

STASH

Follow-up questionnaire

We are a team of researchers from the University of Glasgow. As part of the STASH project, we wish to ask you about your life, your views about school and friends, and **your knowledge, ideas and experiences in relation to sex.**

This is **not** a test. There are no 'right' or 'wrong' answers. We are not testing what you know or do.

This questionnaire is **completely confidential**. No one except the STASH research team will see what you write. Your friends, family, teachers and school will **not** find out about what you write. You will be given a code to answer the survey. The researchers who analyse the data only use these codes and not individual names.

We will keep your data securely and only use it for research purposes. Anonymous data may be shared with genuine researchers. Anonymous means that you cannot be identified as a person.

We have let your parents/carers know about this research and what will happen to the data.

Please answer the questions as accurately and honestly as you can.

Please note that you don't have to answer any questions that you don't want to and you may stop at any time.

If you are unsure what a question means, please put up your hand and a researcher will come and help you.

Please tick this box to show you have read the explanation above and are happy to fill in the questionnaire.

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All your answers are completely confidential

1a Which sex was written on your birth certificate?

Please tick ONE box

Male 1

Female 2

1b How do you describe yourself now?

Please tick ONE box

Male 1

Female 2

Transgender, non-binary or other 3

2 In which month and year were you born?

Please WRITE in the boxes



Month

Year

3 We would like to use your postcode to group responses anonymously by area. We will delete your postcode as soon as we have done this.

Do you know your home postcode?

If you do, please tick 'yes' and write the characters in the boxes.

If you don't, please tick 'no'.

 1

Yes, my postcode is



Example

Example

 2

No

4 What sort of place do you live in?

Please tick ONE box

- House or flat rented from the council or a housing association 1
- House or flat rented from someone else 2
- House or flat owned by my family 3
- In care or a foster home 4
- Other 5
- Don't know 6

5 Do you get free school meals?

Please tick ONE box

- Yes 1
- No 2

6 Which of the following best describes you?

Please tick ONE box

- White Scottish or white British 1
- White but not Scottish or British 2
- Asian, Asian Scottish or Asian British 3
- African, Caribbean or black British 4
- Other ethnic group or mixed 5

7 How many of the following qualifications are you working towards in S4?

Please WRITE a number in each box (write in a zero if that is your answer)

National 4 1

National 5 exams 1

Other 1

Please WRITE in below

8 When are you planning to leave school?

Please tick ONE box

The end of S4 1

Christmas S5 2

The end of S5 3

The end of S6 4

Don't know 5

9 How important is religion or religious beliefs to you?

Please tick ONE box

Very important 1

Quite important 2

Not very important 3

Not at all important 4

10 Have you felt sexually attracted:

Please tick ONE box

- Only to girls, never to boys 1
- More often to girls, and at least once to a boy 2
- About equally often to girls and boys 3
- More often to boys, and at least once to a girl 4
- Only to boys, never to girls 5
- I have never felt sexually attracted to anyone 6

11 Which of these options best describes how you think of yourself?

Please tick ONE box

- Heterosexual/straight 1
- Gay or lesbian 2
- Bisexual 3
- Other 4

12 In the last **four weeks**, have you talked to your friends about any of the following:

Please tick ONE box on EACH line

		Yes	No
a	How you feel about your body or looks	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	What makes a good or bad relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	Knowing if you are ready for sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Sexually transmitted infections	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	Sexting (sending nudes or sexual texts) or pornography	<input type="checkbox"/> 1	<input type="checkbox"/> 2

13 We are interested in how similar or different you are to your friends.

Please tell us **about up to six friends** you currently spend most time with.

All names will be replaced with a code (made anonymous). Your friends will not know who you put down.

If the friend is not at this school, please write in their name and answer all the questions.

