National Survey of Sexual Attitudes and Lifestyles 2010

Findings and recommendations from cognitive question testing

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Authors' credits

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1   Background

The two National Surveys of Sexual Attitudes and Lifestyles (Natsal) in 1990 and 2000, are the largest studies of sexual behaviour undertaken anywhere in the world. Their data have been extensively used to improve understanding of sexual behaviour patterns in Britain and helped to guide policy to improve sexual health education and health services.

Natsal 3, planned for 2010−12 will provide up to date measures of sexual attitudes and lifestyles. Participants will be randomly selected from across Britain and invited to take part. We aim to interview 15,000 men and women aged 16−74. Innovations for Natsal 3 include an extended age range, enhanced biological measures (STIs and hormones), additional questions exploring new areas and a qualitative component.

The data will be analysed to provide comparisons over time in sexual attitudes and lifestyles, and to understand better the relationship between sexual lifestyle and sexual health, and between other aspects of health and quality of sexual relationships. These findings will be used to help to guide policy on services and interventions to improve sexual health in Britain

As in 2000, the interview will involve both face to face (CAPI) interviewing and self-completion (CASI) for the most sensitive questions. The questionnaire will be a combination of existing questions from the previous Natsal surveys, together with improved and new questions, and some entirely new modules.

Financial support for Natsal has been supplied by several funding agencies. The Wellcome Trust funded the main stage of Natsal 1990, and Natsal 2000 was funded by the Medical Research Council. Natsal 2010 is being funded by the Medical Research Council, the Wellcome Trust, the Economic and Social Research Council, and the Department of Health.

1.1   Questionnaire development Natsal 2010

The Natsal 2010 questionnaire will include a range of new questions, including some entirely new modules. Other questions will remain the same as in 1990 and 2000 to allow comparability with the previous Natsal surveys. Researchers in NatCen's Question Development and Testing (QDT) Hub[1], within the Survey Methods Unit, at NatCen worked closely with the Natsal survey team in the Health group to test, using cognitive interviewing methods, a number of new and existing questions. An expert panel took place which helped the research team to make decisions around which questions to

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[1] The QDT Hub is a dedicated team of researchers within the Survey Methods Unit (SMU) at NatCen. The Hub specialises in qualitative development work and question testing primarily for surveys. The purpose of this work is to ensure the implementation of good questionnaire design, thus minimising measurement error and improving data quality. NatCen has for many years utilised qualitative research methods and was one of the first survey organisations in the UK to embrace cognitive question testing methods. The Hub brings together these two disciplines, creating a centre of expertise

prioritise for cognitive testing. Survey questions can easily be designed, however unless they are tried out (or tested) on real people from the target audience or population, there is no way of telling whether survey respondents will understand the questions as intended or at all.

This cognitive pilot report covers Phases A and B of the cognitive development work. Phase A was a pilot among members of the public who took part in the NatCen Omnibus survey. This included 'older' respondents (aged 59-74) in order to test comprehension and acceptability of questions among this age group, who are being included for the first time in Natsal 2010. Phase B was a pilot among people who had been recruited by an advertisement. For Phase B we recruited individuals who had had more than one sexual partner in the last 5 years, to ensure that we could thoroughly test the extended Most Recent Partners questionnaire module.

In addition this development work, a new sexual difficulties module is being developed, cognitively and psychometrically tested, and piloted as part of a separate package of development.

The research team at NatCen are carrying out a series of workshops with respondents to explore issues surrounding response, survey materials and giving urine and saliva samples. Following these workshops and the questionnaire development work outlined above, all questions and survey procedures will undergo two stages of piloting among small random probability samples. The first pilot, involving approximately 200 respondents will take place in August/September 2009. The second pilot, involving approximately 100 respondents will take place in February 2010.

1.2   Aims of the Cognitive Testing

Cognitive interviewing methods were used in this development stage of the 2010 survey to test a number of questions from the main Natsal questionnaire. The aims of the cognitive testing were to explore:

- The acceptability of the questions
- The degree to which the questions are understood as intended;
- Understanding of definitions which are key to the measurement aims of the survey;
- Ability to recall the information being sought; and,
- Respondents' willingness and ability to answer some of the more complicated and potentially burdensome questions.

Additionally interviewers asked for feedback around how respondents found answering the questions in general and perceived willingness around providing honest responses to the questions which form part of the Natsal questionnaire.

1.3   Report Structure

Chapter one (this chapter) provides an overview of the background of this research and the aims of the study.

Chapter Two gives a brief overview of methodology used for the cognitive testing, with particular emphasis on the sample achieved.

Chapters Three to Twelve present merged findings from the two phases of cognitive interviews (Phase A and Phase B). Each chapter is divided into sections, where each question is examined on an individual basis. Each section shows:

a) A brief outline of the aims of the cognitive testing;
b) The question that was cognitively tested;
c) An outline of the findings at that question; and,
d) Final recommendations for improvement.

Chapter Thirteen is a summary of the findings and recommendations, presented in a tabular format.

The findings from the cognitive testing will provide evidence as to where problems exist and the possible reasons for them. However, it should be noted the cognitive testing is not able to quantify the size or extent of these errors. To do this would require a larger scale experimental pilot.

2 Methodology

2.1 Methodological Overview

The cognitive testing phase of this project was designed to test a sub-set of the main Natsal questionnaire. The methods used for this testing are described in more detail below.

The test questions were tested in a series of face-to-face cognitive interviews. The format of the cognitive interview switched between two modes, testing both:

1. Interviewer administered questions, where the data were collected via Computer Assisted Personal Interviewing (**CAPI**); and,
2. Respondent self-administered questions, where the data were collected via Computer Assisted Self Interviewing (**CASI**).

Traditionally, questions are tested in cognitive interviews using paper and pencil, however given the complicated routing and loops of questions within some modules of the test questionnaire, as well as the sensitive nature of the questions designed to be asked in CASI, the research team felt it necessary to replicate the way in which the survey questions would be administered in the 'real' survey. As a result, therefore, the questions were programmed and the laptop used throughout the interview. The interviewers asked the CAPI questions and coded the responses into the laptop and the respondents answered the CASI questions privately (i.e. not in the view of the interviewer), entering their answers into the laptop.

Cognitive interviews utilise techniques derived from cognitive psychological theory to explore the ways in which respondents understand and react to the questions being asked. Each interview lasted around 1 hour and they were carried out by members of NatCen's core team of highly experienced cognitive interviewers and researchers within the Health group at NatCen. All interviews were digitally recorded with consent and structured notes were made upon completion of each interview. These notes were analysed using Framework, an analytic tool developed by the Qualitative Research Unit at NatCen. A matrix was set up, which listed the respective areas of the questionnaire (questions) we tested across the page and cases (respondents) down the page. The matrix included a summary of the characteristics of the respondent; such as their gender and age. Under each question a summary was made of how the respondent understood the question, the recall strategies which were used, judgements made in formulating an answer and the answer provided. Any other problems were also recorded. Thus data could be read horizontally as a complete case record for a respondent, or vertically by question, looking across all cases.

2.2 Two phases of testing

Different sub-sets of questions from the questionnaire were tested in two fieldwork periods in 2009:

1. **Phase A**: Testing of questions with respondents recruited via the Omnibus took place between 9th March and 30th March; and,
2. **Phase B**: Testing of questions with respondents recruited via advertisements took place between 31st March and 16th April.

Having two fieldwork phases, with different recruitment strategies enabled us to target testing of specific modules or questions at respondents with certain characteristics. For example it was important to test a range of questions among older people to test for acceptability and comprehension, but it was equally important to test the new Most Recent Partners module for burden and flow among people who had had more than one partner in the last 5 years.

2.3 Sample composition

The sample for this study was designed to reflect the range and diversity of the survey population, covering characteristics which were anticipated to have a bearing on how respondents might go about answering the questions including:

- Gender;
- Age;
- Marital status;
- Self reported health (for phase A respondents only); and,
- Number of sexual partners (for phase B respondents only).

Thirty two interviews were conducted in total, across the two phases. The table below provides details on the characteristics of respondents interviewed as part of this study.

Table 1: Characteristics of the sample for both phases

Characteristics of Respondent		No with characteristic
Gender	Men	14
	Women	18
Age of respondent	16-58	23
	59+	9
Location	Edinburgh	4
	Manchester	6
	Lancashire	7
	Leeds and Yorkshire	5
	London	10

Cognitive interviews took place in either the respondents' homes across the country or occasionally in the NatCen offices and were conducted face-to-face, on a one-to-one basis (where possible), to ensure respondent confidentiality. The interviews lasted around an hour to an hour and a half and were digitally recorded with respondents' consent.

Respondents were given a £20 High Street voucher as a thank you for taking part in the interview.

The following chapters detail findings from the cognitive interviews carried out with respondents in both phases. We report on the findings as a whole unless we found key differences. Additionally, unless we found substantial evidence to suggest that respondents displayed strong signs of resistance to a question it can be inferred that the question was satisfactorily received i.e. they felt they had the relevant knowledge to answer it and it was not too onerous to answer.

It must be noted that certain test questions relied on routing from other questions and therefore some were only tested on a small number of respondents. We would expect that even with few respondents any major pitfalls with a question, such as a very ambiguous term or an inappropriate reference period, would be aired however problems which are specific to particular respondent characteristics are less likely to surface.

2.4   What was 'tested' on whom

Table 2: The modules of test questions and respondents they were tested on

MODULE	PHASE A: 16-58yrs	PHASE A: 59yrs+	PHASE B	MODE	Notes
General Health	✓	✓	✓	CAPI	Shortened version for those aged 16-58 in both phases
First Sexual experiences	✓	✓	-	CAPI	
Definitions and number of partners	✓	✓	-	CASI	These questions were not thoroughly tested with Phase B respondents
Most recent partners	✓	✓	✓	CASI	Phase A: Aged 16-58 Shorter version Phase A: Aged 59+ Longer version Phase B: Longer revised version
History of pregnancies	-	✓	-	CASI	Women aged 59+ only
Periods and Menopause	✓	✓	✓	CASI	Women only
Family formation	✓	✓	-	CASI	
Sexually transmitted infections	✓	-	✓	CASI	16-44year olds only
Viagra	✓	✓	-	CASI	
Drugs	✓	✓	✓	CASI	Phase B: Longer version
Periods and Menopause	✓	✓	✓	CAPI	Women only

3   General Health

Depending on their age, respondents were asked either a shortened set of general health questions or a longer fuller set (see table 2 above). The aim of the cognitive testing was to explore whether respondents feel the questions flow naturally and logically and whether any of the questions, or the way in which conditions are grouped, seem odd or out of place. The research team were also interested in how easy or difficult respondents found the follow up questions to answer, for example do people know which conditions they are taking medication for? And are there any kinds of medications they are unsure about whether to include? Here, we only show the findings from the questions interviewers were asked to probe on. See Appendix A for the full module of questions.

3.1   How respondents found the module overall

Cognitive testing did not highlight any major problems with the module as a whole and generally respondents' reports suggest that the questions were straightforward enough to answer. There were no reports which suggest that there were any problems with the way the conditions were grouped and there was a universal feeling that nothing felt odd or out of place. Respondents did mention that they were relieved that they were not asked to give the names of any tablets or medication they were taking as without looking these up, they would not have been able to provide these.

3.2   Prescribed medication

IF MedWchA=Heart attack or coronary artery disease / angina / other heart disease
DrgHeart
Are you currently taking any type of medicine prescribed by a doctor because of heart disease?
1 Yes
2 No

IF MedWchA=Hypertension
DrgHyp
Are you currently taking any type of medicine prescribed by a doctor for hypertension, or high blood pressure?
1 Yes
2 No

IF MedWchB=Prostate disease or prostate cancer or prostate surgery
DrgPros
Are you currently taking any type of medicine prescribed by a doctor for Prostate disease?
1 Yes
2 No

Findings

DrgHeart did not cause any problems for those respondents who answered it and respondents who were taking medicines for heart disease knew so. The few respondents in our sample who answered 'yes' at this question included beta blockers and medication for Angina and Angiography.

Similarly respondents did not experience any major difficulties when answering **DrgHyp,** and those who were taking medication for high blood pressure knew they were.

There were no reported problems regarding **DrgPros**.

Recommendations

- Retain current question wording for DrgHeart, DrgHyp and DrgPros.

3.3 History of medical conditions or procedures

Women only
MedConC
Showcard C
Have you ever had any of the following medical conditions or procedures?
1 Yes
2 No

IF MedConC=Yes
MedWchC
SHOW CARD C
Which ones? Just tell me the numbers on this card.
CODE ALL THAT APPLY
1 Hysterectomy
2 Bladder Surgery
3 Genital or gynaecological surgery
4 Abdominal surgery
5 Broken hip or pelvis bone
6 Hip replacement

Findings

Although these questions were not ones that interviewers were asked to specifically probe on, one respondent in the sample queried whether a caesarean she had had would come under code 3 (Genital or gynaecological surgery) or code 4 (Abdominal surgery) at MedWchC. This lady eventually coded her caesarean as code 3 as she felt it was more of a gynaecological procedure as her womb had been operated on.

Recommendations

- Retain current question wording
- Consider adding a code for Caesarean/C section

3.4   Receipt of treatment from health professionals

MedConD

SHOW CARD D

In the last year, have you received treatment from a health professional for any of the medical conditions listed on this card?

1. Yes
2. No

IF MedConD=Yes

MedWchD

SHOW CARD D

Which ones? Just tell me the numbers on the card.

CODE ALL THAT APPLY

1 Back ache lasting for 3 months or longer
2 Any other muscle or bone disease lasting for 3 months or longer
3 Depression
4 Any other mental health condition
5 Any other neurological condition, apart from Parkinson's disease and   epilepsy
6 Cancer
7 Polycystic ovarian syndrome
8 Any thyroid condition
9 Any ovarian, testicular or pituitary condition

Findings

There were no major problems with this question, the list was seen as inclusive and generally respondents who had been treated for conditions knew what they were. There was one respondent who found this question irrelevant to him, describing the conditions listed as "*old people's conditions*" (Male, 61).

