

Appendix B

3rd National HIV/AIDS and Sexual Health Survey of Australian Secondary Students

2002

**THIS QUESTIONNAIRE IS ANONYMOUS AND YOUR
RESPONSES CONFIDENTIAL. YOUR HONEST RESPONSE TO
QUESTIONS IS IMPORTANT.**

**WHEN COMPLETED PLEASE PLACE THE QUESTIONNAIRE IN THE ENVELOPE
PROVIDED AND SEAL THE ENVELOPE ENSURING CONFIDENTIALITY.**

ANSWER EACH QUESTION BY TICKING ONE RESPONSE OR SCALE ITEM YOU AGREE WITH OR THINK MOST APPROPRIATE

For example.....

☞ Which year are you in at school?

- Year 10 1
Year 11 2
Year 12 3

SOMETIMES YOU WILL BE ASKED TO TICK MORE THAN ONE

For example.....

☞ What types of movies do you like to watch?
✓ as many as you like to watch

- Comedy 1
Romance 1
Horror/Thriller 1
Science Fiction 1
Other type of movie - please specify _____ 1

SECTION A

This section asks you about yourself, where you were born, and your family.

A1. Are you? Male ₁
Female ₂

A2. How old are you? _____ years old

A3. Which year are you in at school? Year 10 ₁
Year 12 ₂

A4. Were you born in Australia? Yes ₁
No ₂

If you were not born in Australia, please specify where? _____

A5. If you were not born in Australia, _____ years
how long have you lived here?

A6. Are you of Aboriginal or Torres Strait Islander origin?

No ₁

If you are both of Aboriginal and Torres Strait Islander origin, please tick both below

Yes, Aboriginal ₁

Yes, Torres Strait Islander ₁

A7. In which country was your mother born? _____

A8. In which country was your father born? _____

A9. Is English the main language spoken at home? Yes ₁
No ₂

If NO, please specify the main language spoken at home _____

SECTION B

This section asks you what you know about HIV/AIDS.

A person can get some infections by having sex. These infections are called STIs (Sexually Transmissible Infections). HIV is one type of STI. Sometimes HIV is called the AIDS virus.

Please ✓ one box for each question.

- | | Yes | No | I'm not
sure |
|---|---------------------------------------|---------------------------------------|---------------------------------------|
| B1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B2. Could a woman get HIV (the AIDS virus) through having sex with a man? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B3. If someone with HIV coughs or sneezes near other people, could they get the virus? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B4. Could a man get HIV through having sex with a man? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B5. Could a person get HIV from mosquitoes? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B6. If a woman with HIV is pregnant, could her baby become infected with HIV? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B7. Could a person get HIV by hugging someone who has it? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B8. Does the pill (birth control) protect a woman from HIV infection? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B9. Could a man get HIV through having sex with a woman? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B10. If condoms are used during sex does this help to protect people from getting HIV? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |
| B11. Could someone who looks very healthy pass on HIV infection? | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ |

B12. How likely do you think you are personally to get HIV infection?

- | | | |
|---------------|--------------------------|---|
| Never | <input type="checkbox"/> | 1 |
| Very unlikely | <input type="checkbox"/> | 2 |
| Unlikely | <input type="checkbox"/> | 3 |
| Likely | <input type="checkbox"/> | 4 |
| Very likely | <input type="checkbox"/> | 5 |

Here are some statements about people. There are no right or wrong answers. We are only interested in your opinion.

Please ✓ one box to rate each statement.

- | | Strongly agree | Agree | Not sure | Disagree | Strongly disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| B13. I would stop being friends with someone if that person got HIV. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B14. Young people who have HIV should be allowed to stay at school. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B15. People with HIV have only themselves to blame. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B16. People who have HIV should be allowed to work with young people. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B17. People who have hepatitis C have only themselves to blame. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B18. I would stop being friends with someone if I found out he was gay. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B19. People who inject drugs are stupid. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B20. I would be happy to have a friend if she was a lesbian. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B21. I would like to try injecting drugs. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B22. I would stop being friends with someone if I found out she was a lesbian. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| B23. I would be happy to have a friend if he was gay. | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

SECTION C

This section asks you about sexual behaviour and feelings.

Please ✓ one box for each question.