Friend 1		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M 1	<input type="radio"/> F 2
Are they in S4 at this school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are you Facebook friends with them just now?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are they someone you would talk to about something private?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Do you spend time with this person		
In school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Outside school (evenings/weekends)?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Online?	<input type="radio"/> Yes 1	<input type="radio"/> No 2

Friend 2		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M 1	<input type="radio"/> F 2
Are they in S4 at this school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are you Facebook friends with them just now?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are they someone you would talk to about something private?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Do you spend time with this person		
In school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Outside school (evenings/weekends)?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Online?	<input type="radio"/> Yes 1	<input type="radio"/> No 2

Friend 3		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M 1	<input type="radio"/> F 2
Are they in S4 at this school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are you Facebook friends with them just now?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are they someone you would talk to about something private?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Do you spend time with this person		
In school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Outside school (evenings/weekends)?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Online?	<input type="radio"/> Yes 1	<input type="radio"/> No 2

Friend 4		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M 1	<input type="radio"/> F 2
Are they in S4 at this school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are you Facebook friends with them just now?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Are they someone you would talk to about something private?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Do you spend time with this person		
In school?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Outside school (evenings/weekends)?	<input type="radio"/> Yes 1	<input type="radio"/> No 2
Online?	<input type="radio"/> Yes 1	<input type="radio"/> No 2

Friend 5		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M	<input type="radio"/> F
	1	2
Are they in S4 at this school?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Are you Facebook friends with them just now?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Are they someone you would talk to about something private?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Do you spend time with this person		
In school?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Outside school (evenings/weekends)?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Online?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2

Friend 6		
Please write in below		
First name	<input type="text"/>	
Second name	<input type="text"/>	
Nickname (if they have one)	<input type="text"/>	
Please circle one below		
Are they male or female?	<input type="radio"/> M	<input type="radio"/> F
	1	2
Are they in S4 at this school?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Are you Facebook friends with them just now?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Are they someone you would talk to about something private?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Do you spend time with this person		
In school?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Outside school (evenings/weekends)?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2
Online?	<input type="radio"/> Yes	<input type="radio"/> No
	1	2

14 How much do you agree with the following?

Please tick ONE box on EACH line

		Strongly agree	Agree	Unsure	Disagree	Strongly disagree
a	I like myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Most of the time, I like the way I look	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	I have high self-esteem	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

15

How many S4 pupils from your school do you think have had sexual intercourse (penetrative sex)?

Please tick ONE box

- None or a few 1
- About a third of them 3
- About half of them 4
- About two thirds of them 5
- Most or all of them 6

16

Do you think the following statements are true or false?

Please tick ONE box on EACH line

		True	False	Don't know
a	With a condom on, a guy should wait until the penis is soft before pulling out after ejaculation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b	You can make an effective dental dam by cutting up a condom	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
c	If you get chlamydia you will know because you will have symptoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d	It is against the law for two 15 year olds to have sex with each other	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
e	If someone under 16 goes to the doctor for an STI test or pregnancy test, the doctor has to tell their parents	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f	All sexually transmitted infections can be treated with antibiotics	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
g	A girl can't get pregnant if the guy pulls out (withdraws) before ejaculation/cumming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h	If you use a lubricant with a condom it should be oil-based (e.g. Vaseline, massage oil)	<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3
i	A girl's clitoris is inside the vagina	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

17

Below are some things people say about relationships and sex (oral, vaginal or anal). Please say how much **YOU** agree or disagree.

Please tick ONE box on EACH line

		Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a	It is OK for someone who is not your boyfriend/girlfriend to ask you to send a nude pic of yourself.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	The sex shown in pornography is similar to sex in real-life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Keeping a partner happy is a good reason to agree to sex.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	It is not OK to have sex with someone who is very drunk.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	As long as you use a condom some of the times you have sex, your risk of getting a sexually transmitted infection is very low.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

18

In the last 6 months, have you found it easy or difficult to talk about sex with the following people:

Please tick ONE box on EACH line

		Didn't talk	Easy (talked with at least one)	Varies (depends on topic)	Difficult
a	Parents or carers	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	Friends	<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input checked="" type="checkbox"/> 5

19

How confident are you that you could:

Please tick ONE box on EACH line

		Very Confident	Quite Confident	Unsure	Not very confident	Not at all confident
a	get condoms of your own?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	put a condom on yourself or a partner?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	refuse to have sexual intercourse if they won't use a condom?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



The next set of questions are about sexual activities you may have experienced. All your answers are completely confidential and your friends, family and teachers will NOT know what you write.