We did find evidence of respondents coding conditions they had seen a specialist about in the past, therefore ignoring the reference to the last year. It does appear however, that respondents had very consistent views about who a health professional was or might be: doctors/GPs, practice nurses, physiotherapists, midwives, speech therapists were just some of those mentioned. Cognitive testing also provides evidence of conditions being correctly coded, for example cervical cancer was coded at code 6 'Cancer' and an under active thyroid at code 8 'Any thyroid condition'.

There were a number of coding queries which should be noted. One respondent queried whether to include Arthritis at code 2 'Any other muscle or bone disease lasting for 3 months or longer', finally deciding to on the basis that it is a bone disease. Another respondent was unsure about whether the polyp she had had removed 3 years ago (and therefore ignoring the 12 month reference period), should be included at code 7 'Polycystic ovarian syndrome'. There were other respondents who were unsure what this condition was and one respondent thought the full name of the condition was too professional for the average "*man on the street*". No respondents in the sample reported having polycystic ovarian syndrome.

Recommendations

- Retain current question wording
- Consider ways to make the reference period (last year) stand out. For example, the wording could be changed to:

In the last 12 months, that is since *(date one year ago)*, have you received treatment from a health professional for any of the medical conditions listed on this card?

- Consider the addition of the more commonly known term for this condition at code 7. 'Polycystic ovarian syndrome (Polycystic ovaries)'

3.5 Difficulty experienced walking up stairs

HeFunc

By yourself and without using any special equipment, how much difficulty do you usually have walking up a flight of stairs? Do you have…

INTERVIEWER: READ OUT

1 ….no difficulty

2 some difficulty

3 much difficulty

4 or are you unable to do this?

Findings

Cognitive testing of this question found that respondents were generally able to answer it without any difficulty. The kinds of things respondents were including when they answered included trouble walking up stairs as a result of:

- Angina (getting out of breathe);
- Arthritis or a knee replacement (having to take it slowly);
- Chemotherapy for cancer (which affected the feet); and
- Bad hips (which made it painful).

Respondents occasionally thought about the ability to walk more generally but were mainly thinking about ascending (or descending) stairs whilst at home or when out and about. One respondent said she had more trouble coming down the stairs than going up and 'special equipment' meant a handrail or a stick.

Recommendations

- Alter the current question wording slightly to include a reference to 'coming down' stairs

3.6   Symptoms experienced that cause difficulty walking up stairs

IF HeFunc=(some difficulty…unable to do this)

HeAtt

SHOW CARD E

What are the symptoms that cause you difficulty walking up a flight of stairs?

CODE ALL THAT APPLY.

1 Chest pain

2 Shortness of breath

3 Pain

4 Weakness or fatigue

5 I am a wheelchair user

6 Amputation

7 Visual impairment

8 Tremor, unsteady on feet or balance problems

9 Fear of falling

10 Incontinence or fear of incontinence

11 Some other problem or symptom

Findings

Generally speaking this question worked well and appeared to capture the range of symptoms experienced if respondents reported difficulty walking up stairs. The following two examples provide evidence to support this.

▪ A respondent chose code 3 'Pain' for the pain she experiences in her knees when walking up stairs because of her Arthritis

▪ A respondent chose code 4 'Weakness or Fatigue' as she often gets tired and has to sit down for a while because of her Angina.

There was uncertainty experienced by one respondent with regards to how to code a hip problem. This respondent had a debate over whether to choose code 8 (Tremor, unsteady on feet or balance problems) or code 11 (Other), as she doesn't experience tremors or balance problems, only unsteadiness when descending down stairs and has to hold onto something.

Recommendations

- Alter the current question wording slightly to include a reference to 'coming down' stairs, in line with recommendations made at HeFunc.
- Consider whether it is necessary to split code 8 'Tremor, unsteady on feet or balance problems' into two separate codes, e.g.:
    8a) Tremor or balance problems; and,
    8b) Unsteady on the feet

4　First Sexual Experiences

4.1　Ease or difficulty discussing sexual matters with parents

This is an existing Natsal question that was added to the cognitive pilot to improve flow from general health to first sexual experiences. It was also used to provide a 'practice' question in Phase B, so that respondents could get used to cognitive interviewing techniques before responding to in-depth probing on the CASI questions. We have described the results of this testing briefly below, in case they are of interest.

CPTalk

Now I'd like to ask you some questions about when you were growing up, learning about sex, and about your own experiences

When you were about 14, did you find it easy or difficult to talk to your parents about sexual matters, or didn't you discuss sexual matters with them at that age?

INTERVIEWER CODE RESPONDNETS ANSWER

1. Easy (with one or both)
2. Difficult
3. Didn't discuss (with either)
4. Varied/Depended on topic

Findings

This question appeared to work reasonably well and on the whole respondents' responses from both phases were easily coded by interviewers. 'Sexual matters' meant anything from biology, relationships, contraception, using condoms, safe sex/risk involved when having sex, kissing, getting boyfriends, reproduction, sex and sexual experiences.

It appears, from the cognitive interviews that the question seems to be capturing one or more of a number of dimensions:

1. Respondent's personal comfort levels with talking to their parents about sex;
2. Parents' willingness to talk to the respondent about sex; and,
3. Whether home was a place/environment where sex could (or could not) be mentioned/discussed.

There were respondents in the sample who chose code 3: 'Didn't discuss', not because they would not have been able to discuss these issues had they wanted to, but more because they chose not to or it just never came up (often because they talked to older siblings instead).

Recommendations

- Retain the current question wording.

4.2   First sexual intercourse and first sexual experience

A two-part CAPI question was tested on respondents to establish age of first sexual intercourse (A) and age of first sexual experience (B). In administration, the interviewer hands the respondent a showcard which has two questions about their own experiences on it. The interviewer then asks the respondent to tell them their age at the time, or just say 'this hasn't happened' for A and B. The research team were interested in whether respondents understand the definitions on the card. However, as it was felt that it might be difficult to probe around understanding, respondents were asked to write down their thoughts instead.

SHOWCARD

A – How old were you when you first had sexual intercourse with someone of the opposite sex, or hasn't this happened?

B – How old were you when you first had any type of experience of a sexual kind with someone of the opposite sex (or hasn't this happened either)?

FirstInt
ASK: How about question A?
FirstExp
ASK: And how about question B?

Findings

The Natsal definitions of 'sexual intercourse' and 'any type of experience of a sexual kind' had not been given to the respondent at this point in the cognitive interview, however it appears that respondents' own definitions were fairly consistent with the survey's, with the exception of the survey definition of 'sexual intercourse'. Respondents did not always include oral sex as 'sexual intercourse' and this is therefore at odds with the survey definition, which includes oral sex.

The table below shows some of the things respondents wrote down under each of the two definitions.

See section 6.15 for further discussion of the survey definitions.

Table 3: Respondent's own definitions of FirstInt and FirstExp

Sexual intercourse (FirstInt)	'any type of experience of a sexual kind' (FirstExp)
- Having sex with the opposite sex or the same sex - Making love - One night stands or long term sexual partners - Penetration, between: man and woman/ two people/of the penis into the vagina - Consensual or non-consensual sex - Full sex / Penetrative sex (i.e. not oral sex) - The male genitals entering the woman's vagina.	- Sexual intercourse or sex - Intimate kissing, kissing leading to further touching of intimate body parts; - Oral sex - Foreplay - Touching/fondling/feeling one another in intimate places - Cuddling, feeling, touching, licking, petting - Anything remotely sexual oriented - Anything involving another person's genitals, including a woman's breasts'.

The comments respondents did (verbally) give suggested that on the whole it was easy to remember the age at which they first had sexual intercourse. Cognitive testing did reveal however that remembering how old they were when they first had any type of experience of a sexual kind was a little more difficult and as a result respondents were more likely to give an estimate. Interviewer observations additionally inform us that respondents either answered straight away or hesitated and proceeded to guess when providing an answer at FirstExp.

Recommendations

- Retain the current wording of the questions in this module

5 Definitions and Number of partners

This module of questions was included in the cognitive test to establish whether or not respondents, and particularly older respondents, understand the survey definitions in the intended way and to explore any problems they might have with any of the terms used. The module was also necessary to include for routing purposes for later modules which were being tested. This chapter does not cover whether respondents remembered and used these definitions when answering the survey questions, which is covered in section 446.15. As with the First sexual experiences module, the research team suspected that asking respondents directly to verbalise their understanding of the definitions might be difficult and so respondents were asked to fill in a definitions card which stated all the definitions and then asked the respondent whether (or not) they understood them. There was space for respondents to explain what problems they had with the definitions if this had been the case.

5.1 The module as a whole

There was no evidence found to suggest that this module of questions was problematic for respondents and on the whole respondents were happy enough to answer the questions and none were seen to be too personal or embarrassing. Occasionally respondents did report difficulty recalling the information – one 61 year old respondent for example found it difficult to remember the details as he had had lots of partners with long time gaps between them. The few issues respondents did have with this module related to either using the CASI programme and/or to some of the definitions.

5.2 The Survey Definitions

Universally, the definitions were described as straightforward, clear and easy enough to understand. One respondent said that she would have defined the phrases in a similar way, whilst others said they found them useful as it made it clear what you should be answering about. The very few comments respondents did write down on the definitions card provides evidence to suggest that respondents understood the terms used in the definitions. There were some comments however which should not be ignored:

- **Sexual intercourse or having sex**: One 63 year old female respondent wrote that she would not have included oral sex and possible anal sex here.
- **Any sexual contact**: Cuddling should not be included here.

For further discussion on survey definitions see section 6.15.

5.3 Comments on specific questions

Although interviewers were not asked to probe on the specifics of these questions, they were encouraged to get respondents to highlight difficult questions and explain why. We now briefly summarise problems and issues at these questions.

PartInt

> **PartInt**
>
> The following questions are about the number of people you have had sex with at different times in your life.
>
> Please include everyone you have ever had sex with, whether it was just once, a few times, a regular partner or a spouse.
>
> Be as accurate as you can: give your best estimate if you can't remember exactly.

The explanation at PartInt introduces what the next few questions are about however it was common for respondents to attempt to enter the number of sexual partners **here** when in fact they are subsequently asked to do so, in the form of the HetLife survey question, on the next screen. It appears that the 1 and Enter instruction was missed.

HetLife

> **HetLife**
>
> Altogether, in your life so far, with how many *(men/women – opposite sex to respondent)* have you had sexual intercourse with (vaginal, oral or anal)?

Interviewer observations suggest that if respondents were not able to enter the number straight away, they could spend some time sitting there thinking hard and trying to work out their answers. There were respondents in our sample who openly admitted that either their answers were not accurate or they were guesses/averages/estimates. One respondent experienced difficulty trying to come up with her answer as she had been sexually active for a while now and "*had not been very monogamous*". She used her fingers to count the number of people whilst openly admitting that her answer could have been out by 5-10 people (Female, 38).

There was the odd case for whom recalling the information at this question was slightly distressing or uncomfortable. One 51 year old man said that in some cases he would prefer to forget about past sexual experiences and thus found it sensitive to be asked to recount them.

Het5years

> **Het5Yrs**
>
> Altogether, in the last 5 YEARS, with how many (*men/women)* have you had sexual intercourse with?

Although on the whole this question worked well, one married man found it irrelevant to him and was offended that he had been asked it: *"I am a married man and I haven't been anywhere since marriage"* (Male, 61). There was one 31 year old male respondent who was unsure whether people were inside or out of the 5 year reference period and so his answer was based on the average number of people per year, multiplied by five.

One respondent suggested that it would be helpful to give people a reference period, for example tell people to think about what they were doing five years ago (for example, in March 2004) before asking them questions about number of partners in the last five years.

Recommendations

- Explore whether it is possible to have the definitions in a different colour text or on a different coloured screen in CASI
- Consider removing the reference to 'cuddling' from the definition of 'any sexual contact'.
- Retain the current wording of the questions about number of partners in this module as a follow-up question in the mainstage will give an indication of the accuracy of the answers.
- Remove the capital letters for words where it is unnecessary to have them in CAPS.
- Consider whether it is feasible to hide the variable names on screen so that 'EverHom' for example is not seen by respondents.
- Alter the wording at the **PartInt** introduction so that it reads more like an introduction and less like an actual question:

On the new few screens you will be asked some questions about the number of people you have had sex with at different times in your life. When you answer the questions, please include everyone you have ever had sex with, whether it was just once, a few times, a regular partner or a spouse. Please be as accurate as you can: give your best estimate if you can't remember exactly.

Now Press 1 and Enter for the first question.

5.4   Presence of sexual partner overlap

This question was only asked of Phase B respondents, to explore whether respondents understand what is being asked and whether anything is confusing or unclear.

> **Overlp5y**
> Thinking about all of your partners in the last 5 years, did any of the partners you have told us about overlap in time? In other words, did you have sex with someone (person A) then have sex with someone else (person B), and then have sex with the first person (person A) again?
> 1 Yes
> 2 No

Findings

Cognitive testing of this question revealed that it was straightforward and easy to answer. There were no respondents who became very confused or were unable to answer it. There was the odd comment about the use of the word 'partners' in the context of this question because of the connotations it has with relationships.

There were mixed feelings about the second sentence, starting with 'In other words'. Whilst there were respondents who found it helped to clarify what was meant by 'overlap', there were also respondents who questioned whether it was necessary to include the clarification.

Respondents' interpretation of the measurement aims of this question tended to differ, depending on their own relationship status, although this was not always the case. Respondents reported that the question could mean different things, depending on the circumstances of the person answering it:

- Monogamy;
- Having sex with someone, having sex with another person and then going back to the first person to have sex with them again;
- Being with one person, breaking it off and having sex with people in between, then going back to the original person;
- Having sex with two people over the same period of time;
- Cheating on someone/having an affair; and,
- Seeing different people on a casual basis.

