

Talking about sexual health and experiences of violence

We are asking these questions in order to be able to provide better care and support. Answering them is voluntary – you choose which questions you want to answer and which response option best describes you.

1. How old are you? _____ years old

2. What is your gender identity?
By gender identity we mean the gender you feel like you are.

Girl	Boy	Binary trans person	Non-binary (with or without trans experience)	Don't know	Don't want to categorise myself	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. What is your sexual identity?

Bisexual	Heterosexual/straight	Homosexual/gay/lesbian	Asexual	Don't want to categorise myself	Don't know	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. What's your living situation?

With parent/guardian	With friend/partner	In a family home/HVB/SiS	Alone	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How frequently did you drink alcohol in the past year?

Never	Once a month or less	2–4 times a month	Twice a week or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Have you used drugs?
E.g. cannabis, benzodiazepines, cocaine, tramadol, amphetamine, poppers or other drugs.

Never	Yes, more than a year ago	Yes, during the past year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Is there anyone setting restrictions for you or controlling you in e.g. your choice of partner, friends, clothes or leisure activities? This applies to digital means as well.

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

8. Have you set restrictions for or controlled anyone in e.g. their choice of partner, friends, clothes or leisure activities? This applies to digital means as well.

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

9. Have you been demeaned, threatened, harassed, bullied, or subjected to other similar behaviour? This applies to digital means as well.

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

10. Have you demeaned, threatened, harassed or bullied anyone, or subjected them to other similar behaviour? This applies to digital means as well.

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

11. Have you been hit, kicked, pushed or in some other way injured by someone?

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

12. Have you hit, kicked, pushed or injured anyone?

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

13. Have you experienced something sexual against your will?
This applies to digital means as well.
For example, have you had vaginal, oral or anal sex, or experienced other sexual acts without your consent? This applies to acts via webcam as well. Has anyone threatened to post, or posted, sexual photos/videos of you, or have you received sexual photos/videos without your consent.

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

14. Have you done something sexual against someone's will?
This applies to digital means as well.
For example, have you had vaginal, oral or anal sex, or carried out other sexual acts without the other person's consent? This applies to acts via webcam as well. Have you threatened to send or have you posted sexual photos/videos of someone without their consent?

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

15. Have you experienced anything difficult related to porn?
E.g. if you've seen something unpleasant, found it difficult to stop watching, felt that it affected you negatively, or been forced by someone to watch.

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

16. During your childhood, did you ever experience someone in your family being subjected to psychological, physical or sexual violence?

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

Having sex can – but doesn't have to – mean having vaginal, oral or anal intercourse. Sex can be all kinds of things, such as masturbating with someone else, making out, caressing or being caressed. It can happen when you meet physically, but also online. You decide for yourself which occasion was the first time for you.

If you haven't had sex with anyone, you have now completed the survey.

17. How old were you when you first had sex with someone?	_____ years old				
18. How many people have you had sex with over the past 12 months?	_____ persons				
19. How often do you and your partners use a condom or dental dam as protection against sexually transmitted infections?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>		
20. How often do you or your partners use contraceptives?	Always <input type="checkbox"/>	Sometimes <input type="checkbox"/>	Never <input type="checkbox"/>	Don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
21. Do you have or have you had chlamydia, gonorrhoea, syphilis, hepatitis or HIV?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		
22. Have you or any partner of yours had an unplanned pregnancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		
23. Have you experienced sexual choking – either being choked or doing the choking?	Sexual choking can be to use hands or something else to press against a person's throat so that blood flow to the brain is prevented and the airways blocked. This applies to sex with oneself as well.				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		
24. Have you used sex to harm yourself, or to deal with difficult emotions?	This applies to digital means as well.				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		
25. Have you received compensation in exchange for sex?	This applies to digital means as well. Compensation can e.g. be money, alcohol, cigarettes, drugs, accommodation, food or presents.				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		
26. Have you paid for or given anyone compensation in exchange for sex?	This applies to digital means as well. Compensation can e.g. be money, alcohol, cigarettes, drugs, accommodation, food or presents.				
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>		

Other thoughts or questions you'd like us to talk about:
