

P10456.04/MALE

Serial number <input type="text"/> 3001-3009	CK <input type="checkbox"/> 3010	Person <input type="text"/> 3010-3012	First name <input type="text"/>	Card <input type="text" value="0"/> <input type="text" value="3"/> 3013-3014
Interviewer ID No. <input type="text"/> 3021-3024	Point No. <input type="text"/> 3025-3029	Version <input type="text" value="1"/> 3015	BATCH = 3016-3020	

SEXUAL RELATIONSHIPS AND ACTIVITIES

Self-completion questionnaire for men

Due to the sensitive nature of this questionnaire section, these data are archived under Special Licence access

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.

We appreciate that you may have answered some of these questions before, but completing this questionnaire again will help us better 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	<input type="text"/>	Date of birth	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/>
	3030-3044		3045-3046	3047-3048	3049-3050

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

SPARE COLUMNS 3051-3099

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	Strongly 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	3100 SXAMW
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	3101 SXASW
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	3102 SXASS
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	3103 SXANS
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	3104 SXALT
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	3105 SXAWL
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	3106 SXAPN
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	3107 SXASM
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	3108 SXAYP
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	3109 SXASD
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	3110 SXAGO
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	3111 SXASC
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	3112 SXABO

2 The following questions ask about your own sexual drive or sexual desire.

During the past 12 months, about how often did you think about sex? 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

SXTPMY

Not at all	<input type="checkbox"/> 1
Once a month or less	<input type="checkbox"/> 2
2 or 3 times a month	<input type="checkbox"/> 3
Once a week	<input type="checkbox"/> 4
2 or 3 times a week	<input type="checkbox"/> 5
Once a day or more	<input type="checkbox"/> 6

3113

3 During the past 12 months, have you been worried or concerned by your level of sexual drive/desire?

Tick one box

SXWDY

Not at all worried or concerned	<input type="checkbox"/> 1
A little bit worried or concerned	<input type="checkbox"/> 2
Moderately worried or concerned	<input type="checkbox"/> 3
Very worried or concerned	<input type="checkbox"/> 4
Extremely worried or concerned	<input type="checkbox"/> 5

3114

4 Have you had any sexual activity (sexual intercourse, kissing, petting or fondling, or masturbation) in the past 12 months?

Tick one box

SXSAY

Yes	<input type="checkbox"/> 1	→ Go to 5
No	<input type="checkbox"/> 2	→ Go to 10

3115

5 The following questions ask about the frequency of your sexual activities.
During the past 12 months, about how many times have you had or attempted sexual intercourse (vaginal, anal or oral sex)?

SXSIMY

Tick *one* box

- Not at all 1
 - Once a month or less 2
 - 2 or 3 times a month 3
 - Once a week 4
 - 2 or 3 times a week 5
 - Once a day or more 6
- 3117

6 Apart from when you attempted sexual intercourse, about how frequently did you engage in other sexual activities (kissing, fondling and petting) during the past 12 months?

SXOAMY

Tick *one* box

- Not at all 1
 - Once a month 2
 - 2 or 3 times a month 3
 - Once a week 4
 - 2 or 3 times a week 5
 - Once a day or more 6
- 3118

7 During the past 12 months, about how often did you masturbate?

SXHOMY

Tick *one* box

- Not at all 1
 - Once a month 2
 - 2 or 3 times a month 3
 - Once a week 4
 - 2 or 3 times a week 5
 - Once a day or more 6
- 3119

8 Thinking about the past 12 months, have you been worried or concerned by the frequency of your sexual activities (sexual intercourse, kissing, fondling and petting and masturbation)?

SXWOFY

Tick *one* box

- Not at all worried or concerned 1 → Go to **10**
 - A little bit worried or concerned 2
 - Moderately worried or concerned 3
 - Very worried or concerned 4 → Go to **9**
 - Extremely worried or concerned 5
- 3120

9 Do you consider your sexual activities to be too frequent or not frequent enough?

SXHSAF

Tick *one* box

- Too frequent 1
 - Not frequent enough 2
- 3121

SPARE COLUMN 3122

10 The following questions ask about your ability to have an erection. It is not uncommon for men to experience erectile problems, meaning 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 12 months.

SXMHEY

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
- 3123

11 Thinking about the past 12 months, have you been worried or concerned by your ability to have an erection?

SXMWEY

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

3124

SPARE COLUMNS 3125-3130

12 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).

When you had sexual stimulation in the past 12 months, about how often did you have the feeling of orgasm or climax?

SXOCM

Tick one box

- No sexual activity in past 12 months 1 → Go to **15**
- 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 **13**
- Most of the time (much more than half the time) 5
- Almost always/always 6

3131

SPARE COLUMN 3132

13 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.

SXMCOY

Tick one box

- Extremely satisfied 1
- Highly satisfied 2
- Moderately satisfied 3
- Slightly satisfied 4
- Not at all satisfied 5
- Do not climax 6

3133

SPARE COLUMN 3134

14 Thinking of the past 12 months, have you been worried or concerned by your orgasmic experience?

SXWEOY

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

3135

15 The following question asks 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.

During the past 12 months, about how frequently did you awaken with a full erection?

SXMNEY

Tick one box

- Not at all 1
- Once a month or less 2
- 2 or 3 times a month 3
- Once a week 4
- 2 or 3 times a week 5
- Once a day or more 6

3136

SPARE COLUMN 3137-3138

16 The following questions ask about your overall sex life with your partner. Have you had any sexual activity with a partner during the past 12 months?

SXSAT

Tick one box

- No, not at all 1 → Go to **21**
- Yes, one or more times 2 → Go to **17**

3139

17 Who usually initiated sexual activity during the past 12 months?

SXIATY

Tick one box

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

3140

18 During the past 12 months, how often did you have sex primarily because you felt obliged to or that it was your duty?

SXODTY

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

3141

19 During the past 12 months, how often did you and your partner share the same sexual likes and dislikes?

SXLDTY

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

3142

20 During the past 12 months, how often did you feel emotionally close to your partner when you had sex together?

SXECPY

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

3143

21 During the last 12 months, have you used any oral medications (Viagra, Cialis, Levitra) to enhance your erections?

SXMOMY

Tick one box

- No 1 → **Go to 24**
- Yes 2 → **Go to 22**

3144

22 During the last 12 months, how often did you use these oral medications to enhance your erections?

SXMOEY

Tick one box

- Once a month or less 1
- 2 or 3 times a month 2
- Once a week 3
- 2 or 3 times a week 4
- Once a day or more 5

3145

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

SXMOR

Tick one box

- Positive 1
- Neither positive nor negative 2
- Negative 3

3146

24 Whether or not you have had any recent sexual activity, during the past 12 months how satisfied have you been with your overall sex life?

SXSOSY

Tick one box

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

3147

25 Whether or not you have had any recent sexual activity, during the past 12 months how worried or concerned have you been about your overall sex life?

SXWSTY

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

3148

26 How important a part of your life would you say that sex is today?

SXMIMP

Tick one box

- Extremely important 1
- Very important 2
- Moderately important 3
- Slightly important 4
- Not at all important 5

3149

27 Which of the following options best describes how you think of yourself?

SXMSOR

Tick one box

- Heterosexual or Straight 1
- Gay or Lesbian 2
- Bisexual 3
- Other 4
- Prefer not to say 5

3150

28 Is there anything else you would like to tell us, including any changes since the last time you completed the sexual relationships and activities questionnaire? Please write in the space below.

We shall be very interested to read what you have to say.

SXEND

3151

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.

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