

# HEALTH AND SEXUAL BEHAVIOUR SURVEY

The information requested is strictly confidential and anonymous, and is protected by statistical secrecy, as envisaged in the Law on the Public Statistical Services.

The personal information obtained by the statistical services, both directly from the respondents as well as from administrative sources, will be the object of protection and is covered by statistical secrecy (Art. 13.1 of the Law on the Public Statistical Services). All personnel will have the obligation of preserving statistical secrecy.

The INE thanks you for your collaboration, which is of significant importance and value.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

The questions in this section refer to the population's demographic and social characteristics, i.e. age, sex, marital status, educational level, economic activity and other social features.

**1.- Sex**

Male \_\_\_\_\_ 1

Female \_\_\_\_\_ 6

**2.- Date of birth**

1. Month \_\_\_\_\_ |\_|\_|

2. Year \_\_\_\_\_ |\_|\_|\_|

**3.- Place of birth**

Spain \_\_\_\_\_ 1 → Autonomous Community \_\_\_\_\_ |\_|\_|

Other country \_\_\_\_\_ 6 → Country \_\_\_\_\_ |\_|\_|

**4.- Highest level of general studies and/or vocational training completed**

.....

**Highest level of general studies and/or vocational training completed by father**

.....

**Highest level of general studies and/or vocational training completed by mother**

	1.Respondent	2.Father	3.Mother
1. Illiterate _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complete or incomplete primary education _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. First cycle general secondary education _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Intermediate vocational training _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Second cycle general secondary education _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Advanced vocational training _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. University studies _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does not know father's or mother's educational level _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.- As regards your economic activity during the last 12 months, which situation have you been in most of the time?**

- Employed \_\_\_\_\_  1
- Employed but temporarily absent \_\_\_\_\_  2
- Unemployed person who has worked previously \_\_\_\_\_  3
- Unemployed seeking first employment \_\_\_\_\_  4
- Incapacitated to work \_\_\_\_\_  5
- Pensioner \_\_\_\_\_  6
- Studying \_\_\_\_\_  7
- Dedicated mainly to housework (non economic activity) \_\_\_\_\_  8
- Volunteer (NGO, parish work, etc.) \_\_\_\_\_  9
- Another situation without performing economic activity:  
(independently wealthy, receiving some type of public or private aid, etc.) \_\_\_  10

**6.- As regards your economic activity last week, which situation applies?** You may check more than one option.

- Employed \_\_\_\_\_  1
- Employed but temporarily absent \_\_\_\_\_  2 *⇒ go to question 8*
- Unemployed person who has worked previously \_\_\_\_\_  3
- Unemployed person seeking first employment \_\_\_\_\_  4 *⇒ go to question 10*
- Incapacitated to work \_\_\_\_\_  5
- Pensioner \_\_\_\_\_  6
- Studying \_\_\_\_\_  7 *⇒ go to 7*
- Dedicated mainly to housework (non economic activity) \_\_\_\_\_  8
- Volunteer (NGO, parish work, etc.) \_\_\_\_\_  9
- Another situation without performing economic activity:  
(independently wealthy, receiving some type of public or private aid, etc.) \_\_\_  10

**7.- Even if you were not working last week, have you worked for at least a full month in your life?**

- YES \_\_\_\_\_  1
- NO \_\_\_\_\_  6 *⇒ go to question 10*

**8.- What is/was the occupation, profession or trade that you carry or carried out in your last employment?** If you carry or carried out several simultaneously, please indicate main employment.

Code \_\_\_\_\_ |\_\_|

**9.- What is/was your professional situation in the occupation you carry or carried out in that last employment?**

- Employer (entrepreneur or professional with employees) \_\_\_\_\_ 1
- Entrepreneur without employees or independent worker \_\_\_\_\_ 2
- Family assistance (without regulated remuneration in the family company or business) \_\_\_\_\_ 3
- Fixed wage earner (with salary, on commission, wage, etc., permanently employed) \_\_\_\_\_ 4
- Temporary wage earner or intern (with salary, on commission, wage, etc., temporarily employed or intern) \_\_\_\_\_ 5
- Member of a cooperative \_\_\_\_\_ 6
- Another situation \_\_\_\_\_ 7

**10.- Marital status**

- Single \_\_\_\_\_ 1
- Married \_\_\_\_\_ 2
- Legally separated \_\_\_\_\_ 3
- Divorced \_\_\_\_\_ 4
- Widowed \_\_\_\_\_ 5

## SECTION B: LIFE STYLES

The questions in this section refer to the population's lifestyles, in other words, cohabitation with other persons, alcohol intake, leisure activities and other characteristics typical of lifestyles.