Recommendations

> - Alter the question slightly, removing the reference to 'partners':
> Thinking about all of the people you have had sex with in the last 5 years, did any of those people you have told us about overlap in time? In other words, did you have sex with someone (person A) then have sex with someone else (person B), and then have sex with the first person (person A) again?
> 1 Yes
> 2 No

6 Most recent partners

It is worth taking the time to explain the routing and programming for this module, in order to understand fully the issues we have explored in testing. The module asks questions about the respondents' most recent sexual partners. These questions are on a loop, which is repeated for up to three partners in the last five years. The number of times the loop is asked depends on the number of partners in the last five years reported earlier in the questionnaire. An additional fourth loop may appear if a respondent reported that they have had sex with partners of both sexes (ever), but in the most recent partners module only give details of partners of one sex. For example, if the female respondent reported having sex with both men and women earlier, but the three most recent partners reported here are all men. The respondent is then directed to answer questions about their most recent partner of the other sex, regardless of how long ago this was. In addition, if a respondent has not had any partners in the last five years, but has had at least one partner ever in their life they will be asked the loop of questions once, about their most recent partner, regardless of how long ago this was.

This is an existing module from the 1990 and 2000 surveys, which has been extended and modified for 2010. A short version of this module was tested in Phase A of the cognitive development to assess comprehension and acceptability of specific questions. However the Natsal team also had concerns about the burden that the module as a whole places on respondents, especially upon those who have had several partners in the last five years, in which case they will be routed through the question loops up to four times. We therefore tested the full module in Phase B among respondents we had recruited via an advertisement in which we specified that we were looking for people who had had more than one sexual partner in the last five years. By the time Phase B went into field, the research team had made further improvements to the module, and finalised some of the new questions. Therefore the versions tested in these two phases were different. The changes made for Phase B are highlighted in red text. Some of the problems that respondents experienced with the questions in Phase A may have been addressed by these changes, and we have indicated in this chapter where this is the case. In this chapter we only show questions that interviewers were asked to probe on. See Appendix A for the full module of questions.

The two age groups in Phase A were given slightly different versions of this module. There were some key questions that we wanted to test on everybody for comprehension, recall and acceptability, but we asked the older people to complete a fuller version of the module so that we could get some idea of acceptability and any difficulties with recall among this group. This was necessary because we predicted that our recruitment strategy for Phase B would yield mostly younger respondents. However, a programming error meant that respondents were only asked the questions if they had sex in the last five years, and those who had not had sex in the last five years were not asked about their most recent partner as intended. This means that the scope for judging acceptability and recall among older respondents in Phase A was limited. This chapter will therefore concentrate on the findings from Phase B, but supplement these with any relevant findings from Phase A.

6.1 The module as whole

After completing the module, respondents were asked for their opinions on the module as a whole. In particular, they were asked whether they thought the questions flowed well, whether any questions seemed odd or out of place, how they felt about answering the questions, and whether any questions were more difficult than others.

Findings

Respondents in Phase B (who were asked the full version of the module) found that the module went into a lot of detail, which required mental effort, but that as a whole it appeared logical and straightforward. The only question that respondents spontaneously identified as odd was **R1Born**: whether the respondent knew where the partner was born. See section 6.13 for discussion of this question. Respondents did not find the questions offensive or too personal, however it should be noted that the full version of the module (including questions about overlap between partners, and partners' concurrency) were only asked of respondents in Phase B, who were younger (aged under 40) and had been recruited via an advert. Therefore it should not be assumed that all respondents in the main survey would feel the same.

Respondents commented that the module was fairly easy as a whole, including Phase A respondents in the older age group. One of the key findings from Phase B, where respondents were answering about at least two partners, was that respondents would have liked to have been given an indication of how many partners they were going to be asked about. They felt that this would have helped them focus on their three most recent partners, and they would not have been worrying about how many times they were going to be asked the questions (respondents commented that it became more difficult to remember as the number of partners increased).

One of the problems that respondents experienced when completing this module was that they became confused and concerned if they realised that they had missed a partner out. They were not sure whether to add in the partner out of sequence, or whether they were supposed to go back and start again, or just disregard that partner. This is more likely to happen with the more casual partners, or the ones that were longer ago.

Recommendations

- Research team to consider other ways to test the overall sensitivity and burden of this module in a more representative sample. This could take the form of a feedback question for those who complete the pilot.
- Add to the introduction an explanation of how the module is structured, and how many partners they will be asked about. This could be along the lines of:

"The next sets of questions are about the people you had sex with most recently. The questions will ask about the *(one person / two people / three people)* you had sex with most recently, in turn.

> Please start by thinking about **the person you had sex with MOST RECENTLY**, whether this was quite recently or some while ago. This may be a man or a woman you had sex with just once, or a few times, or a regular partner or a husband/wife."
>
> Think about how this should be worded for respondents who have had sex with people of both sexes, who might be asked between two and four loops of questions. One possibility is:
> "The next sets of questions are about the people you had sex with most recently. The questions will ask about up to *(two/three/four)* people that you have had sex with, in turn.
>
> Please start by thinking about **the person you had sex with MOST RECENTLY**, whether this was quite recently or some while ago. This may be a man or a woman you had sex with just once, or a few times, or a regular partner or a husband/wife."
>
> - Consider whether there are any ways to make it clearer to respondents what to do if they suddenly realise that they have missed a partner out. Potential solutions include:
> 1. A 'help key' that instructs respondents to answer about that partner at the next loop of questions (if they are not already answering the final loop) or that enables them to 'open a new loop' for that partner (if they are already on the final loop).
> 2. If this is not feasible, add an additional sentence in the initial module introduction explaining what to do if they realise they have missed a partner out. However, this may be difficult to word without causing more confusion.

6.2   Giving the partner a Nickname

The idea of typing in the name, initials, or a nickname for each partner in the most recent partners' module was suggested by the expert panel, with the aim of helping respondents remain clear about who they are answering questions about throughout the module. This idea was incorporated into the Phase B pilot.

> **R1Name**
> To make it easier to remember the answers to these questions, please type in a nickname or the initials of the person you had sex with most recently *(textfill: second/third most recent partner?)*. This is just to help you remember who you are answering the questions about so it does not have to be their real name. The name or initials you type in will not be used in any way and will be deleted from the laptop at the end of the questionnaire.
> PLEASE TYPE IN THIS PERSON'S INITIALS, FIRST NAME, OR A NICKNAME (NOT THEIR FULL NAME).

Findings

Respondents found that entering a name, initials or nickname for their partners helped recall and enabled them focus on that partner. However, respondents commented that they did not wish to enter the person's real name, and some had not realised that they could make a name or a nickname up, rather than using a real name or nickname. Others understood this and felt comfortable making up a name.

There was some evidence that entering a nickname or initials could cause concern for respondents. One respondent commented that she didn't like entering the nickname for partners whose names she couldn't remember or didn't know, because it made her cringe every time that nickname appeared on the screen, feeling that it was a reminder that she did not know the name of someone she had had sex with. She stated that she would have liked to be told that if you don't know the names, it is fine to enter A, B, or C. Another respondent expressed concerns about whether the names would be used or not and asked the interviewer for clarification before he entered a name.

Finally, the word 'partner' in the textfill for the second and third most recent partners caused some confusion. This word is not used throughout the rest of the module, and partners are instead referred to as 'the person you had sex with' at this question, or by nickname/initials. The use of partner here seemed odd and caused sudden uncertainty.

In spite of these concerns, the cognitive testing found that the names were helpful and enabled respondents to keep focussed. However, all respondents in phase B were answering about more than one partner. Entering a nickname is likely to seem odd to those who are only answering questions about one partner (because they have had no, or just one, partner/s in the last five years).

Recommendations

- This question should remain in the Natsal 2010 questionnaire.
- The introduction wording should be tweaked to make it clearer that respondents do not have to use real names or nicknames, and that it is acceptable to make up names or initials.
- Consider ways of reassuring respondents of confidentiality and ensuring that this question does not cause them to lose trust. One suggestion for a changing to wording is set out below, but this may not be sufficient.
- Change the textfill for second and third most recent partners.

"To make it easier to remember the answers to these questions, please type in a nickname or the initials of the person you had sex with most recently *(textfill: second most recent person you had sex with/third most recent person you had sex with)*. This is just to help you remember who you are answering the questions about so a made-up nickname or initials are fine. No-one will see this name except you, and it will be deleted from the laptop at the end of the questionnaire.

PLEASE TYPE IN THIS PERSON'S INITIALS OR A NICKNAME."

- Do not ask this question for respondents who will only be answering about one partner, and instead revert to the wording used in Natsal 2000 for the rest of the module (i.e. referring to 'that person' rather than *(name))*.

6.3   Date of most recent sex

The existing Natsal question was tested in Phase A, with the main aim of testing recall. While Phase A was in field, the research team made a few tweaks to the wording to try to

encourage respondents to guess the month if they didn't know. Both versions of the question are shown in this section.

<div align="center">**PHASE A**</div>

R1DateY
When was the most recent occasion you had sex with that person?
TYPE IN THE YEAR (4 DIGITS) AT THIS QUESTION AND THE MONTH AT THE NEXT QUESTION.
Range: 1948..2012

If most recent sex with partner less than 5 years ago (R1DateY<5 years)
R1DateM
TYPE IN THE MONTH NUMBER. IF YOU CAN'T REMEMBER THE MONTH, TYPE IN '97'."
1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12.December
97. Can't remember the month

<div align="center">**PHASE B**</div>

R1DateY
When was the most recent occasion you had sex with *(Name)*?
TYPE IN THE YEAR (4 DIGITS) AT THIS QUESTION AND THE MONTH AT THE NEXT QUESTION.
Range: 1948..2012

If most recent sex with partner less than 5 years ago (R1DateY<5 years)
R1DateM
TYPE IN THE MONTH NUMBER. PLEASE ESTIMATE THE MONTH IF YOU CAN'T SAY EXACTLY."
1. January
2. February
3. March
4. April
5. May

> 6. June
> 7. July
> 8. August
> 9. September
> 10. October
> 11. November
> 12.December
> 97.   I am unable to estimate

Findings

This question was well understood and respondents in Phase A were able to recall with good accuracy. However, these respondents were answering about current partners, so the most recent sex was very recent (within the last month). Respondents whose most recent sex was not so recent may not be able to answer so accurately. For example, a respondent in our sample whose most recent sex was in 2007 found it more difficult to remember the month. He had a 'good guess', by thinking about the time of year and what else was happening around that time.

The main problem that respondents experienced with this question was with the way we ask them to input the date into the laptop, i.e. year at one screen then month at the next. Respondents pointed out that surveys and forms usually ask for the date to be given in one field, and that it is natural to give the month first. Entering of the month first (i.e. the easiest option) may only be true if the occasion of sex was recent, and therefore month is easy to remember. For example, the respondent whose most recent sex was in 2007 found it easier to give the year first, then estimate the month. Respondents commented that mentioning the month in the instruction at the first question increased their confusion, and the question wording should make it clearer that they should only enter the year.

Respondents in Phase B were not probed on this question, because we were aware that they were likely to be currently sexually active, therefore recall would be less of a problem. However, one of the things we found when probing about the module in general was that dates were difficult for some people to remember. In particular months were said to be more difficult and less accurate than years. This was not always the case: some respondents said that remembering dates was not a problem. One respondent commented that ease of recall depends on the importance of the sexual experience. It is unlikely that changes to wording would solve these problems, therefore these findings should be borne in mind when conducting analysis on Natsal data.

These findings highlight problems respondents may have with recalling dates, which relate to the importance, or saliency of the experience. It should be noted here that in the cognitive testing, respondents were only asked to report on most recent partners within the last 5 years. In the main survey, however, some respondents (who have not had sex in the last 5 years) will be asked to recall dates of sex with the most recent partners, which for some could have been a long time ago. It might be that the further back in time the most recent sex occurred, the more difficult it will be to recall the details (such as the

date), however we were unable to adequately explore this and therefore we are unable to provide evidence of recall problems and how they might make people feel.

Recommendations

- The question should remain in its current format (date at first screen, followed by month at next).
- The respondent instructions should be made clearer by removing the reference to month at the first screen:
  Type in the YEAR (4 digits).
- Consider whether it is possible to identify any problems that respondents who have not had sex in the last five years may experience with recalling information that is being sought in this module, and how this makes them feel.

The Natsal team should also be aware when conducting analysis that the dates are likely to be more accurate for recent sexual experiences than those that were some time ago, or for some kinds of sexual partnerships, for example those that are more 'meaningful' to respondents.

6.4   Relationship status at most recent sex

This is a new question for Natsal 2010, to address the fact that the existing question about their relationship with that partner referred to their relationship status 'now or ever', rather than at a specific point in time, making it difficult to analyse meaningfully.

R1Relat
Which one of these descriptions applies best to you and *(Name)* at the time you **most recently** had sex?
Only give one answer
1.   We were married/in a civil partnership /living together as a couple at the time
2.   We were in a steady relationship at the time
3.   We were not in a steady relationship at the time

IF R1Relat=Not in a steady relationship
  R1ReINS
  You said you were not in a steady relationship with *(name)*. Which one of these descriptions best applies at the time you **most recently** had sex with *(him/her)*?
  Only give one answer.
  1 We used to be in a steady relationship, but were not at that time
  2 We had known each other for a while, but were not in a steady relationship
  3 We had recently met
  4 We had just met for the first time

Findings

This question was clear and easy to understand. Respondents were thinking about their relationship with that partner when they most recently had sex, as intended. Occasionally respondents who were married or in steady relationships with their partners commented that they were thinking about their relationship with that person now, because that was the same as when the most recently had sex.

The respondents in Phase A, who were almost all in relationships or married, thought that **R1Relat** was very easy to answer and that all types of relationships were covered. Respondents appeared to understand what this question was asking of them: *"I guess it's whether you have casual sex or whether you only have sex in relationships" (*Female, 23)*. There was however evidence to suggest that the co-habiting part of option 1 was occasionally missed. One respondent, for example, reported that she disregarded option 1 because she saw the word 'married', and chose option 2 even though she was living with the person.