C1. Do you think that people about the same age as you mostly use condoms if they have sex?

- | | | |
|-----------------------------|--------------------------|---|
| I don't think they have sex | <input type="checkbox"/> | 1 |
| None use condoms | <input type="checkbox"/> | 2 |
| A few do | <input type="checkbox"/> | 3 |
| About half do | <input type="checkbox"/> | 4 |
| Most of them do | <input type="checkbox"/> | 5 |
| All of them do | <input type="checkbox"/> | 6 |

C2. For those young people who use condoms when having sex, who do you think mostly suggests using a condom?

- | | | |
|--------------|--------------------------|---|
| Boys | <input type="checkbox"/> | 1 |
| Girls | <input type="checkbox"/> | 2 |
| Both | <input type="checkbox"/> | 3 |
| I don't know | <input type="checkbox"/> | 4 |

C3. Which of these statements best describes your sexual feelings at the moment?

- | | | |
|---|--------------------------|---|
| I am attracted only to people of the opposite sex | <input type="checkbox"/> | 1 |
| I am attracted to people of both sexes | <input type="checkbox"/> | 2 |
| I am attracted only to people of my own sex | <input type="checkbox"/> | 3 |
| Not sure | <input type="checkbox"/> | 4 |

C4. Have you ever had sex?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

These next questions are about how confident you feel, or think you would feel at some time in the future in the following situations.

Please ✓ one box for each question.

C5. Imagine that you are going out with someone. He/she wants to have sex, but you don't want to. How confident are you that you could say no?

- | | | |
|------------------------------------|--------------------------|---|
| I would never be in this situation | <input type="checkbox"/> | 1 |
| Very confident | <input type="checkbox"/> | 2 |
| Confident | <input type="checkbox"/> | 3 |
| A little confident | <input type="checkbox"/> | 4 |
| Not very confident | <input type="checkbox"/> | 5 |
| Not at all confident | <input type="checkbox"/> | 6 |

C6. Imagine that you and your boyfriend/girlfriend have decided to have sex. How confident are you that you could talk to him/her about using a condom?

- | | | |
|------------------------------------|--------------------------|---|
| I would never be in this situation | <input type="checkbox"/> | 1 |
| Very confident | <input type="checkbox"/> | 2 |
| Confident | <input type="checkbox"/> | 3 |
| A little confident | <input type="checkbox"/> | 4 |
| Not very confident | <input type="checkbox"/> | 5 |
| Not at all confident | <input type="checkbox"/> | 6 |

C7. Imagine that you have met someone new and you both decide to have sex. You want to use a condom, but he/she refuses. How confident are you that you could persuade him/her to agree to the use of a condom?

- | | | |
|------------------------------------|--------------------------|---|
| I would never be in this situation | <input type="checkbox"/> | 1 |
| Very confident | <input type="checkbox"/> | 2 |
| Confident | <input type="checkbox"/> | 3 |
| A little confident | <input type="checkbox"/> | 4 |
| Not very confident | <input type="checkbox"/> | 5 |
| Not at all confident | <input type="checkbox"/> | 6 |

C8. How confident are you that you could talk to one of your parents, or an adult who looks after you, about HIV and other Sexually Transmissible Infections (STIs)?

- | | | |
|----------------------|--------------------------|---|
| Very confident | <input type="checkbox"/> | 1 |
| Confident | <input type="checkbox"/> | 2 |
| A little confident | <input type="checkbox"/> | 3 |
| Not very confident | <input type="checkbox"/> | 4 |
| Not at all confident | <input type="checkbox"/> | 5 |

C9. How confident are you that you could talk to one of your parents, or an adult who looks after you, about decisions concerning contraception?

- Very confident 1
- Confident 2
- A little confident 3
- Not very confident 4
- Not at all confident 5

C10. How confident are you that you could talk to one of your parents, or an adult who looks after you, about sex?

- Very confident 1
- Confident 2
- A little confident 3
- Not very confident 4
- Not at all confident 5

SECTION D

This section asks you about your personal experiences of sex.
Some people your age have had sex and other people have not.

D1. How old were you when you first had an experience of.....

Please ✓ one age box for each type of experience.