### 11.- Have you lived alone or with others persons during the last 12 months?

With others \_\_\_\_\_ 1

Alone \_\_\_\_\_ 6 ⇒ go to question 13

### 12.- With which of following have you lived during most part of the 12 months? You may check more than one option.

Spouse/partner \_\_\_\_\_ 1

Father/ Mother/ Tutor (including adoptive parents)/ In-laws \_\_\_\_\_ 2

Children (including adopted) \_\_\_\_\_ 3

Spouse or partner's children, who are not your own \_\_\_\_\_ 4

Other relatives or in-laws \_\_\_\_\_ 5

Friends/flatmates \_\_\_\_\_ 6

Other persons \_\_\_\_\_ 7

### 13.- How often have you been out at night (leisure, supper, etc.) in the last 12 months?

Three or more days a week \_\_\_\_\_ 1

One or two days a week \_\_\_\_\_ 2

One to three days a month \_\_\_\_\_ 3

Less than one day a month \_\_\_\_\_ 4

None \_\_\_\_\_ 5

### 14.- How often have you slept away from home for work or study reasons over the last 12 months? (Do not consider sleeping away from home during holidays, health problems, family causes, etc.).

Three or more days a week \_\_\_\_\_ 1

One or two days a week \_\_\_\_\_ 2

One to three days a month \_\_\_\_\_ 3

Less than one day a month \_\_\_\_\_ 4

None \_\_\_\_\_ 5

**As you know, some people drink wine, beer or other alcoholic beverages, either with their lunch, with snacks, at celebrations, when going out with friends or in other circumstances. The following questions, 15 to 18, refer to alcohol intake. Alcoholic beverages mean beer, wine, spirits (like vermouth, *pacharán*, sloe gin, gin, whisky, etc.), or mixes of these beverages or spirits with soft drinks.**

**15.- Have you drunken alcoholic beverages during the last 12 months?**

YES \_\_\_\_\_ 1

NO \_\_\_\_\_ 6 ⇒ go to question 19

**16.- How often have you drunken alcoholic beverages of any kind during the last 12 months?**

Daily \_\_\_\_\_ 1

Four to six days a week \_\_\_\_\_ 2

Two to three days a week \_\_\_\_\_ 3

One day a week \_\_\_\_\_ 4

One day every fortnight \_\_\_\_\_ 5

One day a month \_\_\_\_\_ 6

Less than one day a month \_\_\_\_\_ 7

**17.- When you drink alcoholic beverages, approximately, how many drinks do you usually have a day, in regular situations, i.e. not parties or other special occasions?**

One or two drinks or beers \_\_\_\_\_ 1

Three or four drinks or beers \_\_\_\_\_ 2

Five or six drinks or beers \_\_\_\_\_ 3

More than six drinks or beers \_\_\_\_\_ 4

**18.- Almost everyone has got drunk at sometime.**

**Over the last 30 days, how often would you say you have been drunk, even if just slightly? If you did not get drunk, enter 0. If you do not want to answer, write 99.**

No. of days \_\_\_\_\_

**19.- Some people inject drugs.**

**Have you ever injected drugs?**

YES \_\_\_\_\_ 1

NO \_\_\_\_\_ 6

## SECTION C: INFORMATION AND SEXUAL EXPERIENCE

The questions in this section refer to the population's information on sex and sexual experience, i.e. sources of information on sexual issues and contraceptive methods and other characteristics concerning their sexual experience.

This information is of utmost importance in view of combating AIDS, therefore if you do not want to answer a certain question, feel free to do so, but please complete the rest of the questionnaire.

Remember the information required is strictly confidential and anonymous and cannot be connected to a specific person.