20 Have you experienced any of the following?

Please tick ONE box on EACH line

	Never	YES, in the last 6 months	YES, more than 6 months ago
a Kissing with tongues	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
If you said 'yes', did this happen with			
i Female(s) only, including trans female(s)			<input type="checkbox"/> ₁
ii Male(s) only, including or trans male(s)			<input type="checkbox"/> ₂
iii Both male(s) and female(s)			<input type="checkbox"/> ₃
b Hand touching genitals/private parts (someone touching yours or you touching theirs)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
If you said 'yes', did this happen with			
i Female(s) only, including trans female(s)			<input type="checkbox"/> ₁
ii Male(s) only, including or trans male(s)			<input type="checkbox"/> ₂
iii Both male(s) and female(s)			<input type="checkbox"/> ₃
c Masturbating (touching your own private parts/genitals)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

21 Have you **ever** experienced oral sex (mouth touching genitals or private parts)?

Please tick ONE box

Yes ₁



Please go to question **23**

No ₂

22

Which of these reasons best describes why you have never had oral sex?

Please tick ONE box

- Don't want to/Not interested 1
- I have not yet had an opportunity 2
- I'm waiting until I'm a steady relationship 3
- I'm waiting until I'm older 4
- I'm worried about the risks of STIs/pregnancy 5
- I'm worried about the risk to my reputation 6
- Because of my beliefs/values 7
- I'm too nervous/scared 8
- Other 9

Please WRITE IN below



Now please go to question **32**

23

When was the most recent time you had oral sex (mouth touching genital area or private parts)?

Please tick ONE box

- In the last 6 months 1
- More than 6 months ago 2



Please go to question **32**

24

In the last 6 months, did you have oral sex for the first time?

Please tick ONE box

- Yes 1
- No 2



Please go to question **26**

25 The first time you had oral sex was your partner:

Please tick ONE box

- Male 1
- Female 2
- Trans/non-binary 3



The next few questions use the term 'dental dam'. A dental dam is a thin square of latex used to cover a woman's genitals during oral sex.

26 In the last THREE months, how many different people have you had oral sex with?

Please WRITE a NUMBER in the box.

 1

27 And how many of them did you have oral sex with without using a condom or dental dam?

Please WRITE a NUMBER in the box. If none, please put 0

 1


28 Of the times you had oral sex, did you:


Please tick ONE box

- Receive only 1
- Give only 2
- Both give and receive 3

29 The last time you had oral sex, was a condom or dental dam used?

Please tick ONE box

Yes ₁  Please go to question **31**

No ₂  Please go to question **30**

30 What was the main reason a condom/dental dam was not used?

Please tick ONE box

We got carried away and forgot to use one ₁

We did not have one to hand ₂

I/my partner did not think it was necessary ₃

I/my partner did not know how to use one ₄

I/my partner, did not want to use one ₅

We had one but it broke ₆

Other ₇ Please WRITE IN below



31 The last time you had oral sex was your partner:

Please tick ONE box

Male ₁

Female ₂

Trans/non-binary ₃

32 Have you **ever** experienced sexual intercourse (a penis in a vagina)?

Please tick ONE box

Yes ₁  Please go to question **34**

No ₂

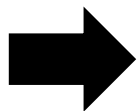
33 Which of these reasons best describes why you have never had sexual intercourse (a penis in a vagina)?