Phase B respondents answered about several partners, some of whom they were not in a relationship with, and encountered more difficulty with this question than those in Phase A, who were all in relationships. Although respondents were clear about what the question was asking for, it was found that there were some types of relationships which respondents found more difficult to find an answer code for compared to others, notably those relationships that were:
- in the early stages;
- less stable, or as one respondent put it "*on the rocks"; or,*
- ongoing but casual and non-committed.

For those who got there, the follow up question (**R1RelNS)** alleviated some of the uncertainty outlined above, as it provided respondents with a way to distinguish their type of 'not steady' relationship. However at the time of answering **R1Relat** respondents are unaware that there will be a follow up to enable them to make this distinction. It may be that displaying all of the answer options together will help people decide which answer option fits but it was also noted that in fact **R1Relat** provided the context within which **R1RelNS** made sense. Therefore the response option for **R1RelNS** may only make sense when a respondent has already reported that they are not in a steady relationship (at R1Relat).

The term 'steady relationship' was explored with respondents to assess what it meant to them and whether it was easy to understand. Respondents either:
- found the term appropriate, especially in the context of the other answer options; or they,
- disliked the term 'steady', reporting that it sounded American, was a word that teenagers would use or that it was a "*weighted*";

Changing answer option 2 to "we were in a relationship" or "we were in a long-term relationship" was suggested by respondents.

A 'Steady' relationship

When probed, respondents came up with a variety of definitions, all covering one or more of the following themes: monogamy; length of relationship; social acknowledgement of the relationship; frequency of seeing each other; and purpose (whether it is 'going somewhere'). Although the respondents did not all give the same definition of a steady relationship, it appeared to be intuitively understood and respondents were able to discriminate between this and answer option 3 with ease. The problems with distinguishing between options 2 and 3 encountered in Phase B are therefore likely to be because a relationship was in a transition period between the two, and it was genuinely difficult to say which category it belonged to at the time, rather than a problem with comprehension.

Recommendations

- Change response option 1at **R1Relat** by moving 'living together as a couple' to the beginning:
i. We were living together as a couple / married/ in a civil partnership at the time
- Although the term 'steady relationship' was not always liked, the alternatives suggested ('long-term relationship', 'committed relationship', or just 'relationship') would be likely to cause even more misinterpretation and confusion. The term 'steady relationship' was well understood, even by those that didn't like it or wouldn't usually use it, and therefore the wording of response option 2 should remain as it is.
- Consider combining **R1Relat** and **R1ReINS** so that all answer options appear on the same screen. This may make it easier for respondents to decide upon the appropriate answer category. However, it may create different problems, for example the response options may then look more like a hierarchy of relationship types, which may alienate those respondents reporting more 'casual' partnerships. It will also look longer and more complicated on the screen, and may therefore take longer for respondents to process. This alternative question could be tested in Phase C of the cognitive testing, among GUM clinic attendees, allowing the research team to compare findings before making a final decision. The alternative question could be as follows:

R1Rel

Which one of these descriptions applies best to you and **(Name)** at the time you **most recently** had sex?

Only give one answer

1. We were living together as a couple married / in a civil partnership at the time

2. We were in a steady relationship at the time

We were not in a steady relationship at the time (please choose from the following options):

   3. We used to be in a steady relationship, but were not at that time
   4. We had known each other for a while, but were not in a steady relationship
   5. We had recently met
   6. We had just met for the first time

6.5   Whether will have sex with that person again in the future

This question aims to provide a marker of whether a partnership is 'ongoing'. The information is for routing subsequent questions, as well as to derive weights for the partnership-level data during analysis. In Natsal 2000, whether or not a partnership was ongoing had to be estimated based on responses to three other variables at the analysis stage. This question aims to capture the information by asking the respondent directly, which is likely to be more accurate than making assumptions based on their answers to other questions. This question was tested in both Phase A and Phase B. The 'don't know' answer option had been missed out (in error) in Phase A, so it was added back into the question for Phase B. This question was being tested for sensitivity, and perceived accuracy of answers.

PHASE A

IF (most recent occasion of sex was less than one year ago)

R1sexagn

Do you think you will have sex with this person again in the future?

1. Yes
2. Probably
3. Probably not
4. No

PHASE B

IF (most recent occasion of sex was less than one year ago)

R1sexagn

Do you think you will have sex with **(Name)** again in the future?

1. Yes
2. Probably
3. Probably not
4. No
5. Don't know

Findings

The question was straightforward, especially for respondents who were currently in relationships. It was not considered an offensive question, although some respondents did find it humorous, especially if they were married or in a relationship, because to them the answer was obvious. In spite of this we did not find that anyone was annoyed at being asked the question. It was noted that the version of the question we tested in Phase A would have benefited from a 'maybe' category. This is likely to have been resolved by the inclusion of the 'don't know' category in Phase B.

The only problem encountered with this question surrounded the distinction between whether the respondent **wanted** to have sex with that person again, and the **likelihood** that they would have sex with that person again. For example, one respondent commented that this question assumed that the other person was willing to have sex again, and therefore he thought this question was trying to get at his willingness to have

sex with them again. Another respondent commented that he would have liked to be able to answer 'hopefully'. Because this was not available he selected 'probably'. In this particular case the most recent sex with this partner was in 2007, therefore the respondent may not have chosen the most accurate response because of his different interpretation of the question.

Recommendations

- Consider how much of a problem it would be if some respondents answered this question with reference to their intentions/willingness rather than the likelihood that they would have sex with that person again.
- Consider changing the question wording. For example:
"Is it likely that you will have sex with *(name)* again in the future?"
- Any changes to wording should be tested in Phase C of the cognitive development.

6.6 Whether the most recent occasion with that person also the first occasion

PHASE A

R1First

Was that (most recent) occasion also the FIRST occasion with that person, or not?"
1. Yes, the first occasion
2. No, not the first occasion

PHASE B

R1First

Was the most recent occasion also the **first** occasion with *(Name)*, or not?"
1. Yes, the first occasion
2. No, not the first occasion

Although this was an existing Natsal question, and not one that we asked interviewers to probe on, respondents in Phase A spontaneously commented that they found it confusing and illogical. The problem appeared to be the words (most recent) in brackets. Respondents reported that they had to read the question more than once before they understood it. This may have been exacerbated by the order of questions in Phase A, which was perceived as jumping between first and most recent sex with the partner in an illogical way. The wording and order of questions were changed before Phase B, and respondents did not report any problems with this question, and perceived the flow of the module as logical.

Recommendations

- The wording of this question, and the order of neighbouring questions should be kept as in Phase B.

6.7   Partner's age at first sex

> **R1PtAge**
> How old was *(Name)* on the FIRST occasion you had sex together?
> TYPE IN THE AGE IN YEARS.
> PLEASE ESTIMATE THE AGE IF YOU CAN'T SAY EXACTLY.

This is an existing question from the previous Natsal surveys and was not specifically probed about. However, it was spontaneously identified during the general module probing as one that was difficult. It could be, as one respondent suggested, that this is more difficult for older people than younger people because as you get older you are less aware of exact ages.

Recommendations

- Consider whether this question is necessary and important for analysis.
- If possible, give banded answer categories for respondents to choose from, rather than asking them to give an exact age.

6.8   How first meet that person

This question was tested to explore whether there were any answer categories that were not covered, whether it was easy to find the appropriate answer category, and to see how respondents understood response option 10. Unfortunately response option 5 here was the Natsal 2000 wording, which we intended to change to 'introduced by friends or family'. This will be amended and tested in Phase C of the cognitive development.

> **R1Meet**
> How did you FIRST meet *(Name)*
> 1   At school
> 2   At university or college
> 3   At work (or through work)
> 4   In a pub, bar, night club or disco
> 5   At a social event organised by friend(s) such as a party, drinks, meal
> 6   Through a sports club, faith group, or other organisation or society
> 7   On holiday or while travelling
> 8   Internet dating website
> 9   Other dating agency / personal ads
> 10 Chat room, social networking site or online gaming
> 11 Arranged marriage
> 12 Had always known each other (for example as family friends or neighbours)
> 13 Neighbour/lived locally/house or flatshare
> 14 In a public place (e.g. park, museum, shop, public transport)
> 15 *(He/she)* was a sex worker / prostitute
> 16 Other (please write in at next question)

Findings

This question was clear and easy to understand. When asked how they understood the term 'meet' respondents said they had thought about when they first talked to each other or had some kind of exchange. Respondents were able to find the response options they wanted, although some respondents reported that it took them a while to find the category they were looking for because the list is so long. None of them found this especially problematic. Some queries were raised, such as where a 'sci fi convention' would be coded, and what to do if there was overlap between categories, in this case between 'university' and 'at a social event'. However, these queries were relatively minor and respondents were able to choose an answer option without much difficulty.

None of our respondents chose answer option 10 (chat room, social networking site or online gaming). Interviewers asked respondents in Phase B to consider it and tell us what they thought it meant. Responses were as follows:

- Social networking sites are Fabebook, myspace or twitter
- Chat rooms are sometimes associated with vulnerable people being exploited
- Online gaming could be virtual reality games such as 'world of warcraft' or 'Second life'. It should be noted that universally respondents thought of this term as meaning playing poker online.

Therefore it appears the respondents looked at the individual examples given in this response option, rather than thinking of it as an overall 'online' (excluding online dating) category. Some of the meanings that respondents attached to the terms, in particular 'online gaming', were not necessarily what was intended. However, it should be noted that these respondents were being asked to 'artificially' examine this category, as they did not meet any of their partners in this way.

Recommendations

- Consider changing response option 10 to a more general category:
10. Online, but not through a dating website

6.9   Where that person lived when first met

R1Live

When you FIRST met that person, where did *(he/she)* normally live?

1.   In the same town or city as you did
2.   In the same region as you, but in a different town
3.   In a different region, but the same country as you
4.   In a different country from you
5.   Don't know

This question was not probed on, as it has been asked in previous Natsal surveys. However one respondent spontaneously reported difficulties with it. The respondent was American and felt that the question did not work well in a non-UK context, where 'region' may be ambiguous. In the end she created a definition of region as 'more than 500 miles away' and was able to answer the question.

Recommendations

- Keep the question wording as it is, as a change which may improve the answer options for some respondents (e.g. those from countries like the USA, where the meaning of the word 'region' is not obvious) may cause problems for others (e.g. those from the UK).

6.10   How long had known that person before the first had sex

R1Known

How long had you known *(Name)* before you first had sex?

1.   24 hours or less
2.   Between 1 day and 1 week
3.   Between 1 week and 4 weeks
4.   Between 4 weeks and 6 months
5.   Between 6 months and 1 year
6.   Between 1 year and 5 years
7.   Between 5 years and 10 years
8.   10 years or more

Findings

This question was clear and generally respondents understood it as intended, and counted the time from when the first met to when they first had sex. However, this was not always the case as one respondent counted from the time she first went on a date with that person, even though she had known him before that.

We found that accuracy varied between respondents, and depended on their particular circumstances. They commented that the ranges made this question easier to answer compared to having to give an exact amount of time. It was easy for respondents to answer accurately when the partner was a 'one-night stand', where they knew that it had been less than 24 hours. Some respondents reported that they used internal bookmarks such as jobs or life circumstances to help them remember. A female respondent admitted that she tended to round up, rather than down: *"my inner prude coming out"* (Female, 31). It is unlikely that we can do anything to improve the accuracy of respondents' answers, but these variations in accuracy should be borne in mind when conducting analyses of this question.

Recommendations

- Consider changing the wording of this question to:

How long was it between when you first met *(name)* and when you first had sex with them?

6.11   Partner's concurrency

IF Respondent had sex with that person more than once AND most recent sex with that person was in the last 5 years:

A) IF first sex with that person was more than 5 years ago and partnership is ongoing

R1PconA

Do you think that *(name)* has had sex with anyone else in the last 5 years?

1. Yes
2. Probably
3. No
4. Prefer not to say

B) IF first sex with this partner was more than 5 years ago AND partnership is not ongoing THEN

R1PconB

Do you think *(name)* had sex with anyone other than you between *(month and year 5 years ago)* and *(month and year of last sex with this partner)* (the most recent occasion you had sex with him/her)".

1. Yes
2. Probably
3. No
4. Prefer not to say

C) IF First sex with partner was less than 5 years ago AND partnership is ongoing THEN

R1PconC

Do you think *(name)* has had sex with anyone else since you first had sex together?

> 1. Yes
> 2. Probably
> 3. No
> 4. Prefer not to say
>
> **D) IF First sex with partner was less than 5 years ago AND partnership is not ongoing THEN**
> **R1PconD**
> Do you think *(name)* had sex with anyone else in the time between when you first and most recently had sex together?
> 1. Yes
> 2. Probably
> 3. No
> 4. Prefer not to say

These questions aim to measure whether the respondent's sexual partner had sex with anyone else (since they first had sex with the respondent), then had sex with the respondent again ('concurrency'), within the last 5 years. The time frame of 5 years was chosen with the aim of providing some focus to aiding recall, and standardising the question across respondents in relationships of different lengths. It is difficult to devise a question that captures this information for respondents in partnerships that have started at different points in time, and that may or may not be ongoing. The question therefore comes in four variations (A, B, C, or D) to address this. Finally, although for analysis it would be useful to know more about the length of the gap between when the partner had sex with the respondent and when they had sex with the other person (and the same for the gap between this and when they had sex with the respondent again), the decision was made that it would be impractical to attempt to measure this. Additionally it was decided that we would avoid setting time limits for these gaps within the question as it would have simply put too many extra conditions on an already complex question.

These questions for partner's concurrency were developed while Phase A was in the field so were only included in Phase B of the cognitive testing. Interviewers explored several aspects of this question: how respondents understood the question, how they felt about being asked the question, and how accurate their answers were.

Findings

Our testing found that the question was clear and easy to understand. When probed about what they thought the question was getting at, respondents thought it was about 'monogamy'. One issue related to comprehension surrounded the phrase 'do you think'. For example one respondent thought that this implies an affair: *"have they been going behind your back"* (Female, 27), whereas if the question had been 'has *(name)* had sex with anyone else…', she would have thought about a different situation, for example at the start of a relationship where two partners might be aware that each has sex with other people. Other respondents also commented that they thought this question was getting at what they thought, and one respondent suggested that this could just be a reflection of what she thinks about that person, as opposed to whether she knows for a 'fact'. One

suggestion was to change this question to a more factual one: "Did *(name)* have sex with anyone else…", rather than "Do you think *(name)* had sex with anyone else…".