	Under 13	13	14	15	16	17	18 or older	Never or older
a) Deep kissing?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
b) Touching a partner's genitals with your hands?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
c) Being touched on your genitals by a partner's hand?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
d) Giving oral sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
e) Receiving oral sex?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
f) Intercourse without a condom?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈
g) Intercourse with a condom?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈

Please ✓ one box for each question.

D2. Over the last year with how many people have you had oral sex?

I have not had oral sex in the past year	<input type="checkbox"/> ₁
1 person	<input type="checkbox"/> ₂
2 people	<input type="checkbox"/> ₃
3 to 5 people	<input type="checkbox"/> ₄
6 to 10 people	<input type="checkbox"/> ₅
11 or more people	<input type="checkbox"/> ₆

D3. Over the last year with how many people have you had oral sex but NOT intercourse?

- | | | |
|--|--------------------------|---|
| I have not had oral sex in the past year | <input type="checkbox"/> | 1 |
| 1 person | <input type="checkbox"/> | 2 |
| 2 people | <input type="checkbox"/> | 3 |
| 3 to 5 people | <input type="checkbox"/> | 4 |
| 6 to 10 people | <input type="checkbox"/> | 5 |
| 11 or more people | <input type="checkbox"/> | 6 |

If you have NOT had sexual intercourse, please skip the following questions and go to Section E (page 15) 

D4. Over the last year with how many people have you had intercourse?

- | | | |
|---|--------------------------|---|
| I have not had intercourse in the past year | <input type="checkbox"/> | 1 |
| 1 person | <input type="checkbox"/> | 2 |
| 2 people | <input type="checkbox"/> | 3 |
| 3 to 5 people | <input type="checkbox"/> | 4 |
| 6 to 10 people | <input type="checkbox"/> | 5 |
| 11 or more people | <input type="checkbox"/> | 6 |

D5. Have you ever had sex when you didn't want to?

No 1

If YES, ✓ as many as you think apply

Yes, because I was too drunk at the time 1

Yes, because I was too high at the time 1

Yes, because my partner thought I should 1

Yes, because my friends thought I should 1

D6. When you had sex with people in the last year, how often were condoms used?

- | | | |
|------------------------|--------------------------|---|
| I didn't have sex | <input type="checkbox"/> | 1 |
| Always used condoms | <input type="checkbox"/> | 2 |
| Sometimes used condoms | <input type="checkbox"/> | 3 |
| Never used condoms | <input type="checkbox"/> | 4 |

D7. Have you ever been diagnosed with a sexually transmissible infection (STI)?

Yes

 1

No

 2

If YES, which STI(s)? _____

The following questions are about the last time you had sex. Think back to the last time you had sex.

D8. Was the **last** person you had sex with.....

Someone you had just met for the first time?

 1

Someone you had known for a while, but had not had sex with before?

 2

Someone you had known for a while and had had sex with before, but not your current girlfriend/boyfriend?

 3

Your current girlfriend/boyfriend?

 4

D9. Was the **last** person you had sex with.

Male?

 1

Female?

 2

D10. How old was the **last** person you had sex with?

under 16 years old

 1

16-17 years old

 2

18-19 years old

 3

20-24 years old

 4

25-29 years old

 5

30 years of age or older

 6

Not sure

 7

D11. When did you **last** have sex with this person?

- In the last week 1
- 1-3 weeks ago 2
- 1-3 months ago 3
- 4-6 months ago 4
- 7-12 months ago 5
- over 12 months ago 6

D12. The **last** time you had sex, where did this take place?

- My house 1
- My girl/boy friend's house 2
- A friend's house 3
- Outside (e.g. In the park or on the beach) 4
- In a car 5
- Another place - please specify _____ 6

D13. Think back to the **last** time you had sex. **BEFORE** you had sex, did you talk to this person about.....

a) Avoiding pregnancy? Yes 1
No 2

b) Avoiding HIV infection? Yes 1
No 2

c) Avoiding other sexually transmissible infections? Yes 1
No 2

d) How to get sexual pleasure without intercourse? Yes 1
No 2

e) Using a condom? Yes 1
No 2

D14. Did you or the person you had sex with **have** a condom the last time you had sex?

Yes ₁
No ₂

D15. Was a condom **used** the last time you had sex?