Please tick ONE box

Don't want to/Not interested	<input type="checkbox"/>	1
I have not yet had an opportunity	<input type="checkbox"/>	2
I'm waiting until I'm a steady relationship	<input type="checkbox"/>	3
I'm waiting until I'm older	<input type="checkbox"/>	4
I'm worried about the risks of STIs/pregnancy	<input type="checkbox"/>	5
I'm worried about the risk to my reputation	<input type="checkbox"/>	6
Because of my beliefs/values	<input type="checkbox"/>	7
I'm too nervous/scared	<input type="checkbox"/>	8
Other	<input type="checkbox"/>	9

Please WRITE IN below






Now please go to question **45**

34 When was the most recent time you had sexual intercourse (a penis in a vagina)?

Please tick ONE box

In the last 6 months	<input type="checkbox"/>	1
More than 6 months ago	<input type="checkbox"/>	2

 Please go to question **45**

35 In the last 6 months, did you have sexual intercourse (a penis in a vagina) for the first time?

Please tick ONE box

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

36

How many times in the last **three months** have you had sexual intercourse (a penis in a vagina)?

Please tick ONE box

- Once 1
- Twice 2
- Three or four times 3
- Five to nine times 4
- Ten or more times 5

37

In the last **THREE** months, how many different people have you had sexual intercourse (a penis in a vagina) with?

Please **WRITE** a **NUMBER** in the box

 1

38

And with how many of those people did you have sexual intercourse (a penis in a vagina)? **without** using a condom?

Please **WRITE** a **NUMBER** in the box. If none, please put 0

 1

39

Thinking about when you had sexual intercourse (a penis in a vagina) in the **last 3 months**, how often was a condom used?

Please tick ONE box

- Always used a condom 1
- Often used a condom 2
- Sometimes used a condom 4
- Never used a condom 5

40

The last time you had sexual intercourse (a penis in a vagina), was a condom used?

Please tick ONE box

Yes 1



Please go to question **42**

No 2

41 What was the main reason a condom was not used?

Please tick ONE box

- We got carried away and forgot to use one 1
- We did not have one to hand 2
- I/my partner did not think it was necessary 3
- I/my partner did not know how to use one 4
- I/my partner did not want to use one 5
- We had one but it broke 6
- We were using a different type of contraception (e.g. the pill) 7
- Other (please WRITE IN below) 8



42 Thinking of the last time you had sexual intercourse (a penis in a vagina), would you say that you were both equally willing, or was one of you more willing than the other?

Please tick ONE box

- We were both equally willing 1
- I was more willing 2
- They were more willing 3

43 The last time you had sexual intercourse (a penis in a vagina), did you regret it afterwards?

Please tick ONE box

- No, not at all 1
- A bit 2
- Quite a lot 3
- Very much 4

44

The last time you had sexual intercourse (a penis in a vagina), had you drunk any alcohol or taken any drugs?

Please tick ONE box

No, I was not drunk or high 1

Yes, I was a little bit drunk or high 2

Yes, I was quite drunk or high 3

Yes, I was very drunk or high 4

45

Have you **ever** experienced anal sex (a penis in a partner's anus)?

Please tick ONE box

Yes 1

No 2



Please go to question 47

46

When was the most recent time you had anal sex (a penis in a partner's anus)?

Please tick ONE box

In the last 6 months 1

More than 6 months ago 2

The questions that follow ask about how you are **today**. For each question, read all the choices and decide which one is most like you **today**.

47

Under each heading, please read all the choices and tick the **one** box that is most like you **today**.

Worried

I don't feel worried today 1

I feel a little worried today 2

I feel a bit worried today 3

I feel quite worried today 4

I feel very worried today 5

Sad

- I don't feel sad today 1
- I feel a little sad today 2
- I feel a bit sad today 3
- I feel quite sad today 4
- I feel very sad today 5

Pain

- I don't have any pain today 1
- I have a little bit of pain today 2
- I have a bit of pain today 3
- I have quite a lot of pain today 4
- I have a lot of pain today 5

Tired

- I don't feel tired today 1
- I feel a little tired today 2
- I feel a bit tired today 3
- I feel quite tired today 4
- I feel very tired today 5