\_\_\_\_\_

### 20.- How satisfactory was communication with your parents regarding sexual issues?

Very satisfactory \_\_\_\_\_ 1

Quite satisfactory \_\_\_\_\_ 2

Satisfactory \_\_\_\_\_ 3

Hardly satisfactory \_\_\_\_\_ 4

Not at all satisfactory \_\_\_\_\_ 5

No communication whatsoever \_\_\_\_\_ 6

### 21.- If you could have chosen, which source of information (person or resource) would have liked to learn about sex from?

Mother \_\_\_\_\_ 1

Father \_\_\_\_\_ 2

Siblings \_\_\_\_\_ 3

Spouse/partner \_\_\_\_\_ 4

Other relative or relatives \_\_\_\_\_ 5

Teacher at school \_\_\_\_\_ 6

Friends my same age \_\_\_\_\_ 7

Doctor, nurse or other health personnel \_\_\_\_\_ 8

Television/videos/radio \_\_\_\_\_ 9

Books, magazines or newspapers \_\_\_\_\_ 10

**22.- In practice, and in your case, which source was most helpful regarding sexual information?**

- Mother \_\_\_\_\_ 1
- Father \_\_\_\_\_ 2
- Siblings \_\_\_\_\_ 3
- Spouse/partner \_\_\_\_\_ 4
- Other relative or relatives \_\_\_\_\_ 5
- Teacher at school \_\_\_\_\_ 6
- Friends my same age \_\_\_\_\_ 7
- Doctor, nurse or other health personnel \_\_\_\_\_ 8
- Television/videos/radio \_\_\_\_\_ 9
- Books, magazines or newspapers \_\_\_\_\_ 10
- Nobody told me anything \_\_\_\_\_ 11

**23.- As regards sources of information on contraceptive methods, which was the most important for you?**

- Mother \_\_\_\_\_ 1
- Father \_\_\_\_\_ 2
- Siblings \_\_\_\_\_ 3
- Spouse/partner \_\_\_\_\_ 4
- Other relative or relatives \_\_\_\_\_ 5
- Teaching Body at school \_\_\_\_\_ 6
- Friends my same age \_\_\_\_\_ 7
- Doctor, nurse or other health personnel \_\_\_\_\_ 8
- Television/videos/radio \_\_\_\_\_ 9
- Books, magazines or newspapers \_\_\_\_\_ 10
- Nobody told me anything \_\_\_\_\_ 11

The term "sex" or "sexual relationship" can refer to different concepts.

For this research, when this survey refers to "sex" or "sexual relationships" it only means relationships comprising vaginal, anal or oral penetration of the male organ, with or without orgasm.

This definition of sexual relationship has been considered since this study mainly aims to analyse how aware people having these relationships are of the risk of the transmission of AIDS. Consequently, only relationships involving at least one man have been considered, i.e. relationships between man/woman or two men.

**24.- Considering the previous definition, have you ever had a sexual relationship?**

- YES  1
- If you are a man ⇒ go to Q 25  
If you are a woman ⇒ go to Q.26
- NO  6
- If you are a man ⇒ go to Section E. HIV TEST  
If you are a woman ⇒ go to Q.26

**25.- Please state if you have had sexual relationships throughout your life:**

- Only with women \_\_\_\_\_  1
- Mostly with women, but at least once  
with a man \_\_\_\_\_  2 ⇒ go to SECTION C1
- Both with men and with women \_\_\_\_\_  3
- Mostly with men, but at least once  
with a woman \_\_\_\_\_  4
- Only with men \_\_\_\_\_  5 ⇒ go to SECTION C2

**26.- Have you ever had sex with women?**

- YES \_\_\_\_\_  1
- if Q24 = YES ⇒ go to 27  
if Q24 = NO ⇒ go to SECTION E. HIV TEST
- NO \_\_\_\_\_  6
- If Q24 = YES ⇒ go to SECTION C3.  
if Q24 = NO ⇒ go to SECTION E. HIV TEST

**27.- Please state if throughout your life you have had:**

- More sexual relationships with men, but  
have had sex with a woman at least once \_\_\_\_\_  1
- Same amount of sexual relationships with men and  
with women \_\_\_\_\_  2
- More sexual relationships with women but  
have had sex with a man at least once \_\_\_\_\_  3
- Go to SECTION C3

## SECTION D. SEXUAL HEALTH

The questions in this section refer to the population's sexual health, i.e. sexually transmitted diseases (STD) they may have suffered from.