Yes ₁
No ₂

*If a condom was NOT used, why?
Please ✓ as many reasons as you think apply.*

- I don't like them ₁
- My partner doesn't like them ₁
- I trust my partner ₁
- It just happened ₁
- We both have been tested for HIV/STIs ₁
- Too embarrassed ₁
- I know my partner's sexual history ₁
- It is not my responsibility ₁
- Other - please specify _____ ₁

D16. Were you drunk or high **last** time you had sex?

Yes ₁
No ₂

D17. The **last** time you had sex did you want to have sex?

Yes ₁
No ₂

D18. After the last time you had sex, to what extent did you feel?

Please √ one box to rate each feeling.

	Not at all	—————→			Extremely
Good	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Upset	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Guilty	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Used	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Fantastic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Worried	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Loved	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Confused	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Other feeling(s) - please specify _____					<input type="checkbox"/> ₁

D19. The last time you had sex which, if any, forms of contraception did you or the person you had sex with use?

Please √ as many you think apply.

The pill	<input type="radio"/> ₁
IUD (Intrauterine Device)	<input type="radio"/> ₁
Diaphragm	<input type="radio"/> ₁
The morning after pill	<input type="radio"/> ₁
Withdrawal	<input type="radio"/> ₁
Rhythm method	<input type="radio"/> ₁
Condom	<input type="radio"/> ₁
None	<input type="radio"/> ₁
Other - please specify _____	<input type="radio"/> ₁

D20. Have you ever had sex that resulted in a pregnancy?

Yes	<input type="checkbox"/> ₁
No	<input type="checkbox"/> ₂
Don't know	<input type="checkbox"/> ₃

SECTION E

This section asks you about drinking and drug taking

Please ✓ one box for each question.

E1. How often do you have an **alcoholic drink**?

- | | | |
|------------------------|--------------------------|---|
| Never drink alcohol | <input type="checkbox"/> | 1 |
| Less than once a month | <input type="checkbox"/> | 2 |
| About 1 day a month | <input type="checkbox"/> | 3 |
| 2 to 3 days a month | <input type="checkbox"/> | 4 |
| About 1 day a week | <input type="checkbox"/> | 5 |
| 2-3 days a week | <input type="checkbox"/> | 6 |
| 4-6 days a week | <input type="checkbox"/> | 7 |
| Every day | <input type="checkbox"/> | 8 |

E2. On a day that you have an **alcoholic drink**, how many standard drinks do you usually have? (*A standard "drink" is a small glass of wine or a middy of beer, a nip of spirits or a mixed drink.*)

- | | | |
|---------------------|--------------------------|---|
| Never drink alcohol | <input type="checkbox"/> | 1 |
| 1 to 2 drinks | <input type="checkbox"/> | 2 |
| 3 to 4 drinks | <input type="checkbox"/> | 3 |
| 5 to 6 drinks | <input type="checkbox"/> | 4 |
| 7 to 8 drinks | <input type="checkbox"/> | 5 |
| 9 to 12 drinks | <input type="checkbox"/> | 6 |
| 13 or more drinks | <input type="checkbox"/> | 7 |

Think back over the last TWO WEEKS.

Please ✓ one box for each question.

E3. How many times have you had three or more alcoholic drinks on any **one occasion**?

- | | | |
|------------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 |
| Once | <input type="checkbox"/> | 2 |
| Twice | <input type="checkbox"/> | 3 |
| 3-6 times | <input type="checkbox"/> | 4 |
| 7-9 times | <input type="checkbox"/> | 5 |
| 10 or more times | <input type="checkbox"/> | 6 |

E4. How many times have you had five or more alcoholic drinks on any **one occasion**?

- | | | |
|------------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 |
| Once | <input type="checkbox"/> | 2 |
| Twice | <input type="checkbox"/> | 3 |
| 3-6 times | <input type="checkbox"/> | 4 |
| 7-9 times | <input type="checkbox"/> | 5 |
| 10 or more times | <input type="checkbox"/> | 6 |

These next questions are about using needles for non-medical purposes.

E5. Have you ever injected drugs (eg speed, steroids)?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |

E6. During the past 12 months, have you injected drugs?

- | | | |
|-----------------------------|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
| I have never injected drugs | <input type="checkbox"/> | 3 |

E7. How old were you when you first injected drugs?

