

safetxt Study Number:

safetxt

A randomised controlled trial
of a safer sex intervention
delivered through mobile
phone messaging

Please give the name and address of someone we can ask for your current contact details if we cannot contact you (for example, a friend or family member):

First name

Surname

Mobile phone number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email address

Please tick the appropriate box, one answer per question:

Was a condom used the last time you had sex (by which we mean intercourse)?

Yes

No

Unsure

Thinking about the last time you had sex (intercourse) with someone new. Was a condom used? (This could be the last person you had sex (intercourse) with)

Yes

No

Unsure

Thinking about the last time you had sex (intercourse) with someone new. Did you get tested for sexually transmitted infections before you had sex (intercourse)?

Yes

No

Unsure

Thinking about the last time you had sex (intercourse) with someone new. Did they get tested for sexually transmitted infections before you had sex (intercourse)?

Yes

No

Unsure

How many people have you had sex (intercourse) with in the last twelve months?

0

1

2+

safetxt Study Number:

safetxt

A randomised controlled trial
of a safer sex intervention
delivered through mobile
phone messaging

Date of Birth:	<table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		
Gender	<table border="1"><tr><td>Female</td><td><input type="checkbox"/></td></tr><tr><td>Male</td><td><input type="checkbox"/></td></tr><tr><td>Non-binary gender</td><td><input type="checkbox"/></td></tr></table>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Non-binary gender	<input type="checkbox"/>		
Female	<input type="checkbox"/>								
Male	<input type="checkbox"/>								
Non-binary gender	<input type="checkbox"/>								
If non binary gender:									
Do you have a penis?	Yes <input type="checkbox"/> No <input type="checkbox"/>								
Do you have a vagina?	Yes <input type="checkbox"/> No <input type="checkbox"/>								

Do you have sex (intercourse) with:																									
Men	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
Women?	Yes <input type="checkbox"/> No <input type="checkbox"/>																								
What did you test positive for:	Chlamydia <input type="checkbox"/> Gonorrhoea <input type="checkbox"/>																								
	Chlamydia and Gonorrhoea <input type="checkbox"/> NSU (non- specific urethritis) <input type="checkbox"/>																								
	Don't know <input type="checkbox"/>																								
Are you:																									
	<table border="1"><tr><td>White British</td><td><input type="checkbox"/></td><td>Asian/Asian British – Pakistani</td><td><input type="checkbox"/></td></tr><tr><td>Other White background</td><td><input type="checkbox"/></td><td>Asian/Asian British – Bangladeshi</td><td><input type="checkbox"/></td></tr><tr><td>Black/Black British – Caribbean</td><td><input type="checkbox"/></td><td>Asian/Asian British – Chinese</td><td><input type="checkbox"/></td></tr><tr><td>Black/Black British – African</td><td><input type="checkbox"/></td><td>Other Asian background</td><td><input type="checkbox"/></td></tr><tr><td>Other Black background</td><td><input type="checkbox"/></td><td>Mixed background</td><td><input type="checkbox"/></td></tr><tr><td>Asian/Asian British – Indian</td><td><input type="checkbox"/></td><td>Other (please state)</td><td><input type="checkbox"/></td></tr></table>	White British	<input type="checkbox"/>	Asian/Asian British – Pakistani	<input type="checkbox"/>	Other White background	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>	Black/Black British – Caribbean	<input type="checkbox"/>	Asian/Asian British – Chinese	<input type="checkbox"/>	Black/Black British – African	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>	Other Black background	<input type="checkbox"/>	Mixed background	<input type="checkbox"/>	Asian/Asian British – Indian	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>
White British	<input type="checkbox"/>	Asian/Asian British – Pakistani	<input type="checkbox"/>																						
Other White background	<input type="checkbox"/>	Asian/Asian British – Bangladeshi	<input type="checkbox"/>																						
Black/Black British – Caribbean	<input type="checkbox"/>	Asian/Asian British – Chinese	<input type="checkbox"/>																						
Black/Black British – African	<input type="checkbox"/>	Other Asian background	<input type="checkbox"/>																						
Other Black background	<input type="checkbox"/>	Mixed background	<input type="checkbox"/>																						
Asian/Asian British – Indian	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>																						
If other:	<input type="text"/>																								

safetxt Study Number:



A randomised controlled trial
of a safer sex intervention
delivered through mobile
phone messaging

At what age did you complete your continuous full time education:

16 or under	
17 or over	
I am still in full time education	

Texts are scheduled to be sent from 10am to 11pm. Are there any other times you do not want to receive texts?

Please do NOT send messages from:				
	am/pm	to		am/pm
	am/pm	to		am/pm
	am/pm	to		am/pm

Thank you for completing this questionnaire