Annoyed

- I don't feel annoyed today 1
- I feel a little annoyed today 2
- I feel a bit annoyed today 3
- I feel quite annoyed today 4
- I feel very annoyed today 5

School work/homework

- I have no problems with my school/homework today 1
- I have a few problems with my school/homework today 2
- I have some problems with my school/homework today 3
- I have many problems with my school/homework today 4
- I can't do my school work/homework today 5

Sleep

- Last night I had no problems sleeping 1
- Last night I had a few problems sleeping 2
- Last night I had some problems sleeping 3
- Last night I had many problems sleeping 4
- Last night I couldn't sleep at all 5

Daily routine (things like eating, having a bath or shower, getting dressed)

- I have no problems with my daily routine today 1
- I have a few problems with my daily routine today 2
- I have some problems with my daily routine today 3
- I have many problems with my daily routine today 4
- I can't do my daily routine today 5

Able to join in activities (like going out with friends, doing sports)

- I can join in with any activity today 1
- I can join in with most activities today 2
- I can join in with some activities today 3
- I can join in with a few activities today 4
- I can join in with no activities today 5

48

Can you think of any health services, clinics or places you could visit if you wanted the following?





Please tick ONE box on each line

		No	Yes	Where (please WRITE in)
a	Free condoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	 <input type="text"/> 9
b	Emergency contraception (morning after pill)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	 <input type="text"/> 9
c	Free contraception (e.g. an implant, IUD or the pill)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	 <input type="text"/> 9
d	Advice on sex (pregnancy, sexually transmitted infections)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	 <input type="text"/> 9

49

Thinking about **the past six months**, have you been to any of the following health professionals or services about your sexual health (things like contraception, condoms, pregnancy or safe sex)?








If you have not seen a health professional about your sexual health **in the past 6 months** please tick "no". If you have used the service in past 6 months, please enter the number of times

		No	Yes Please WRITE number of times
a	A sexual health clinic or young person's drop in clinic.	<input type="checkbox"/> 1	 <input type="text"/> 2
b	The school nurse or a drop-in service in school about your sexual health.	<input type="checkbox"/> 1	 <input type="text"/> 2
c	A GP (doctor) about your sexual health.	<input type="checkbox"/> 1	 <input type="text"/> 2
d	A nurse at a GP practice about your sexual health.	<input type="checkbox"/> 1	 <input type="text"/> 2

50

Again, thinking about the **past 6 months**, how often have you obtained any of the following?

Please read the list below carefully. Select 'no' if you did not obtain the item/service in the last 6 months. Select 'yes' if you did obtain it, and write the number of times you obtained it in the last 6 months.

	No	Yes	Number of times
a Free condoms (such as using a C:Card)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
b Condoms that you had to buy	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
c Other types of contraception	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
d Pregnancy test at a health service, for example your GP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
e Pregnancy test that you bought	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
f Check-up or test for a STI, (such as Chlamydia, Gonorrhoea, genital warts or HPV)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9
g Emergency contraception (morning after pill)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>  9

51

Do you have a boyfriend or girlfriend now (someone you are in a relationship with), or have you had one at any time in the **last 6 months**?

Please tick ONE box

- No, I have not had a boyfriend or girlfriend in the last 6 months 1 **➔** Please go to question 60
- I used to have one, but not now 2 **➔** Please go to question 56
- Yes, I have one now 3 Please carry on below

52

The next few questions are about your boyfriend/girlfriend/partner. If you have more than one, please answer about your main one.

How long have you been going out with this person?

Please tick ONE box.

- Less than a month 1
- Between one month and three months 2
- Between three months and six months 3
- Between six months and one year 4
- Over one year 5

53

Please say how much you agree with the following statements about your boyfriend or girlfriend (person you are in a relationship with/seeing).