63.- An STD is a disease that is transmitted after having sex with a person who is already infected, has a doctor ever diagnosed any of the following STDs throughout your life? You may check more than one option.

- Chlamydia infection \_\_\_\_\_ 1
- Gonorrhoea \_\_\_\_\_ 2
- Syphilis \_\_\_\_\_ 3
- Trichomoniasis \_\_\_\_\_ 4
- Genital herpes \_\_\_\_\_ 5
- Genital ulcers or condyloma \_\_\_\_\_ 6
- Mycosis \_\_\_\_\_ 7
- Hepatitis B \_\_\_\_\_ 8
- Non-specific urethritis \_\_\_\_\_ 9
- Crabs or other genital pediculosis \_\_\_\_\_ 10
- Other STDs \_\_\_\_\_ 11
- Have never had an STD \_\_\_\_\_ 12

If you checked more than one disease ⇒ go to question 64

If you only checked one disease ⇒ go to question 65

If you checked option 12 ⇒ go to SECTION E. HIV TEST

64.- Considering the list of diseases you have had, which did you suffer from last? Check the codes assigned to each disease in question 63 and enter the code corresponding to the last disease you had. For example, if the last disease was "mycosis", write 7

Code for the last disease \_\_\_\_\_

65.- How long ago did you have the disease?

- During the last 12 months \_\_\_\_\_ 1
- Over a year ago but less than five years ago \_\_\_\_\_ 2
- Over five years ago \_\_\_\_\_ 3

## SECTION E. HIV TEST

The questions in this section refer to the diagnosis of AIDS in the population, i.e. to whether the population has or has not taken an AIDS test.

**66.- Have you given blood after 1986?**

YES \_\_\_\_\_ 1

NO \_\_\_\_\_ 6

**67.- Regardless of whether you have given blood or not, have you ever had an AIDS test?**

Yes, once \_\_\_\_\_ 1

Yes, several \_\_\_\_\_ 2

No \_\_\_\_\_ 3 ⇒ Go to SECTION F. ATTITUDES

**68.- When was the last time you had an AIDS test?**

Less than 12 months ago \_\_\_\_\_ 1

Between one and two years ago \_\_\_\_\_ 2

Between two and five years ago \_\_\_\_\_ 3

Over five years ago \_\_\_\_\_ 4

**69.- Why did you have this last AIDS test?**

I was pregnant \_\_\_\_\_ 1

I needed one to get an insurance/mortgage/ travel \_\_\_\_\_ 2

I had had sexual relations with a partner I didn't know and didn't use a condom \_\_\_\_\_ 3

Doctor's orders \_\_\_\_\_ 4

My partner asked me to \_\_\_\_\_ 5

Other reason \_\_\_\_\_ 6

**70.- Where did you have that last AIDS test?**

- Whilst admitted to a hospital or clinic \_\_\_\_\_ 1
- At a family planning centre \_\_\_\_\_ 2
- At a specialist's office (lung doctor, gynaecologist...) \_\_\_\_\_ 3
- GP / health centre \_\_\_\_\_ 4
- Private laboratory \_\_\_\_\_ 5
- Outpatient's or emergencies department at a hospital or clinic \_\_\_\_\_ 6
- At an STD or HIV/AIDS diagnosis centre \_\_\_\_\_ 7
- At a centre for people with drug problems \_\_\_\_\_ 8
- Somewhere else \_\_\_\_\_ 9

**71.- Have you received the results for that last AIDS test?**

- YES \_\_\_\_\_ 1
- NO \_\_\_\_\_ 2

## SECTION F. ATTITUDES

The questions in this section refer to attitudes and opinions regarding behaviours that could lead to AIDS infection, i.e. sexual practices, use of condoms and other opinions and attitudes.