One variation of the partner's concurrency question that was of particular concern to the Natsal team was 'B', where respondents are asked to focus on a time frame (between 5 years ago and when they most recently had sex with that partner) that they may have considered irrelevant to them or artificially composed. There was some concern about whether this would confuse respondents, and indeed whether it is feasible to ask people to think about this time frame when answering the question. Although some of our respondents were asked this variation, they were also asked other variations for their other partners. It was difficult for them to remember which versions they had answered at the time of probing and we were therefore unable to explore this fully. However, no respondents reported that they found this question confusing therefore it is likely that this, the most complex version, did not cause any major comprehension issues. We cannot tell whether they actually kept the specific time frame in mind when they were answering the question.

As expected, this question was found to be one of the least comfortable to answer in the module, but respondents in our sample did not find it offensive. In fact, we found that respondents were generally happy to answer it, including those respondents who answered 'yes'. However, it should not be assumed that it causes no discomfort at all. For example, one respondent who said that she felt fine answering the question revealed later during probing that she had felt a bit uncomfortable. For her, the term 'probably' was loaded with emotion. She answered 'yes' because she felt that answering 'probably' would seem like she was insecure. The research team should also be aware of the fact that this question had only been tested on Phase B respondents, who were recruited via an advert. All of these respondents were young (under 40) and had had more than one sexual partner in the last 5 years, therefore the findings described here may miss problems this question poses for other types of people, for example older people, or those in a long term (more than 5 years) monogamous relationship. We feel that this is particularly relevant in terms of how respondents feel about the question.

It is known that the accuracy of data about a partner's concurrency will always be questionable, simply because respondents will often not know whether their sexual partner has had sex with other people. However, respondents thought their answers were reasonably accurate. The question was perceived by some respondents to be 'factual', and they therefore considered their answers to be very accurate. Others stated that they had had to guess, or make a judgement call. Some stated explicitly that they thought this was a subjective question about what they thought. This may not be a major problem – if a respondent does not know the answer for a fact then a judgement call, or choosing the option they *think* is true, is likely to be the next best thing. It was found that a more graded scale would have been preferable, so that respondents can indicate a level of certainty, or to have an answer option for 'possibly'.

Recommendations

- Add 'probably not' into the answer options, which may solve the problem respondents had distinguishing between 'probably' and 'yes' as the answer options will appear as more of a scale of certainty.
- Keep question wording as it is. Although removing 'do you think' may clear up the confusion about whether we are asking about what the respondent *thinks*, or what they *know*, some respondents may be even less comfortable with this direct question and it may be more difficult to answer for those who are not sure. Furthermore there is no guarantee that it would give more accurate results.
- Consider whether there are any other ways to test this question among different types of respondents, for example those that are older, or that have been in long-term monogamous relationships throughout the last five years. One possibility would be to ask Natsal Pilot respondents for feedback about any questions that they found uncomfortable or upsetting. However, the Natsal team may also wish to consider asking for feedback specifically about this question in the pilot.

6.12   Partner's ethnicity

This is a new addition to the module and was being tested for feasibility and accuracy of answers.

R1Ethnic

Which ethnic group or background does *(Name)* belong to?
1. White or White British
2. Mixed ethnicity
3. Asian or Asian British
4. Black or Black British
5. Chinese or other ethnic group
7. Not sure

> *IF R1Ethnic =Black:*
> **R1EthBlk**
> What is *(name)*'s background?
> 1. Caribbean
> 2. African
> 3. Other Black background
> 4. Not sure

Findings

Generally, respondents found this question easy to answer. This included some cases where partners were not white, although the majority of partners being referred to in both phases of testing were white. It was also found that respondents, who were in casual partnerships as well as relationships, were able to answer this question. However, the question could appear odd to respondents. For example in our testing, one respondent commented that it didn't matter to her which ethnic background they are from, so why

should it matter to researchers? Others may find it unusual to define someone else's ethnicity, which is something that does not have a concrete definition. Our respondents that were unsure about their partners' ethnicity felt able to make an informed guess, usually based on appearance. We did not find that this question upset or annoyed respondents.

Recommendations

- It is feasible to ask about a partner's ethnicity in Natsal. Although some respondents may find it odd or unusual, they are likely to be able to answer without much difficulty.
- Consider adding a brief explanation of why this question is being asked. This could be worded along the lines of:

"We are interested in some of the characteristics of people's sexual partners. Which ethnic group does *(name)* belong to?"

- This explanation would need testing in Phase C of the cognitive development.

6.13   Partner's country of birth

This question was tested to see how respondents felt about being asked it, especially in the context of just having been asked about that person's ethnicity. This question changed for Phase B, as it was thought that asking whether the partner was born in the UK implied that the respondent *should* know the answer, and asking *whether* they knew what country the partner was born in was thought to appear more neutral.

PHASE A

R1BornUK
Was this person born in the UK?
1. Yes
2. No
3. Don't know

If R1BornUK=No
    R1BornWr
    Which part of the world was he/she born in?
    1.   Other European countries (including Ireland, Eastern Europe, Russia)
    2.   Australia, New Zealand
    3.   North America (USA and Canada)
    4.   South America, Central America (including Mexico)
    5.   Caribbean countries
    6.   Asian countries (including China, India, Pakistan, Bangladesh, Thailand, Malaysia, etc)
    7.   Middle East, North Africa
    8.   African countries (other than North Africa)
    9.   Other region or country (TYPE IN '9' AND THEN TYPE IN THE NAME OF
THE   COUNTRY AT THE NEXT QUESTION)
    10. Don't know which region or country

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PHASE B

R1Born

Do you know which country *(Name)* was born in?

1. Yes
2. No

   If R1Born=Yes

      R1BornWr

      Which part of the world was he/she born in?

      1. The UK

      2. Other European countries (including Ireland, Eastern Europe, Russia)

      3. Australia, New Zealand

      4. North America (USA and Canada)

      5. South America, Central America (including Mexico)

      6. Caribbean countries

      7. Asian countries (including China, India, Pakistan, Bangladesh, Thailand, Malaysia, etc)

      8. Middle East, North Africa

      9. African countries (other than North Africa)

      10. Other region or country (TYPE IN '10' AND THEN TYPE IN THE NAME OF THE REGION OR COUNTRY AT THE NEXT QUESTION)

      11. Don't know which region or country

</div>

Findings

Our testing found that respondents were very mixed in their reaction to this question. For those respondents who knew the answer, this question was easy and didn't pose problems. However, other respondents commented spontaneously during the general module probes that this question was *"Out of the blue"* and *"strange"*. One respondent elaborated and said that she couldn't see why we were asking for this when we had already asked for ethnicity. It was found to be especially difficult to answer for respondents who hadn't known the partner for a long time, unless they knew the answer because it happened to have come up in conversation. *"Why should I know, and why would I want to know where that person was born?"* (Female, 27). Even more concerning was that in some cases respondents who did not know the answer said it made them feel *"guilty"*, they felt as though they were being judged, and began to question themselves.

Recommendations

<div style="border:1px solid black; padding:10px;">

- This question should be dropped from the questionnaire.
- If the question is considered essential, it would need an introduction explaining why it is being asked. In this case, consider dropping the question about partner's ethnicity, to avoid disengaging, or aggravating, respondents.

</div>

6.14   Clarifying overlap

MRPOlap

Thank you for answering those questions about the people you have had sex with most recently. Just to check, was there any overlap between *(name A)* and *(name B)*? In other words, was the first time you had sex with *(name A)* before the last time you had sex with *(name B)*?

3.   Yes – there was overlap
4.   No
5.   Not sure
6.   Prefer not to say

This question was only asked where the most recent occasion of sex with one partner was in the same calendar month as the first occasion of sex with another partner, and the respondent had sex with at least one of these partners on more than one occasion. In these circumstances it is not possible to tell from the data alone whether there was any overlap between these partners, so this question was developed to collect this information. The question was tested in Phase B, where just one respondent met these criteria. Although this respondent understood this question well and did not experience any problems, we cannot generalise from these findings because comprehension and sensitivity may vary among respondents with different characteristics. The question will be tested in Phase C of the cognitive testing, but there is no guarantee that we will achieve enough respondents who meet these criteria to fully test the question. Therefore, following Phase C testing, researchers may have to make a judgement call about whether this question should be kept as it is, modified, or dropped from the questionnaire.

6.15   Definitions of sex

At the start of the CASI respondents are given a definition of sex, which includes vaginal, oral, and anal intercourse. We wanted to explore whether respondents were thinking about this definition of sex when answering the questions throughout the most recent partners module. As with some earlier questions, we used a 'self-probe' method, whereby we asked respondents to fill in a paper probe sheet, because we thought respondents might feel more comfortable writing things down than saying them out loud.

Findings

Our cognitive testing showed that respondents varied in whether they thought about the Natsal definition of sex (oral, anal and vaginal intercourse) when answering the Most Recent Partners questions. Some respondents included any form of intercourse that they had experienced however others did not include oral sex. The following two quotes demonstrate this: *"I don't see it as 'sex'"* (Male, 41) and *"for me the definition of sex is vaginal intercourse"* (male, 25).

In section 4.2 we described respondents' own definitions of 'sexual intercourse', before they had been given the Natsal definition. It appears that although, as described in section 5.2, respondents understood the Natsal definition of sexual intercourse (vaginal, oral, and

anal sexual intercourse) this was sometimes at odds with respondents' own definitions, which did not always include oral sex. The findings described in this section suggest that some respondents may revert to their own definitions, rather than the Natsal definitions, when answering the questions about their most recent partners.

Recommendations

Consider including ways to bring the Natsal definition of sex to respondents' attention, so that it is included. Possible techniques include:

- A 'definitions card' that respondents can have to refer to alongside the laptop;
- A screen at the start of the Most Recent Partners module which reminds the respondents of the definitions.

The drawback of this is that improving the accuracy of our answers in Natsal 2010 may result in loss of comparability with the previous Natsal surveys. The Natsal team should consider which should take priority.

7 History of pregnancies

The following questions were tested on women aged 59 and older only, the aim being to assess whether older female respondents are able to recall the information and to explore whether recall differs depending on the information which is being asked for: e.g. they can remember pregnancies but not the details of abortions.

Everpreg

Have you ever been pregnant?

1. No
2. Yes → **Nopreg**

       How many times have you been pregnant?

       IntPreg (loop repeated for all pregnancies)
       Thinking about the *(first/second/third etc.)* time you were pregnant…
       Pregout
       What was the outcome of that pregnancy?

       1. I had a Miscarriage   *IF NOT CURRENTLY PREGNANT*
       2. I had an Abortion / termination   **PrgOutAg**
       3. It was a Stillbirth   How old were you when this happened?
       4. It was a Live birth
       5. I am Currently pregnant

IF HAD AN ABORTION/TERMINATION
AbWeek
How many weeks pregnant were you at the time?

IF LIVE BIRTH OR STILL BIRTH OR CURRENTLY PREGNANT
AnteN2
(Did you attend/have you attended) an ante-natal clinic or ante-natal service at a hospital
   or at your GP's during this pregnancy?
1. Yes
2. No

Findings

Cognitive testing of these questions suggests that recalling the information was not problematic for respondents and on the whole they were able to answer accurately. The questions were described as straightforward and easy to answer and those who had ever been pregnant knew how old they were at each pregnancy. One 75 year old respondent, for example, said she had all "*normal*" pregnancies and therefore did not have difficulty providing answers. There was some evidence found which implies that the questions might be upsetting for respondents who have either had abortions, miscarriages or still births, however despite this respondents were still willing to answer the questions about their experiences.

Respondents adopted a number of different recall strategies when working on out their answers to PrgOutAg, including:

- Using their child's birthday to work out how old they were when they were born;
- Remembering the age of other children at the time of the outcome of the pregnancy; and,
- Working out the information from the birth of (other) children.

Finally, there was some confusion, (experienced by just one respondent in the sample), over the answer options at PregOut. One respondent had had several miscarriages but as the doctors used to refer to these as abortions, (medical term 'spontaneous abortion'), she was unsure whether to code these at code 2 as it also mentions 'abortion'. This respondent finally decided on code 1 however the reason for her choice is not known to us.

Recommendations

- Consider the addition of a reference to a 'spontaneous abortion', along with mention of doctors at code 1:
  1. I had a Miscarriage (sometimes doctors call this a 'spontaneous abortion')
- Consider swapping around Abortion and Termination at code 2 so that Termination comes first and is therefore the focus, which should avoid confusion with the suggested additional explanation at code 1.
  2. I had a termination or an Abortion.
- Consider the placement of these questions within the main questionnaire, as recalling the information may be emotional and upsetting for some respondents.

8   Periods and Menopause

Two approaches to asking about the date of the last period were tested in the cognitive interviews.

8.1   CASI Questions

Female respondents were asked the following questions in CASI and interviewers then explored how easy or difficult respondents found the question to answer and whether they were correctly recalling the first day of their last period, as opposed to any other day.

Periods2
How old were you when you started menstruating (having periods)?
AGE IN YEARS

If Periods2=not missing
Periods3
When was the first day of your last menstrual period?
    1 In the last 7 days
    2 Between 7 days and 4 weeks ago
    3 Between 4 weeks and 1 year ago
    4 Between 1 year and 5 years ago
    5 Longer than 5 years

Findings

On the whole **Periods2** appeared to be more difficult to answer for older respondents as it was felt to have happened a long time ago. Respondents who could not remember how old they were when they started menstruating tended to give an approximate age, based on which year they were in at school or whether they were in primary or secondary school. There were, however, respondents who found it easy to remember the age they were for this question. Of these, including older respondents too, the start of menstruation was described to be a big event in a woman's life and something that you do not forget.