Please tick ONE box on EACH line

	All the time	Often	Sometimes	Not often	Never
a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I tell them how I really feel.					
b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel happy when we are together.					
c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I feel comfortable talking about intimate things (like whether to kiss, touch each other or have sex).					
d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They respect my opinions and ideas.					
e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They get very angry with me.					
f	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
We do sexual activities that I don't feel comfortable with.					
g	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
They get jealous and want to know what I'm doing and who I'm with.					

54

Is the person you have just talked about: male, female or trans/non-binary?

Please tick ONE box

Male 1

Female 2

Trans/non-binary 3

55

Is the person you have just talked about in S4 at your school?

Please tick ONE box

Yes 1

No 2



Now please go to question 60

56

The next few questions are about your boyfriend/girlfriend/partner. If you had more than one, please answer about your main one.

How long did you go out with this person?

Please tick ONE box.

- Less than a month 1
- Between one month and three months 2
- Between three months and six months 3
- Between six months and one year 4
- Over one year 5

57

Please say how much you agree with the following statements about that boyfriend or girlfriend (person you were in a relationship with).

Please tick ONE box on EACH line

	All the time	Often	Sometimes	Not often	Never
a					
I tell them how I really feel.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b					
I feel happy when we are together.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c					
I feel comfortable talking about intimate things (like whether to kiss, touch each other or have sex).	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d					
They respect my opinions and ideas.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e					
They get very angry with me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f					
We do sexual activities that I don't feel comfortable with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g					
They get jealous and want to know what I'm doing and who I'm with.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

58 Is the person you have just talked about: male, female or trans/non-binary?

Please tick ONE box

- Male 1
- Female 2
- Trans/non-binary 3

59 Is the person you have just talked about in S4 at your school?

Please tick ONE box

- Yes 1
- No 2

60 How easy or difficult do you find it to talk to a boyfriend or girlfriend (someone you are, or have been, in a relationship with) about sex?

Please tick ONE box

- Not relevant 1
- Always easy 2
- Sometimes easy and sometimes difficult 3
- Always difficult 4

61 Thinking about the **last 4 weeks**, how often did you use the internet or social media for the following activities:

Please tick ONE box on EACH line

		Never	Once or twice	3 to 10 times	More than 10 times	More than 20 times
a	Find information about a health issue, like contraception, condoms, STIs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	View sexual images online	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	Send a nude/sexual pic or video of yourself to someone.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	Get a nude/sexual pic or video from someone.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	Ask for a nude / sexual pic or video from someone	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	Forward or share a nude /sexual pic of someone else.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



The next question uses the term 'sex life'. This includes sexual activities and relationships, but also your thoughts and feelings. You don't have to be in a relationship or having sex to have a 'sex life'.

62

How much do you agree with the statement, 'I feel distressed or worried about my sex life'?

Please tick ONE box

- Agree strongly 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Disagree strongly 5

The STASH Project


The next set of questions are about the STASH project, which ran in your year before Christmas. You may remember a group of S4 students voted as 'most influential' were trained as STASH peer supporters. STASH is about sexual health - things like relationships, consent, sexually transmitted infections.

We'd like to know what you thought of STASH. Your honest opinions will help us learn how to make it run better.

63

Which one of the following applies to you:

Please tick ONE box only

- a I was trained as a STASH peer supporter. 1  Please go to question 76
- b One or more of my friends was trained as a STASH peer supporter. 2
- c I know one or more person who was trained as a STASH peer supporter but they weren't in my friendship group. 3
- d I don't know anyone who was trained as a STASH peer supporter. 4

As part of the STASH project, peer supporters were asked to tell others in their year about the STASH website. The website has messages, memes, links and videos on topics such as relationships, consent and STIs (sexually transmitted infections).

