP/Family doctor 04
- Sexual health clinic 05
- Psychiatrist or psychologist 06
- Relationship counsellor 07
- Other type of clinic or health care professional 08
- Have not sought any help 09

28

Finally, we would like to know a little about your **lifetime** sexual **experiences** and **desires**. Which statement best describes your sexual **experiences** over your **lifetime**? Please include **all** sexual experiences including sexual intercourse, fondling and petting.

Tick *one* box

- Entirely with men 1
- Mostly with men, but some experience with women 2
- Equally with men and women 3
- Mostly with women, but some experience with men 4
- Entirely with women 5
- No sexual experiences in lifetime 6

29

Which statement best describes your sexual **desires** over your **lifetime**? Please include being interested in sex, fantasising about sex or wanting to have sex?

Tick *one* box

- Entirely for men 1
- Mostly for men, but some desires for women 2
- Equally for men and women 3
- Mostly for women, but some desires for men 4
- Entirely for women 5
- No sexual desires in lifetime 6

30

How many sexual partners (someone with whom you have had vaginal, anal or oral sex) have you had in your **lifetime**?

Tick *one* box

- | | | | | | |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 0 | 1 | 2-4 | 5-9 | 10-19 | 20 or more |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

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If there is anything else you would like to tell us, please write in the space below. We shall be very interested to read what you have to say.

Thank you for taking the time to complete this questionnaire.

Please place it in the envelope provided and seal it and give it back to the interviewer or post it back. All your answers will remain confidential in accordance with the Data Protection Act 1998.

