

(None of the information you give to use will be shared with anyone outside our team)

Your contact details

Participant ID

1. First name

2. Surname

We will be contacting you 3 times: 1, 3, and 12 months from now

3. Main mobile phone number

4. Main email address

Main postal address:

5. House or flat number

House of flat number

6. Address line 1

Address line 1

7. Address line 2

Address line 2

8. City

City

9. County

County

10. Postcode

Postcode

(Questions 11 – 29 are optional)

11. Alternative phone number

12. Alternative email address

Alternative postal address:

13. House or flat number

House or flat number

14. Address line 1

Address line 1

15. Address line 2

Address line 2

16. City

City

17. County

County

18. Postcode

Postcode

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

19. First name	<input type="text" value="First name"/>
20. Surname	<input type="text" value="Surname"/>
21. House or flat number	<input type="text" value="House or flat number"/>
22. Address line 1	<input type="text" value="Address line 1"/>
23. Address line 2	<input type="text" value="Address line 2"/>
24. City	<input type="text" value="City"/>
25. County	<input type="text" value="County"/>
26. Postcode	<input type="text" value="Postcode"/>
27. Mobile	<input type="text" value="Mobile"/>
28. Email	<input type="text" value="Email"/>
29. Who is this person? (e.g. mother, friend)	<input type="text"/>

Sexual health

30. Was a condom used the last time you had sex?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unsure"/>
31. The last time you had sex with someone new was a condom used? (this could be the last person you had sex with)	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unsure"/>
32. The last time you had sex with someone new, did <u>you</u> get tested for sexually transmitted infections before you had sex?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unsure"/>
33. The last time you had sex with someone new, did <u>they</u> get tested for sexually transmitted infections before you had sex?	<input type="button" value="Yes"/>	<input type="button" value="No"/>	<input type="button" value="Unsure"/>
34. How many people have you had sex with in the last 12 months?	<input type="button" value="0"/>	<input type="button" value="1"/>	<input type="button" value="2 +"/>

About you

35. Date of birth

DD	MM	YYYY
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36. Are you:

Female	Male	Transgender	Other
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37. Are you:

White British		Asian/Asian British- Pakistani	
Other White background		Asian/Asian British- Bangladeshi	
Black/Black British- Caribbean		Asian/Asian British- Chinese	
Black/Black British- African		Other Asian background	
Other Black background		Mixed background	
Asian/Asian British- Indian		Other (please state)	

38. Are you:

Heterosexual (straight)	
Gay or Lesbian	
Bisexual	
Prefer not to say	

39. Are there any times you do not want us to send you text messages?

Yes

No, I don't mind when you send them

If YES:

(for example: 11 am/pm to 7 am/pm)

40. Time 1

am/pm	to	am/pm
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41. Time 2

am/pm	to	am/pm
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42. Time 3

am/pm	to	am/pm
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43. Would you like to test for Chlamydia by postal test kit or through your local sexual health service?

Postal test

Service