64 Please read the following statements and tick YES or NO for each one.

		YES	NO
a	I was given a STASH card and told the password to the STASH website	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	A peer supporter showed me the website	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	I went on the STASH website myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2

65 Please say how much you agree or disagree with the following statements.

If you did not see the website, just tick 'not relevant to me' for a and b
Please tick ONE box on EACH line

		Strongly agree	Agree	Disagree	Strongly disagree	Not relevant to me
a	I liked how the website looked	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	The information on the website was useful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	The STASH website was just for peer supporters	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

66 Do you have a Facebook account?

Please tick ONE box only

Yes 1 No 2 If you said NO, please go to question **68**

67 Which of these statements applies to you?

Please tick ONE box only

I look at Facebook often. 1

I have a Facebook account but I don't look at it often. 2

STASH peer supporters with Facebook accounts were asked to set up a group with their friends and share messages, memes and links from the STASH website.

68 Please read the following statements and tick YES or NO for each one.

		YES	NO
a	I was a member of a STASH Facebook group	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	I looked at some STASH peer supporter Facebook post(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	I talked with my friends about the STASH Facebook posts	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	I clicked on links posted in a STASH Facebook group	<input type="checkbox"/> 1	<input type="checkbox"/> 2

69 Please say how much you agree or disagree with the following statements. If you were not a member of a Facebook group, just tick 'not relevant to me'.
Please tick ONE box on EACH line

		Strongly agree	Agree	Disagree	Strongly disagree	Not relevant to me
a	I was happy to be a member of the STASH peer supporter's Facebook group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	I learned about sexual health by being part of the Facebook group	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

70 Please read the following statements and tick YES or NO for each one.

		YES	NO	Not relevant to me
a	A peer supporter talked to me about a STASH topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
b	I asked a peer supporter a question about a STASH topic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
c	Talking to a STASH peer supporter about a STASH topic was useful to me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

71 Please say how much you agree:
Please tick ONE box on EACH line

		Agree strongly	Agree	Disagree	Disagree strongly	Not aware of STASH
a	The way the STASH project was run was acceptable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	The information given in STASH was acceptable.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

72 How did STASH compare with the sex/relationships education you get in school?
For each word below (relevant, helpful, interesting) please rate STASH against your usual sex education.

a Relevant

Please tick ONE box

- STASH was less relevant than sex education at school 1
- STASH was just as relevant as sex education school 2
- STASH was more relevant than sex education school 3

b Helpful

Please tick ONE box

- STASH was less helpful than sex education school 1
- STASH was just as helpful as sex education school 2
- STASH was more helpful than sex education school 3

a Interesting

Please tick ONE box

- STASH was less interesting than sex education school 1
- STASH was just as interesting as sex education school 2
- STASH was more interesting than sex education school 3

73 Did you feel that the information you got from STASH was

Please tick ONE box

- Aimed at people older than you 1
- About right for your age 2
- Aimed at people younger than you 3
- Don't know 4

74 I will use the STASH website to get information about sexual health in future.

Please tick ONE box

- Definitely will 1
- Probably will 2
- Might 3
- Probably won't 4
- Definitely won't 5

75

I will talk to a STASH peer supporter to get information about sexual health in future.

Please tick ONE box

Definitely will	<input type="checkbox"/>	1
Probably will	<input type="checkbox"/>	2
Might	<input type="checkbox"/>	3
Probably won't	<input type="checkbox"/>	4
Definitely won't	<input type="checkbox"/>	5

Thank you for letting us know your opinion of the STASH project. The rest of the questions are about your life, your views about school and friends, and a little more about your knowledge, ideas and experiences in relation to sex.

76

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the **last 2 weeks**

Please tick ONE box on EACH line

		None of the time	Rarely	Some of the time	Often	All of the time
a	I've been feeling optimistic about the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	I've been feeling useful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	I've been feeling relaxed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d	I've been dealing with problems well	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
e	I've been thinking clearly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
f	I've been feeling close to other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
g	I've been able to make up my own mind about things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

77 As far as you know, how many of your friends:

Please tick ONE box on EACH line

		All or most	Some	A few	None
a	Are having sexual intercourse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b	Have been in serious trouble (with the police or suspended from school)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c	Drink alcohol regularly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d	Have tried drugs like cannabis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