Respondents were able to answer **Periods3** with little difficulty. There was no evidence to suggest that respondents were confused and/or were instead thinking about other days of their last menstrual period (e.g. the last one). The accuracy of respondents' answers however did vary. There were two types of respondent within the combined sample of phase A and B female respondents:

1. Those who could easily remember, either because it had been recently, their menstrual cycles were regular or they were on the contraceptive pill so the dates were the same each month; and,
2. Those who were less sure and were relieved to see the time periods in bands as this made it possible for them to answer: giving approximations instead of exact dates.

Respondents who were less sure about their answers often said they would have been able to be more accurate if they had their diaries to hand, as they often jotted down the first date of their periods in these or on their calendars. One respondent suggested the question should be rephrased to 'How long ago was the first day of your last menstrual period?' so that people would not panic when they saw the word 'When'.

Recommendations

* Alter the question slightly whilst retaining the current time bands:
How long ago was the **first** day of your last menstrual period? Was it…
  1 In the last 7 days,
  2 Between 7 days and 4 weeks ago,
  3 Between 4 weeks and 1 year ago,
  4 Between 1 year and 5 years ago, or
  5 Longer than 5 years ago?
* Consider giving respondents a calendar, either on screen or on paper, to assist them in working out their answers. This is especially advisable if data accuracy is important

8.2   CAPI Questions

At the end of the cognitive interview, interviewers asked respondent the following CAPI questions and then explored ease or difficulty surrounding ability to recall the exact date, month and year. In the mainstage survey, this detailed information will only be needed for respondents sampled to take part in the saliva test.

MenLstD
Thank you for answering those questions. I would now like to ask you one more question about your periods. What was the day, month (and year) of the first day of your last menstrual period?
INTERVIEWER: ENTER DAY OF MONTH HERE
IF RESPONDENT CANNOT REMEMBER THE EXACT DATE OF LAST PERIOD,
ENTER '97' HERE AND THE NEXT QUESTION WILL ASK FOR AGE AT LAST
PERIOD/YEAR IN WHICH HAD LAST PERIOD: 1..97

MenLstM
(What was the date of the first day of your last menstrual period?)
PLEASE ENTER MONTH HERE
1..12

MenLstY
(What was the date of the first day of your last menstrual period?)
PLEASE ENTER YEAR HERE
1944..2020

IF CAN'T REMEMBER DATE OF LAST PERIOD:
MenLstX

> Would you prefer to give the age at your last menstrual period or the year in which you had a last period?
> Age
> Year
>
> **MenLstA**
> What age were you when you last had a menstrual period? 0..97

Findings

Findings from the cognitive interviews provide evidence that this set of questions were difficult for respondents to answer, mainly because they did not have the information in mind. Occasionally respondents reported being frustrated that they were asked the exact date and commonly respondents displayed a preference for the banded time periods question (Periods3). Respondents who were on the contraceptive pill found it marginally easier to answer as their menstrual cycles are regular and come about at the same time each month. One respondent for example said "*The day is always the same, I just had to work out the date*" (Female, 33).

A common answer strategy used by respondents was to work back in time from the date, or day, they knew their next period was due. Respondents who used this strategy were confident that they were more or less accurate, within a few days. Universally, respondents reported the need for a **calendar** to help them work out the date and/or their **diaries** to look at if they had recorded the date.

Older female respondents, who had stopped having periods, were either:
- Able to say how old they were, using milestones such as when they started their menopause, had a hysterectomy or was on a holiday; or,
- They had no idea and would have needed to get old diaries out to work out their age.

One interviewer explained to the respondent why this information was needed (salvia sample), and on hearing the respondent said she would have consulted her diary had she known this at the time she had answered the question.

MenLstX

Interviewers expressed a disliking to this question at the cognitive debriefing as it was seen as unnecessary. To support this, one 31 year old respondent was perplexed as to why she was asked whether she wanted to give her age. Although she could see that this might be relevant to menopausal women, she did not feel it was relevant to her.

Recommendations

- If this question is included in the main survey, it is likely that some respondents will give accurate data but others will give very inaccurate data or will be unable to answer at all. Therefore, we would strongly advise that consideration is given to the importance of collecting this information, and to how accurate it would need to be to be useful (for the saliva test).

- Some things that could be done to improve item response and accuracy, if the decision is made to keep this question, are:
  - ❖ An explanation of why the information is needed which emphasises the importance of accuracy
  - ❖ Supplying respondents with a calendar to help them work out the answer.
- We suggest that MenLstX is dropped as it is unnecessary and confusing for some respondents

9   Family formation

A short module of questions was included in the cognitive testing to explore whether respondents are able to accurately recall the information being sought at these questions and what respondents do if they do not know the answer(s). There was additional interest in whether the answer categories at some of the questions capture the range of answers that respondents want to give.

9.1   Any biological children

> **AnyChild**
> Do you have, or have you had, any children of your own that you are the natural parent of? Please include any who don't now, or never did, live with you as part of your household.
> PLEASE INCLUDE STILLBORN CHILDREN OR THOSE WHO HAVE DIED, BUT EXCLUDE ADOPTED CHILDREN, ABORTIONS OR MISCARRIAGES.
> >   1. Yes
> >   2. No

Findings

This question was asked only of men and included in the test questionnaire for routing purposes, however respondents did comment on it: notably with reference to 1) the words 'natural parent' and 2) to the respondent instruction.

There were respondents in the sample who disliked the use of the term 'natural parent'. It was described as odd, it implies that you could be an 'unnatural' parent and it appeared to have confused respondents: "*It didn't click straight away, so had to read it twice*" (Male, 17). There were two suggestions for improvements:
- Instead ask: 'Are you the natural parent of any children?' and,
- Replace 'natural parent' with 'biological parent'.

The respondent instruction (in the second sentence) was also disliked, in terms of the reference to where the children live. One divorced male respondent, whose child visits him at weekends only, found this a little upsetting as it referred to where children live, and another respondent said:

"*You are either a parent or you are not. What does it matter whether they live with you now or they ever did*" (Male, 44).

Recommendations

> - Alter the current question wording:
> Are you, or have you ever been, the natural/biological parent of any children? Please include all children that you have ever had, even if they do not live with you now or have lived most or all of the time elsewhere.
> PLEASE INCLUDE STILLBORN CHILDREN OR THOSE WHO HAVE DIED, BUT EXCLUDE ADOPTED CHILDREN, ABORTIONS OR MISCARRIAGES.

9.2   Month and year child was born

DoBChM
In which month and year was your *(first/second/third/etc)* child born?
PLEASE ENTER MONTH AT THIS QUESTION, YEAR AT NEXT QUESTION.
DoBChY
ENTER YEAR.

Findings

Cognitive testing of this question implies that it was generally unproblematic to answer and respondents found it easy to remember both the month and year their children were born. Respondents claimed they knew the dates for the following reasons:

- they had accurate memories;
- their children still lived with them in the family house;
- their child was born recently so it was easy to remember; and,
- they always remembered their child's birthdays.

There was just one respondent in the sample who could remember the month his child was born but had difficulty with the year. This 51 year old male had two sons who shared the same birthday but were born in different years and so he worked out the years they were born in by subtracting their ages from the current year (2009).

Recommendations

- Retain the current question wording

9.3   Ease with talking to children about sexual matters

If has any adopted, step-children or natural children aged 5-18
TalkCh
How easy would you find it talk to your children about sexual matters?
1 Easy
2 Difficult
3 I would not discuss sexual matters with my children
4 It would depend on the topic

Findings

Respondents found this question straightforward and easy enough to answer for the most part and the answer options seemed to allow people to answer in the way they wanted to.

'Sexual matters' meant the following things to respondents:

- Anything from relationships right up to sex;
- The 'birds and the bees';
- Where babies come from;
- Anything from a kiss and a cuddle right up to full intercourse;

- Making the child aware of their genitals;
- Starting periods, bodily changes, willies, boobs and pubic hair; and,
- Condoms and contraception.

The type of things respondents had in mind tended to differ in relation to the age of their children

There were comments that the age range (5-18, as specified at the previous question), was too broad. Additionally parents of very young children occasionally got nervous and/or found it difficult to answer this question as they had not yet considered talking to their children about sex. One lady, for example, thought her 6 year old son was too young to talk to about sex and said:

"*I haven't contemplated going down that route yet…I'd like to think that I would find it easy, but I don't know*". (Female, 33)

At the cognitive debrief an interviewer made a suggestion which might combat the problem highlighted above: to reword the question to instead ask: 'With reference to the age of your child/ren, how easy would you find it to talk to them about sexual matters?'

Recommendations

- Consider the interviewer's suggestion to reword to question so that it allows for differentiation of comfort levels in relation to the age of respondents' children:
  Taking into account the age of your child/ren, how easy would you find it to talk to them about sexual matters?
  1 Easy
  2 Difficult
  3 I would not discuss sexual matters with my children
  4 It would depend on the topic

10 Sexually Transmitted Infections

One question (STDTrt) was tested to explore whether respondents were thinking about sources of treatment, rather than advice, when answering. The research team also wanted to explore whether there are any answer options which are missing from the list and whether respondents are able to answer this question, hypothetically.

A further question (HPVEver) was also included in the test questionnaire to assess how easy or difficult it is to answer and whether respondents are familiar with the terms used.

10.1 Where would go to seek treatment for a STI

CPIntSTD
The next question is about infections which are transmitted by sex. Please answer even if you have never had a sexually transmitted infection.
TYPE IN <1> AND <ENTER>

STDTrt
If you thought that you might have an infection that is transmitted by sex, where would you **first** seek treatment?
1. General practice (GP) surgery
2. Sexual health clinic
3. Family planning clinic / contraceptive clinic / reproductive health clinic
4. Antenatal clinic / midwife
5. Private clinic or doctor
6. Pharmacy
7. Internet site offering treatment
8. Youth advisory clinic (e.g. Brook clinic)
9. Hospital accident and emergency (A&E) department
10. Somewhere else

Findings

Respondents' answers were almost universally informed by either their own personal past experience and/or the past experiences of people they knew. Those who had no personal experience thought about where they would go if they had to whilst the odd respondent, including one person who had been with a partner for such a long time and therefore had not had to think about it, found it hard to put themselves into the position and reported that they would not know where to go. Those who lacked knowledge tended to focus on diagnosis, rather than treatment. It was also common for other respondents to think about and include diagnosis, in an addition to treatment.

There was evidence found to suggest that seeking **advice** was included in respondents' answers, either instead of or in addition to treatment. The intention of this question is

treatment and therefore respondents should exclude advice. 'Treatment', otherwise, was described in a number of ways, some of which included:

- Creams to cure you / Antibiotics / being prescribed drugs to fix it
- Getting rid of the disease or infection
- Tests, diagnosis and fixing it
- Confirming, testing & getting rid of infection.

We explored what the different answer options meant to respondents. The table below shows the kinds of things which respondents thought about for some of these.

Table 4: Respondent interpretations of some of the response options

Sexual health clinic (code 2)	Family planning clinic / contraceptive clinic / reproductive health clinic (code 3)
- Like doctors but specialising in one subject: STIs - A drop in centre (attached to a GP's surgery) - Specialised GUM (Genital, Urinal Medical) clinic - Similar to a GUM clinic - A clinic specifically for sexual health - Clinics which specifically address STI testing - An anonymous drop in centre	- Like the brook clinic - Where you go to get (free) condoms, the contraceptive pill and pregnancy tests - Where girls go to get pregnancy tests, leaflets and advice - A place more focussed on how to plan a family, where you go to get advice about contraception or if you are having problems conceiving - More in terms of prevention, whereas code 2 deals with the "*aftermath*" (Female,30) - Similar to code 2 but additionally contraception and abortion. - Same as code 2 - Fertility problems, rather than the "*side effects*" of sex (Male, 21)
Private clinic or doctor (code 5)	**Youth advisory clinic (e.g. Brook clinic) (code 8)**
- A BUPA hospital - A private clinic - A private service with one's GP - Where you pay to seek private health care on sexual health - Anywhere that is not the NHS - A non NHS GP - Somewhere like Marie Stopes - Something you'd pay for - Harley street	- An advisory centre for young women - Assumed it was a sexual health clinic for young people - youth centre dealing with contraceptives, pregnancies and STDs - Marie Stopes and other charitable organisations

There were a number of other comments and suggestions which were aired in the cognitive interviews which are worth noting:

- The word 'if' should be emphasised (boldened or underlined) to highlight the hypothetical nature of the question
- The internet and NHS Direct should be added to the list of answer options as somewhere to go to seek advice

- Code 7 (Internet site offering treatment) sounded a bit odd and dodgy as a place to get treatment
- Code 9 (Hospital accident and emergency (A&E) department was humorous
- You might go to the chemist to seek treatment.
- The wording of the **CPInsSTD** introduction reads incorrectly and is not how people speak. It should be changed to: 'Please answer, even if you have never had an infection that was transmitted by sex'.

Recommendations

> - Research team to consider whether the survey might benefit from including a question before this one, to establish where one might go for initial help and advice.
> - Include a reference to 'diagnosis'
> - Add GUM clinic to code 2 and chemist at code 6.
> - Emphasise the word 'if' and alter the wording of the introduction:
>
> The next question is about infections which are transmitted by sex. Please answer, even if you have never had an infection that was transmitted by sex.
>
> **If** you thought that you might have an infection that is transmitted by sex, where would you first go to seek diagnosis and/or treatment?
> 1. General practice (GP) surgery
> 2. Sexual health clinic (GUM Clinic)
> 3. Family planning clinic / contraceptive clinic / reproductive health clinic
> 4. NHS Antenatal clinic / midwife
> 5. Private non-NHS doctor or clinic
> 6. Pharmacy / chemist
> 7. Internet site offering treatment
> 8. Youth advisory clinic (e.g. Brook clinic)
> 9. Hospital accident and emergency (A&E) department
> 10. Somewhere else

10.2   HPV Vaccination

This question, and two follow up questions, were included in the phase B test questionnaire only. The aim of testing these questions was to explore awareness of the HPV vaccine and whether female respondents, aged 16-30, are sure about whether or not they have had the vaccine. Interviewers probed on how respondents answered HPVEver.