- _____ years old
- | | | |
|-----------------------------|--------------------------|----|
| I have never injected drugs | <input type="checkbox"/> | 00 |
|-----------------------------|--------------------------|----|

E8. When you injected drugs during the last 12 months did you use a new needle and syringe that no one had used before?

- | | | |
|-----------------------------|--------------------------|---|
| Yes, always | <input type="checkbox"/> | 1 |
| Yes, sometimes | <input type="checkbox"/> | 2 |
| No | <input type="checkbox"/> | 3 |
| I have never injected drugs | <input type="checkbox"/> | 4 |

SECTION F

This section asks you about you and your body

F1. Do you have any tattoos?

Yes

₁

No

₂ Go to question F3 below

If YES, how many tattoos do you have? _____ tattoos

F2. If you have any tattoos, who did them?

Please ✓ as many as appropriate

A tattooist or worker in a tattoo parlour

₁

Myself

₁

A friend, relative or acquaintance

₁

I have no tattoos

₁

F3. Have you had any areas of your body pierced?

Please ✓ as many as appropriate

Yes, my ear or ears

₁

Yes, other areas of my body

₁

No, I have no piercings

₁ Go to question F5 below

If YES, how many piercings do you have? _____ piercings

F4. If you have any piercings, who did them?

Please ✓ as many as appropriate

A doctor or health professional

₁

A worker in a piercing studio

₁

A worker in a chemist

₁

A beautician or hairdresser

₁

I did them myself

₁

A friend, relative or acquaintance

₁

I have no piercings

₁

F5. In general, would you say your health is?

Please ✓ only one box.

Poor

₁

Fair

₂

Good

₃

Very good

₄

Excellent

₅

Please ✓ one box for each question.

F6. Compared to **one year ago**, how would you rate your health in general now?

- | | | |
|---------------------------------------|--------------------------|---|
| Much better now than one year ago | <input type="checkbox"/> | 1 |
| Somewhat better now than one year ago | <input type="checkbox"/> | 2 |
| About the same as one year ago | <input type="checkbox"/> | 3 |
| Somewhat worse now than one year ago | <input type="checkbox"/> | 4 |
| Much worse now than one year ago | <input type="checkbox"/> | 5 |

How true or false are each the following statements for you?

F7. I seem to get sick a little easier than other people.

- | | | |
|------------------|--------------------------|---|
| Definitely true | <input type="checkbox"/> | 1 |
| Mostly true | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
| Mostly false | <input type="checkbox"/> | 4 |
| Definitely false | <input type="checkbox"/> | 5 |

F8. I am as healthy as anybody I know.

- | | | |
|------------------|--------------------------|---|
| Definitely true | <input type="checkbox"/> | 1 |
| Mostly true | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
| Mostly false | <input type="checkbox"/> | 4 |
| Definitely false | <input type="checkbox"/> | 5 |

F9. I expect my health to get worse.

- | | | |
|------------------|--------------------------|---|
| Definitely true | <input type="checkbox"/> | 1 |
| Mostly true | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
| Mostly false | <input type="checkbox"/> | 4 |
| Definitely false | <input type="checkbox"/> | 5 |

F10. My health is excellent.

- | | | |
|------------------|--------------------------|---|
| Definitely true | <input type="checkbox"/> | 1 |
| Mostly true | <input type="checkbox"/> | 2 |
| Don't know | <input type="checkbox"/> | 3 |
| Mostly false | <input type="checkbox"/> | 4 |
| Definitely false | <input type="checkbox"/> | 5 |

SECTION G

This section asks you what you know about hepatitis and sexually transmissible infections.

G1. The following are statements about sexually transmissible infections (STIs) and hepatitis. There are many infections that are sexually transmitted. Some of them are very rare, while others are common.

Please ✓ a box for each question to show whether you think the statement is true or false

	True	False	Don't know
A man can have a sexually transmissible infection without any obvious symptoms.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
A woman can have a sexually transmissible infection without any obvious symptoms.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Apart from HIV, all sexually transmissible infections can be cured.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Chlamydia is a sexually transmissible infection that affects only women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Chlamydia can lead to sterility among women.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hepatitis C has no long-term effects on your health.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Once a person has caught genital herpes, then they will always have the virus.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
People who always use condoms are safe from all STIs.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
It is possible to be vaccinated against hepatitis A.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
It is possible to be vaccinated against hepatitis B.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

G1. continued.....

