

Baseline questionnaire



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

safetxt Study Number:

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First name

Surname

Main mobile phone number

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Main email address

Main postal address

House or flat number

Address line 1

Address line 2

City

County

Postcode

Where did you get tested?

Alternative mobile phone number

Yes No

If yes

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Alternative email address

Yes No

If yes

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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+

Date of Birth:

d	d	m	m	y	y	y	y
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Gender

Female	
Male	
Non-binary gender	

If non binary gender:

Do you have a penis?

Yes No

Do you have a vagina?

Yes No

Do you have sex (intercourse) with:

Men

Yes No

Women?

Yes No

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:

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)	

If other:

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