> *FEMALE RESPONDENTS 16-30*
> **HPVEver**
> Have you been vaccinated against cervical cancer (received HPV vaccine)?
> > 1. Yes
> > 2. No
>
> *IF HPVEver=No*
> **HPVWhy**
> Were you ever offered the vaccination?
> 1. Yes, I was offered it but I refused
> 2. No, I was never offered it

IF HPVEver=Yes
HPVComp
Have you completed 3 doses of the HPV vaccine? 1. Yes, I have completed 3 doses 2. No, but I am in the process of completing 3 doses 3. No, I started but stopped before completing 3 doses

Findings

Only a small number of female respondents were asked this question and it caused no difficulty for any of them. Respondents said that they knew they had not had the vaccine and therefore it was easy to answer. There were no respondents in the sample who answered yes to HPVEver. Awareness of the vaccine amongst these female respondents varied. There were respondents who:

- had not heard of the vaccine;
- had heard of the vaccine in the media or through the adolescent girls vaccine programme in schools; and,
- knew about a vaccine given to girls in schools for cervical cancer but did not know it was called the HPV vaccine.

Recommendations

▪ Retain the current wording of these questions.

11 Viagra

One question, and a follow up, was included in the test questionnaire to establish whether the respondent has ever taken any medication to assist them in sexual performance. The aim of testing this question was to explore whether respondents understand the question as intended and are clear about how to answer it.

> **Viagra**
> Have you ever taken any medicines or pills to assist your sexual performance, for example Viagra? Include medication that has not been prescribed by a doctor.
>   1 Yes
>   2 No
>   3 Prefer not to say

Findings

A universal finding from testing this question was that Viagra was a medication that respondents are familiar with: both in terms of what it is and what it is used for. Viagra, and other sexual enhancement medication more generally, were described as:

- sexual enhancements;
- a cure to erection problems;
- something to give you more sexual enjoyment; and,
- pills to make you last longer in bed.

One respondent said Viagra is "*the blue tablet that you get for getting a happy hard on*" (Male, 51).

Viagra did tend to be the main medication that people were thinking of, and not only because it was mentioned as the only example. One respondent reported immediately thinking of Viagra even before he saw it as the example. Viagra was assumed to be a male drug and occasionally women wondered why they were being asked this question. It was common, amongst both men and women, to appear surprised at the knowledge that women can take Viagra and other sexual enhancements. When interviewers probed on other sexual enhancement medication respondents knew about, the following were mentioned, suggesting that respondents were thinking also about medication which is not prescribed by a doctor:

- lubricants;
- steroids used for weight training;
- natural remedies;
- reflexology; and,
- poppers (alkyl nitrites[2]): notably taken by gay men before they have sex.

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[2] Inhaling nitrites relaxes smooth muscles throughout the body, including the sphincter muscles of the anus and the vagina. www.talktofrank.com

The answer option 'prefer not to say' was viewed as unusual by respondents in the sample. Respondents thought this question was a yes/no question and wondered why people would choose 'prefer not to say'. It was felt that people who would prefer not to say would not take part in a survey about sex and additionally, if the survey is confidential it appeared odd that there is an option for those who would prefer not to say. This option was even viewed by one respondent as something which alerts people to confidentiality and it should be removed altogether. If people do not want to say, they will simply choose code 2: No.

Recommendations

- Retain current question wording
- Remove answer code 3: Prefer not to say.

12   Drugs

12.1   Whether ever taken non-prescribed, non injected drugs

A question was tested in both phases to assess whether respondents find it easy to answer. It was also desirable to check, during the testing, that respondents realise that the question is about non-prescribed/illegal non-injecting drugs.

DrugUse

Have you EVER taken any of the drugs listed below? (Please DO NOT count any drugs you have injected)

Please type the numbers of ALL the drugs you have taken, but did not inject.

IF YOU HAVE NOT TAKEN ANY DRUGS, TYPE '9'

YOU CAN TYPE IN MORE THAN ONE ANSWER BY PRESSING THE SPACEBAR BETWEEN EACH NUMBER

1   Cannabis (marijuana, grass, hash, ganja, blow, draw, skunk, weed, spliff)

2   Amphetamines (speed,   hiz, uppers, billy)

3   Cocaine or coke

4   Crack (rock, stones)

5   Ecstasy (E)

6   Heroin (smack, skag, H, brown)

7   Acid or LSD

8   Other illegal drugs

9   None of these

Findings

In general this question appears to have worked satisfactory with few major problems reported by respondents in relation to ability or willingness to answer it. Some respondents made the connection between sexual behaviour and drug use but others did not and occasionally could not think how a question on drugs relates to sex. The main survey will include questions about alcohol which we feel will increase this question's relevance. One respondent, in phase B of the testing for example, did wonder why she wasn't asked about alcohol as well. Occasionally respondents questioned the relevance of this question to themselves for example one 36 year old female respondent, who had never used any of the drugs, commented that it was more of a young person's question.

Respondents tended to view this question as one about non-prescribed, illegal and/or recreational or street drugs. There was some evidence to suggest that the instruction to exclude injected drugs was occasionally missed and one respondent thought that it was odd that injected drugs were not included here as she had seen Heroin and immediately thought about it in its injected form. Similarly, another respondent could not think how else one could take Heroin, other than by injecting it.

Broadly speaking, respondents used a number of different answer strategies when approaching this question and formulating their answers. These included:

- Thinking back in time, or back to when they were younger, and about which drugs (if any) they had taken;
- Re-reading the question, before finally digesting it and occasionally hesitating when reading 'DO NOT count drugs you have injected; and,
- Heading straight for the 'none of these' option if they had not taken any drugs and/or not reading the question or answer options fully.

Coding of hypothetical Scenarios

Included as a means for establishing whether respondents had picked up on the important instruction to exclude both prescribed (or legal) drugs and those which are injected, interviewers asked respondents to consider a number of different hypothetical scenarios and then asked respondents to say how they would have coded each one.

1. Imagine you were Diabetic and injected Insulin, what answer would you have chosen?
2. Imagine you had once smoked some cannabis at a party, what answer would you have chosen?
3. Imagine you had injected some heroin, what answer would you have chosen?
4. Imagine you had once been given Morphine in hospital, what answer would you have chosen?

It should be noted here that the scenario exercise was an 'after thought' and something interviewer's asked respondents after they had answered the survey question, i.e. during probing. Therefore we cannot tell whether problems/mistakes respondents experienced here would occur in reality.

Generally speaking, respondents coded the scenarios correctly. Respondents' coded scenario 1 (injecting Insulin) and scenario 4 (given morphine in hospital) at code 9: 'None of these', on the basis that they would have been prescribed and are legal. Also, respondents correctly coded scenario 2 at code 1: 'Cannabis'. There were however a few discrepancies in relation to how Scenario 3 (injected heroin) was coded. Respondents either correctly coded it at code 9: 'None of these', explaining that they knew not to include injected drugs or it was coded at 6: 'Heroin'.

Recommendations

- Retain current question wording
- Alter code 8, as a result of agreement after a discussion at the phase B de-brief, to:
  8. Other non-prescribed drugs
- Alter code 6 to make it explicitly about non-injected Heroin:
  Heroin, that was not injected (smack, skag, H, brown).

12.2   Whether ever injected non-prescribed drugs

The following question was tested to ascertain whether respondents are clear about and understand what the question is asking and to check that they are correctly including and excluding certain drugs or substances. This question was only tested on phase B respondents.

Inject2

Have you ever injected yourself with any non-prescribed drugs or other substances?

1 Yes

2 No

Findings

This question was well understood and respondents' interpretations of the question were consistent with the intended meaning (non-prescribed or illegal injected drugs or substances). This question, according to respondents in the phase B sample, was about:

- Injecting, or self medicating, non-prescribed drugs;
- Heroin or steroids;
- Incorrect use of prescribed drugs (i.e. morphine that you have stolen); and,
- Illegal or non-prescribed injected (recreational) drugs.

Respondents correctly excluded things like Morphine and insulin as these would be prescribed drugs.

Recommendations

- Retain current question wording

13 CASI Issues

A recurrent problem experienced by respondents as they worked their way through the CASI questions related to the '1 and Enter' instruction at the end of some of the instruction and introduction screens. For example, when respondents finished reading the definitions screens at the start of the CASI, they either hesitated, not knowing what to do next, or they asked the interviewer for help.

Other problems included:
- respondents were unsure about how to select more than one response at a multi-code question (e.g. DrugUse)
- Respondents thought that our use of capital letters for some words like ANY or YEARS was unnecessary
- Respondents did not always notice instructions that were in capitals
- Respondents were unsure about how to go back to look at previous questions

There may be other ways to improve the CASI program aesthetically. A light blue background has been shown to leave respondents feeling happier, and lead to fewer respondents breaking off the interview early. It has also been found that whole sentences in capital letters are difficult to process, slow down reading by 15-20%, and are often not read at all.[3]

Potential solutions to the problems outlined above, as well as other suggestions for improving the CASI interface are set out in the recommendations below.

Recommendations

- Create a CASI 'help card' that can be given to respondents when they begin the CASI. This would help respondents use the CASI without having to ask the interviewer for help. This should be user friendly and have pictures rather than text wherever possible.
- Change the background colour of the CAPI to light blue.
- Use bold, rather than capitals, to emphasise words
- Change all respondent instructions to lower case. If they need to stand out, use bold.
- Have the definitions in a different colour text or on a different colour screen, to encourage people to read them, and distinguish them from the actual questions.
- Hide the references to some of the variable names on screen, e.g. HetLife and EverHom, as they may offend people. Alternatively, change the variable names to ones that are more neutral.

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[3] Couper (2009) 'Designing effective web surveys' short course.

14 Summary of findings and recommendations

In this section we briefly summarise the problems, if any, at each question or set of questions that were tested. We have made suggestions for improvements to the questions, informed by findings from the cognitive interviews. These suggestions are highlighted in red in the table below. It should be noted that without re-testing the questions however, we are unable to guarantee whether our recommendations will be improvements to the current questions. The questions will be piloted however so we would recommend that a set of respondent debriefing questions are included in the pilot to follow up on any changes which are implemented.

Table 4: The original questions, summary of the findings and recommendations

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
General Health				
DrgHeart: Prescribed medication for heart disease	No problems found	▪ Retain current question wording	-	
DrgHyp: Prescribed medication for hypertension/high blood pressure	No problems found	▪ Retain current question wording	-	
DrgPros: Prescribe medication for prostate disease	No problems found	▪ Retain current question wording	-	

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
MedConC & MedWchC: History of medical conditions or procedures	▪ Uncertainty over where to code a caesarean	▪ Retain current question wording but add a code for caesarean/C section	Which ones? Just tell me the numbers on this card. CODE ALL THAT APPLY 1 Hysterectomy 2 Bladder Surgery 3 Genital or gynaecological surgery 4 A caesarean / C section 5 Abdominal surgery 6 Broken hip or pelvis bone 7 Hip replacement	Recommendation implemented
MedConD & MedWchD: Receipt of treatment by a health professional for conditions listed	▪ Confusion with code 7	▪ Retain current question wording ▪ Emphasise the reference period in the question wording. ▪ Add a reference to Polycystic ovaries at code 7 at MedWchD	**MedConD** In the last 12 months, that is since *(date one year ago),* have you received treatment from a health professional for any of the medical conditions listed on this card? **MedWchD** Which ones? Just tell me the numbers on the card 1 Back ache lasting for 3 months or longer 2 Any other muscle or bone disease lasting for 3 months or longer 3 Depression 4 Any other mental health condition 5 Any other neurological condition, apart from Parkinson's disease and epilepsy 6 Cancer 7 Polycystic ovarian syndrome (Polycystic ovaries) 8 Any thyroid condition 9 Any ovarian, testicular or pituitary condition	Recommendation implemented (reference period) Answer option 7 changed to 'Polycystic ovaries'.

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
HeFunc: Difficulty experienced walking up stairs	▪ Reporting of difficulty coming down stairs (which might of otherwise be missed)	▪ Alter question wording slightly to include a reference to coming down stairs.	By yourself and without using any special equipment, how much difficulty do you usually have walking up or coming down a flight of stairs? Do you have… 1 ….no difficulty 2 some difficulty 3 much difficulty 4 or are you unable to do this?	Recommendation not implemented as this is question taken from other surveys, and team wanted to keep it the same.
HeAtt: Symptoms experienced when walking up stairs	▪ Uncertainty over whether to chose code 8 due to the reference to all three symptoms and the respondent only experiencing one	▪ Split code 8 into two ▪ Add a reference to coming down stairs.	What are the symptoms that cause you difficulty walking up or coming down a flight of stairs? CODE ALL THAT APPLY. 1 Chest pain 2 Shortness of breath 3 Pain 4 Weakness or fatigue 5 I am a wheelchair user 6 Amputation 7 Visual impairment 8 Tremors or balance problems 9 Unsteady on feet 10 Fear of falling 11 Incontinence or fear of incontinence 12 Some other problem or symptom	Reference to coming down stairs not implemented (see above). Recommendation about splitting code 8 into two separate categories implemented.