Please ✓ a box for each question to show whether you think the statement is true or false.

	True	False	Don't know
It is possible to be vaccinated against hepatitis C.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
People who have injected drugs are not at risk for hepatitis C.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hepatitis C can be transmitted by tattooing and body piercing.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hepatitis B can be transmitted sexually.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Gonorrhoea can be transmitted during oral sex.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Genital warts can only be spread by intercourse.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
HIV only infects gay men and injecting drug users.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Cold sores and genital herpes can be caused by the same virus.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
All people who have hepatitis C can be cured.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
Hepatitis C can be transmitted by sharing razors or toothbrushes.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

The following questions are about your personal experiences.

G2. How likely do you think you are personally to get any STI?

- | | |
|---------------|---------------------------------------|
| Never | <input type="checkbox"/> ₁ |
| Very unlikely | <input type="checkbox"/> ₂ |
| Unlikely | <input type="checkbox"/> ₃ |
| Likely | <input type="checkbox"/> ₄ |
| Very likely | <input type="checkbox"/> ₅ |

G3. How likely do you think you are personally to get hepatitis **B**?

- Never 1
- Very unlikely 2
- Unlikely 3
- Likely 4
- Very likely 5

G4. How likely do you think you are personally to get hepatitis **C**?

- Never 1
- Very unlikely 2
- Unlikely 3
- Likely 4
- Very likely 5

G5. Have you ever been vaccinated against hepatitis A? Yes No Don't know

1 2 3

G6. Have you ever been vaccinated against hepatitis B? 1 2 3

G7. Have you ever been vaccinated against hepatitis C? 1 2 3

G8. Have you ever been diagnosed with hepatitis?

- Yes 1
- No 2

If YES, was it?

- Hepatitis A 1
- Hepatitis B 1
- Hepatitis C 1
- Don't know 1

G9. Have you ever had an HIV antibody test (The test that tells whether a person is infected with HIV)?

- Yes 1
- No 2

If you HAVE had an HIV test, how long ago was it? _____ Yrs _____ Mths

G10. Which of the following sources of information have you ever used for advice about HIV/AIDS, other STIs, hepatitis, and contraception.

Please ✓ all sources of information you have used for each health issue.

Source	Health Issue			
	HIV/AIDS	Other STIs	Hepatitis	Contraception
Doctor	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Community Health Service	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
School Program	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
School counsellor	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
School nurse	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Teacher	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Other community member	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Youth worker	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Media	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Pamphlets	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Internet	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Mother	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Father	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Other relative	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Female friend	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Male friend	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Other	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Never sought advice	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁	<input type="radio"/> ₁
Other source of information – please specify	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

G11. How often do you use the Internet as a source of information on sexuality or sexual health (e.g. contraception, STI(s))?

Please ✓ only one box

- | | |
|---|---------------------------------------|
| I have never used the Internet for this | <input type="checkbox"/> ₁ |
| Rarely, but I have used it for this | <input type="checkbox"/> ₂ |
| Often | <input type="checkbox"/> ₃ |
| Very often | <input type="checkbox"/> ₄ |

G12. Where do you access the Internet?

Please ✓ as many as you think apply.

- At home 1
- At school 1
- At a friend's place 1
- At an Internet café 1
- At a public library 1
- Other _____ 1
- I do not use the Internet 1

G13. If you have used the Internet for information on sexuality or sexual health what type of site do you use for this type of information?

Please ✓ as many as you think apply.

- A chat room 1
- A web site 1
- Interest group/Discussion group/Discussion forum 1

G14. In general, to what extent do you TRUST the information about sexuality or sexual health you obtain from the Internet when using.....

Please ✓ only one box

a) Chat rooms?

- Not at all 1
- A little 2
- A lot 3

b) Web sites?

- Not at all 1
- A little 2
- A lot 3

c) Interest group/Discussion group/Discussion forum?

- Not at all 1
- A little 2
- A lot 3

You have now completed the questionnaire. Please put it in the envelope provided and then seal the envelope.

THANK YOU