**72.- In your opinion, could any of the following become infected with the AIDS virus by having sex?:**

	1	2	3	4
	High risk	Intermedi ate risk	Low risk	No risk
1. People who only have sex with a stable partner of the opposite sex or who are married _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. People who have a stable partner of the opposite sex or who are married, who occasionally have sex with persons of the opposite sex other than their partner _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. People who have sexual relations with several people of the opposite sex _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Men who only have homosexual relationships with a stable partner of the same sex _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Men who have a stable partner of the same sex who occasionally have homosexual relationships with another man__	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Men who have homosexual relations with other men _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Women who have sexual relations with other women _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**73. In your opinion, which of the following can transmit the AIDS virus.** You may check more than one option

- Sexual relations \_\_\_\_\_ 1
- Receiving blood \_\_\_\_\_ 2
- Public toilets \_\_\_\_\_ 3
- Drinking from the same glass as a person who has AIDS \_\_\_\_\_ 4
- Mosquito bite \_\_\_\_\_ 5
- Giving blood \_\_\_\_\_ 6
- Being in hospital in the same place as a person who has AIDS \_\_\_\_\_ 7
- None of the above \_\_\_\_\_ 8

**74.- In your opinion, what risk of AIDS infection do people who inject drugs have:**

- High risk \_\_\_\_\_ 1
- Intermediate risk \_\_\_\_\_ 2
- Low or no risk \_\_\_\_\_ 3
- Depends on whether they share syringes 4

**75.- Given your current sexual behaviour, do you think you are at risk of contracting AIDS?**

- High risk \_\_\_\_\_ 1
- Intermediate risk \_\_\_\_\_ 2
- Low risk \_\_\_\_\_ 3
- No risk \_\_\_\_\_ 4
- I don't know \_\_\_\_\_ 5

**76.- Have you ever thought you may have been in a position where you could have got AIDS?**

- YES \_\_\_\_\_ 1
- NO \_\_\_\_\_ 6

**77.- Would you work in the same place as someone who has AIDS?**

- Yes \_\_\_\_\_ 1
- No \_\_\_\_\_ 2
- I don't know, possibly, it depends \_\_\_\_\_ 3

**78. In your opinion, how effective are the following measures against AIDS:**

	1	2	3	4
	Very effective	Quite effective	Hardly effective	Not at all effective
1. Wash after having sex _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Choose partners correctly _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have few partners _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use a male condom _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Use spermicides _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ask partner to have an AIDS test _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Have an AIDS test frequently _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ask partners about their sexual history _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Use a female condom _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**79.- People have different opinions about condoms. Please state the degree to which you agree with the following statements on the use of condoms:**

	1	2	3	4	5
	Agree totally	Agree partially	Agree somewhat	Do not agree	Don't know
1.Hard to use _____	<input type="checkbox"/>				
2.Make partner distrustful_	<input type="checkbox"/>				
3.Women stop feeling aroused____	<input type="checkbox"/>				
4.Men stop feeling aroused ___	<input type="checkbox"/>				
5.Prevents feeling the other person's body _____	<input type="checkbox"/>				
6. Sexual relations can be enjoyed more fully as you feel safer _____	<input type="checkbox"/>				
7.They are safe _____	<input type="checkbox"/>				

**80.- Finally, with regard to religious beliefs, to which group do you belong?**

- |                                |   |                      |
|--------------------------------|---|----------------------|
| Catholic _____                 | <input type="checkbox"/> 1                      | } ⇒Go to question 81 |
| Protestant _____               | <input type="checkbox"/> 2                      |                      |
| Muslim _____                   | <input type="checkbox"/> 3                      |                      |
| Other religion _____           | <input type="checkbox"/> 4                      |                      |
| Have own beliefs _____         | <input type="checkbox"/> 5                      |                      |
| Non-believer or agnostic _____ | <input type="checkbox"/> 6⇒END of questionnaire |                      |
| No answer _____                | <input type="checkbox"/> 7⇒END of questionnaire |                      |

**81.- How often have you been to a temple (church, mosque, etc.) in the last 12 months to celebrate a religious event? (Do not count special occasions like christenings, communions, weddings or funerals)**

- |                                |                            |
|--------------------------------|----------------------------|
| More than one day a week _____ | <input type="checkbox"/> 1 |
| One day a week _____           | <input type="checkbox"/> 2 |
| Less than one day a week _____ | <input type="checkbox"/> 3 |
| Never _____                    | <input type="checkbox"/> 4 |