

M

P3096/MALE

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 men

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

Day

Month

Year

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

NatCen
Social Research that works for society

UCL

**Institute for
Fiscal Studies**

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 **12**

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 have an erection. It is not uncommon for men to experience erectile problems. This may mean that individuals may not always be able to get or keep an erection that is rigid enough for satisfactory sexual activity (including intercourse or masturbation).

Please tick the **one** statement or response that best describes **you** during the **past month**.

Tick one box

- Always able to get and keep an erection which would be good enough for sexual activity 1
- Usually able to get and keep an erection which would be good enough for sexual activity 2
- Sometimes able to get and keep an erection which would be good enough for sexual activity 3
- Never able to get and keep an erection which would be good enough for sexual activity 4

13

Thinking of the **past month**, have you been worried or concerned by your ability to have an erection?

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

14

Compared with **a year ago**, has your ability to have an erection changed?

Tick *one* box

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

15

The following questions ask about your feelings of orgasm or climax leading to ejaculation of semen 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 **16**
- Most of the time (much more than half the time) 5
- Almost always/always 6

16 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

17 In the **past month**, how satisfied have you been with your sense of control over the **timing** of your orgasm? **Not** being satisfied can mean taking too long to climax **or** climaxing too early.

Tick one box

- Extremely satisfied 1
 - Highly satisfied 2
 - Moderately satisfied 3
 - Slightly satisfied 4
 - Not at all satisfied 5
- **Go to 19** (for boxes 1 and 2)
- **Go to 18** (for boxes 3, 4, and 5)

18 Continuing to think about the **past month**, how would you describe the timing of your orgasm or climax? Would you say it was:

Tick one box

- Always too early 1
- Sometimes too early 2
- Sometimes too late 3
- Always too late 4
- Do not climax 5

19 Thinking of the **past month**, have you been worried or concerned by your 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 morning or night-time erections. Men may awaken with an erection after dreaming or in the morning, although this can vary from day to day.

How frequently did you awaken with a full erection 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

21

Whether or not you have had morning or night-time erections in the past month, have you been worried or concerned by the frequency of your morning or night-time erections?

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

22

Compared with **a year ago**, has the frequency of your morning or night-time erections changed?

Tick *one* box

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

23

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 **29**

Yes, one or more times ₂ → Go to **24**

24

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

25

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

26

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

27

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

28

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

29

During the past **three months**, have you used any oral medications (Viagra, Cialis, Levitra) to enhance your erections?

Tick one box

- No 1 → Go to **32**
- Yes 2 → Go to **30**

30

During the past **three months**, how often did you use these oral medications to enhance your erections?

Tick one box

- Once in the past 3 months 1
- 2 or 3 times in the past 3 months 2
- Once a month 3
- 2 or 3 times a month 4
- Once a week 5
- 2 or 3 times a week 6
- Once a day 7

31

How would you rate the effect of these medications on your sex life?

Tick one box

- Very positive 1
- Positive 2
- Neither positive nor negative 3
- Negative 4
- Very negative 5

32

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

33

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

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

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

36 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 |

37 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.