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
First sexual experiences				
Terms2: definition of 'any sexual contact or experience'	▪ Cuddling should not be included as 'sexual contact'.	▪ Consider removing the reference to cuddling		'cuddling' removed
CPTalk: Talking to parents about sex when younger	No problems found	▪ Retain current question wording	-	
Number of partners				
PartInt: Introduction screen for the module.	▪ Respondents attempting to enter the answer to HetLife at the PartInt screen.	▪ Alter the wording so that it reads more like an introduction and less like a question	On the next few screens you will be asked some questions about the number of people you have had sex with at different times in your life. When you answer the questions please include everyone you have ever had sex with, whether it was just once, a few times, a regular partner or a spouse. Please be as accurate as you can: give your best estimate if you can't remember. Now Press 1 and Enter for the first question.	First addition implemented, but not second. '1 and enter' instruction added.
HetLife – Hom5Yrs: Number of partners questions	No problems found	▪ Retain current question wordings for all questions	-	

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
Overlp5y: Presence of overlap between sexual partners	▪ Partner could have connotations with relationships and therefore we might miss casual sex overlap	▪ Alter the question slightly, removing the reference to 'partners'	Thinking about all of the people you have had sex with in the last 5 years, did any of those people you have told us about overlap in time? In other words, did you have sex with someone (person A) then have sex with someone else (person B), and then have sex with the first person (person A) again? 1 Yes 2 No	Recommendation implemented
Most Recent Partners				
The module as a whole	▪ Cognitive pilot was not able to test overall burden and sensitivity of questions in a representative sample ▪ Respondents did not like the uncertainty of not knowing how many partners they will be asked about ▪ Respondents were unclear about what to do if they realised that they had missed out a partner part way through the	▪ Consider other ways to test this, such as a feedback question on the pilot study ▪ Add to the module introduction ▪ First think about what respondents should do in these situations. Then, consider ways to make this clear to respondents.	"The next sets of questions are about the people you had sex with most recently. The questions will ask about the *(one person / two people / three people)* you had sex with most recently, in turn. Please start by thinking about **the person you had sex with MOST RECENTLY**, whether this was quite recently or some while ago. This may be a man or a woman you had sex with just once, or a few times, or a regular partner or a husband/wife."	Recommendation (wording change) implemented

	Most Recent Partners module.	Suggestions include a 'help key' that respondents can press at any point, or additional instructions at the beginning of the module.		
R1Name: enter a nickname or initials for that partner	▪ The question worked well, but some respondents felt that they should enter real names or nicknames. ▪ Referring to the second/third most recent partner in the introduction textfill was confusing. ▪ Entering a nickname or initials would seem odd, and possibly confusing, for respondents who are only answering about one partner.	▪ Keep this question for those answering about more than one partner, with slight alteration to wording	"To make it easier to remember the answers to these questions, please type in a nickname or the initials of the person you had sex with most recently *(textfill: second most recent person you had sex with/third most recent person you had sex with)*. This is just to help you remember who you are answering the questions about so a made-up nickname or initials are fine. No-one will see this name except you, and it will be deleted from the laptop at the end of the questionnaire. PLEASE TYPE IN THIS PERSON'S INITIALS OR A NICKNAME."	Wording change implemented
R1DateY: date of most recent sex, also applies to date of first sex.	▪ Respondents found the format for entering date confusing. ▪ The cognitive pilot was not able to test any possible difficulties with recall for those who had not had sex in the last five	▪ Keep question in current format, but remove the reference to month at R1DateY ▪ Consider whether this is likely to be a problem, and if so whether there are any ways we can test it,	**R1DateY** When was the most recent occasion you had sex with that person? TYPE IN THE YEAR (4 DIGITS).	Wording change implemented

	years.	for example by asking a follow-up question to these respondents in the pilot.		

R1Relat/R1RelNS: Relationship status at most recent sex	▪ Respondents may miss 'living together as a couple' at code 1, because they do not read further than 'married'. ▪ Some respondents found it hard to code their relationships at R1Relat, but found it easier once they had seen R1RelNS	▪ Change the order of response option 1 ▪ Consider testing an alternative version of the question in Phase C, where R1Relat and R1RelNS are combined ▪ Make similar wording changes to the R1Rel1st/R1Rel1NS (relationship status at first occasion of sex)	**R1Rel**
			Which one of these descriptions applies best to you and *(Name)* at the time you **most recently** had sex?
			Only give one answer
			1. We were living together as a couple / married / in a civil partnership at the time
			2. We were in a steady relationship at the time
			We were not in a steady relationship at the time (please choose from the following options):
			   3. We used to be in a steady relationship, but were not at that time
			   4. We had known each other for a while, but were not in a steady relationship
			   5. We had recently met
			   6. We had just met for the first time
				Question changed to: **R1Rel** Which one of these descriptions applies best to you and *(that person/Name)* at the time you **most recently** had sex? Only give one answer 1. We were living together as a couple / married / in a civil partnership at the time 2. We were in a steady relationship at the time 3. We used to be in a steady relationship, but were not at that

				time 4. We had known each other for a while, but were not in a steady relationship 5. We had recently met 6. We had just met for the first time
R1SexAgn: Whether will have sex with that person again in the future	▪ There was some confusion about whether respondents should answer about there intentions to have sex with that person again, or the likelihood that it will happen.	▪ Consider how much of a problem this is. Consider changing the wording, and testing in Phase C of cognitive testing.	"Is it likely that you will have sex with *(name)* again in the future?"	Question wording changed to: **R1sexagn** Are you likely to have sex with **(This person/name)** again in the future? 1. Yes 2. Probably 3. Probably not 4. No 5. Don't know

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
R1First: Whether most recent occasion of sex with that person was also the first occasion	▪ Respondents in Phase A found this question confusing. However, no problems were found with the Phase B version	▪ Use the Phase B version of this question	-	
R1PtAge: Partner's age at first occasion of sex	▪ Respondents found this question difficult	▪ Consider how important this question is for analysis. If important, consider giving banded response options rather than asking respondents to estimate an age.	-	Very important for analysis – keep as it is.
R1Meet: How met that partner	▪ Response option 10 was not interpreted as a 'catch all' internet category	▪ Consider changing the wording of response option 10	10. Online, but not through a dating website	Recommendation implemented
R1Live: Where partner normally lived when first met	▪ Term 'region' may be difficult for non-UK respondents	▪ Retain existing question wording	-	
R1Known: How long had known partner before first had sex	▪ Testing showed that some respondents may answer incorrectly, for example counting from first date, rather than first time they met	▪ Consider changing the wording	How long was it between when you first met *(name)* and when you first had sex with *(him/her)*?	Recommendation implemented

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
R1PconA/B/C/D: Partner's concurrency	▪ Confusion over whether this was a 'factual' question or whether it was about respondent's thoughts and feelings ▪ Cognitive pilot was unable to test this question among those who may find it most sensitive or offensive: older people, and those who have been in a long-term relationship throughout the last 5 years.	▪ Keep current wording. Add 'probably not' to the response options so that the scale caters for those who are unsure, as well as those who are certain. ▪ Consider ways to test the acceptability of this question among respondents with different characteristics. For example, feedback could be sought from pilot respondents.	-	
R1ethnic: Partner's ethnicity	▪ Some respondents thought this question was unusual and questioned why we were asking it	▪ Add a brief explanation of why this question is being asked	One possibility would be a brief introduction such as: We are interested in some of the characteristics of people's sexual partners. Which ethnic group does *(name)* belong to?	Recommendation implemented

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
R1Born: Partner's country of birth	▪ Question seemed out of blue or odd to some respondents, especially they had already answered a question about ethnicity. It made some respondents feel that they were being judged if they did not know the answer.	▪ Drop this question. If it is essential, it could be improved by adding an introduction explaining why the information is being sought. If kept, consider dropping R1ethnic.	-	Question dropped
Definitions of sex	▪ Some respondents did not include oral sex when answering the most recent partners questions	▪ Consider ways to bring the Natsal definition of sex (i.e. including oral sex) to respondents' attention. However, this risks loss of comparability with previous surveys. Natsal team to decide whether the priority is improved data, or comparability.	-	It was decided that comparability was too important to change the way the definitions are presented.
History of pregnancies				
Pregout: Outcome of a pregnancy	▪ Confusion over how to code 'spontaneous abortion', a medical term for a miscarriage.	▪ Include a reference to 'spontaneous abortion' at code 1 ▪ Swap abortion and termination around at code 2.	What was the outcome of that pregnancy? 1. I had a Miscarriage (sometimes doctor's call this a Spontaneous abortion) 2. I had a termination or an Abortion 3. It was a Stillbirth 4. It was a Live birth	First suggestion not implemented – it was felt to be confusing. Second wording

		▪ Consider the placement of this module of questions	5. I am Currently pregnant	change implemented. Placement was felt to be appropriate.
Periods and menopause				
Perods3: First day of last menstrual period	▪ Respondents were relieved to see that the answer options were time bands and they were not required to give exact dates.	▪ Alter question slightly	How long ago was the **first** day of your last menstrual period? Was it… 1 In the last 7 days, 2 Between 7 days and 4 weeks ago, 3 Between 4 weeks and 1 year ago 4 Between 1 year and 5 years ago, or, 5 Longer than 5 years ago?	
MenLstD/M/Y: exact date of first day of last menstrual period	▪ Respondents had difficulty with this question, were often unable to recall the information, and expressed frustration at being asked for an exact date	▪ Consider whether this question is essential, and how accurate the data would need to be to be useful. ▪ If essential, strategies to improve response and recall include an introduction to tell respondents why this information is needed, and providing respondents with a calendar to help them work out the date.	-	Question dropped

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
Family formation				
AnyChild: Any biological children	▪ Respondents disliked the term 'natural parent' ▪ Respondents disliked the way the question clarifies where the children live	▪ Alter the question in line with problems found	Are you, or have you ever been, the natural/biological parents of any children? Please include all children than you have ever had, even if they do not live with you now or have lived most or all of the time elsewhere. PLEASE INCLUDE STILLBORN CHILDREN, OR THOSE WHO HAVE DIED, BUT EXCLUCE ADOPTED CHILDREN, ABORTIONS OR MISCARRIAGES.	Question reworded: **AnyChild** "Do you have, or have you had, any children of your own (that you are the natural/biological parent of)? Please include any who don't now, or never did, live with you as part of your household. Please include stillborn children or those who have died, but exclude adopted children, abortions or miscarriages.

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
DoBChY & DoBChM: Dates (month and year) children were born	No problems found	▪ Retain current questions	-	
TalkCh: Ease with talking to children about sexual matters	• Did depend on the age of the child	▪ Alter question wording slightly, adding a reference to the age of children	Taking into account the age of your child/ren, how easy would you find it to talk to them about sexual matters? 1 Easy 2 Difficult 3 I would not discuss sexual matters with my children 4 It would depend on the topic	Routing added so this question asked only of those with children aged 16-25. Question reworded: **TalkCh** Please think now about your *(child/children)* aged between 16-25, including any adopted or step-children. While your *(child was/children were)* growing up, how easy did you find it to talk to *(him/her/them)* about sexual matters?

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
Sexually Transmitted Infections				
STDtrt: Where would go to seek treatment for sexually transmitted infection	▪ Respondents did occasionally include advice ▪ The odd respondent found it difficult to answer hypothetically	▪ Consider including a preceding question which asks about where would go to seek advice ▪ Include a reference to diagnosis ▪ Add GUM Clinic to code 2 and chemist to code 6 ▪ Emphasise the word 'if' and alter the wording of the introduction	The next question is about infections which are transmitted by sex. Please answer, even if you have never had an infection that was transmitted by sex. **If** you thought that you might have an infection that is transmitted by sex, where would you first go to seek diagnosis and/or treatment? 1. General practice (GP) surgery 2. Sexual health clinic (GUM Clinic) 3. Family planning clinic / contraceptive clinic / reproductive health clinic 4. NHS Antenatal clinic / midwife 5. Private non-NHS doctor or clinic 6. Pharmacy / chemist 7. Internet site offering treatment 8. Youth advisory clinic (e.g. Brook clinic) 9. Hospital accident and emergency (A&E) department 10. Somewhere else	Wording changes implemented. No preceding question added.
HPVEver: Receipt of HPV vaccine	No problems found	▪ Retain current question wording	-	

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
Viagra				
Viagra: Ever taken medication to assist in sexual performance	• Answer code 3 was unnecessary and may jeopardise belief in the confidentiality of the survey data	▪ Retain current question wording ▪ Remove answer code 3	Have you ever taken medication or pills to assist your sexual performance, for example Viagra? Include medication that has not been prescribed by a doctor. 1 Yes 2 No ~~3 Prefer not to say~~	Suggestion implemented
Drugs				
DrugUse: Ever taken non-prescribed, non injected drugs	▪ Respondents did occasionally think about heroin as a drug which is solely injected	▪ Add a reference to non-injected Heroin at code 6 ▪ Alter code 8 to refer to 'non-prescribed' drugs	Have you ever taken any of the drugs listed below? (Please do not count any drugs you have injected) Please type in numbers of all the drugs you have taken, but did not inject. IF YOU HAVE NOT TAKEN ANY DRUGS, TYPE '9'. YOU CAN TYPE MORE THAN ONE ANSWER BY PRESSING THE SPACEBAR BETWEEN EACH NUMBER 1 Cannabis (marijuana, grass, has, ganja, blow, draw, skunk, weed, spliff) 2 Amphetamines (speed, whiz, uppers, billy) 3 Cocaine or coke 4 Crack (rock, stones) 5 Ecstasy (E) 6 Heroin, that was not injected (smack, skag,	Suggestions implemented

Variable name and summary of question	Summary of key problems	Recommendations made	Suggested new Q	Record of implementation
			H, brown) 7 Acid or LSD 8 Other non-prescribed drugs 9 None of these	
Inject2: Ever injected with non-prescribed drugs	No problems found	▪ Retain current question	-	

OTHER RECOMMENDATIONS
- Change the background colour of the CASI program to blue.
- Change respondent instructions to lower case, using bold if emphasis is needed.
- Consider developing a 'help-tool' for the CASI: a card or a leaflet with instructions and reminders, for example about pressing '1 and ENTER' to move on to the next screen, how to get a reminder of the definitions, how to answer multi-code questions, and how to go back to change answers.
- Remove the capital letters for words where it is unnecessary to have them in CAPS, within the CASI programme.
- Hide or change some of the variable names on screen so that 'EverHom' for example is not seen by respondents.
- Add an instruction to 'Press 1 and Enter' to the Introduction to the Definitions and Number of partners module.
- Explore whether it is possible to have the definitions in a different colour text or on a different coloured screen in CASI.
- Keep terminology consistent throughout Most Recent Partners module: referring to 'people had sex with'
- Consider the use of a paper or on-screen calendar to assist respondents in recalling the first date of their last menstrual period

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