78 How much do you agree with the following statements?

Please tick ONE box on EACH line

		YES! Totally agree!	Yes, I agree a bit	No, I don't really agree	NO! Totally disagree!
a	My teachers are fair in dealing with students.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
b	There's at least one teacher or other adult in my school I can talk to if I have a problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
c	In my school, students' ideas are listened to and valued	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
d	In my school, teachers and students really trust one another.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
e	Students at this school are encouraged to take part in activities, programs and special events.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
f	I feel close to people at this school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
g	I try hard in school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

79

The following are a number of statements about your parents/carers.
Please say how often this happens:
Please tick ONE box on EACH line

		Never	Almost never or never	Sometimes	Often	Almost always or always
a	If I go out, my parents/carers tell me what time I have to be home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	My parents or carers know the details of what I do in my free time (e.g. where I am going, who with, and for how long)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	My parents/carers check to see that I have done my homework	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

80

How true are the following statements for you?
Please tick ONE box on EACH line

		Not at all true	Not very true	Neither true no untrue	Somewhat true	Really true
a	I forget about whatever else I need to do when I'm doing something really fun	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	When I really want something I have to have it right away	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	I can resist doing something when I know I shouldn't do it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

81

In the last **four weeks**, have you talked to your friends about any of the following:
Please tick ONE box on EACH line

		Yes	No
a	Getting help about an issue related to sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b	Gay, bisexual or transgender issues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c	Pressure to have sex	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d	Unplanned pregnancy	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e	Worries about having sex (e.g. pain)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

82

Please say how much you agree or disagree with the following.

Please tick ONE box on EACH line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	Social media (such as Instagram, Snapchat and Whatsapp) is really important to my social life.				
b	<input type="checkbox"/> 1	<input type="checkbox"/>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	I often feel left out by what's happening on social media.				

83

Below are some things people say about relationships and sex (oral, vaginal or anal). Please say how much **YOU** agree or disagree.

Please tick ONE box on EACH line

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Girls are responsible for carrying condoms as much as boys.				
b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	A girl who has sex with lots of different people is a slut.				
c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	A boy who has sex with lots of different people is a slut				
d	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Sexually experienced students in your year are more likely to be popular.				
e	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Using a condom/dental dam would make sex less enjoyable.				
f	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	Unless someone says 'no' out loud, they are consenting to sex.				
g	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	People should be free to have sexual relationships with people of their own gender (boys with boys and girls with girls).				



The next question uses the term 'sexual activity'. This includes things like kissing, being touched, oral sex or sexual intercourse.

84 How confident are you that you could:

Please tick ONE box on EACH line

	Very Confident	Quite Confident	Unsure	Not very confident	Not at all confident
a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

85

In the future it would be useful to link the answers you've given us today with information about you that health professionals (doctors, nurses) in the NHS (National Health Service) collect.

This might help us to see if taking part in STASH might improve future health.

To link this information we need to get your name, address and date of birth from your school so that it can be linked to your NHS data.

Your details would be kept strictly confidential the linked data would be anonymised (will not identify you) and would only be used for research.

We would like to ask for your consent to link your NHS record with your questionnaire answers.

No, I don't give my permission 1

Yes, I give my permission 2

Is there anything at all you would like to tell us about the STASH project or this questionnaire? We welcome your feedback.

COMMENT HERE:

END OF QUESTIONNAIRE

Thank you for taking the time to fill in this questionnaire.

Because this is an anonymous questionnaire, we are unable to follow up on anything you've told us. If you feel upset or worried about anything you've told us, please talk to a trusted adult such as a teacher or visit a local NHS service for free and confidential advice. You'll find the full list on the Healthy Respect

Website www.healthyrespect.co.uk or here:

<http://bit.ly/2nKYKUd>

You can still visit the STASH website for information about relationships, your body, whether you are ready for sex, how to avoid risk, pics and porn, and feeling good about yourself.

www.stashtrial.org.uk

Password is [**name of your school**]stash

If you have trouble getting in, ask a STASH peer supporter for help.