

BASELINE CONFIDENTIAL

This questionnaire asks about your background information, your general health, quality of life and wellbeing. You may find some of the questions repetitive, challenging or distressing. Please be assured that your responses will be kept strictly confidential and will not be seen by anyone outside the study team however if there are concerns about risk to any person (including yourself), the research team may have an obligation to notify the relevant services. Please speak to the researcher if you have any questions or if you find completing the questionnaire difficult.

If there are any questions where you would 'prefer not to say', then please leave these questions blank.

Please do not write any information relating to the sexual assault on this form

Please complete the questionnaire and then return it to the researcher who gave it to you in the stamped addressed envelope provided.

Office use only

Study ID:

Date received: ___ ___ / ___ ___ / 20___ ___

Checked by (initial):

Entered by (initial):

Data entered: ___ ___ / ___ ___ / 20___ ___

**PLEASE DO NOT WRITE
YOUR NAME OR ANY OTHER
IDENTIFYING INFORMATION
ON THIS QUESTIONNAIRE**

THANK YOU FOR TAKING PART IN THIS STUDY

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This section asks for some background details about you.

1. Your age:

2. What is your ethnic group? (Please tick the most relevant box below)

White

1 English/Welsh/Scottish/Northern Irish/British

2 Irish

3 Gypsy or Irish Traveller

4 Any other White background (please write in)

Mixed / Multiple ethnic groups

1 White & Black Caribbean

2 White & Black African

3 White & Asian

4 Any other Mixed /multiple background (please write in)

Asian or Asian British

1 Indian

2 Pakistani

3 Bangladeshi

4 Chinese

5 Any other Asian background (please write in)

Black /African / Caribbean / Black British

1 African

2 Caribbean

3 Any other Black / African / Caribbean background (please write in)

Other ethnic group

1 Arab

2 Any other ethnic group, (please write in)

1 Prefer not to say

3. What is your sex? Please tick one box

1 Intersex/other

2 Female

3 Male

4 Prefer not to say

4. How would you describe your gender? Please tick one box

1 Woman

2 Man

3 Trans Woman

4 Trans Man

5 Non-binary

6 A-gender

4 Prefer not to say

7 Other, please describe

5. How would you describe your sexual orientation? Please tick one box

1 Heterosexual or straight

2 Gay or lesbian

3 Bisexual

4 Do not know

5 Prefer not to say

6 Other, please describe

6. What is the highest level of qualification you have?
if not specified, please tick the nearest equivalent.

1 O-levels, CSEs, GCSEs, O grades, Standard grades.

2 NVQ Levels 1-3/GNVQ

3 A levels, AS levels, Higher School Certificate

4 NVQ levels 4-5, HNC, HND

5 Degree or higher degree

- 6 Other qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel)
7 No formal qualifications

7. Which of the following best describes you? (Please tick one box)

- 1 Employed
2 Looking after your home/family
3 Unemployed and looking for work
4 Unable to work due to long term sickness
5 Retired from paid work
6 In full time education
7 Other (please type in)

8. What is your household's total annual income before tax and benefits?
(Please tick one box)

- 1 Up to £5,000
2 £5,000 up to £11,999
3 £12,000 up to £21,999
4 £22,000 up to £37,999
5 £38,000 up to £71,999
6 £72,000 and above
7 Prefer not to say/do not know

9. Where are you currently sleeping? (if this frequently changes, please say where you slept last night). Please tick only one

- 1 Housed in own tenancy
2 Housed in someone else tenancy
3 Housed in a property I own (with or without a mortgage)
4 Sleeping rough on streets/parks
5 In a hostel or supported accommodation
6 Squatting
7 Sleeping on somebody's sofa/floor
8 In emergency accommodation, e.g. night shelter, refuge

9 In B&B or other temporary accommodation

10 Prefer not to say

11 other (please describe)

9a. What is the postcode* of the address above?

(Where you are currently sleeping)

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*Postcode will be used for analytical purposes only and then removed from the research data. No individual will be identified in the analysis.

10. Do you consider yourself to have a disability? If yes, please describe

1 Yes

0 No

10a. If you consider yourself to have a disability, do you receive any support in regards to your disability? If yes, please describe

1 Yes

0 No

11. Do you consider yourself to have a mental health difficulty? If yes, please describe

1 Yes

0 No

11a. If you consider yourself to have a mental health difficulty, do you receive any support in regards to this? If yes, please describe

1 Yes

0 No

12. Do you consider yourself to have difficulties with drug or alcohol use? If yes, please describe

1 Yes 0 No

12a. If you consider yourself to have difficulties with drug and alcohol use, do you receive any support in regards to this? If yes, please describe

1 Yes 0 No

MENTAL HEALTH MEDICATIONS

13. Are you currently prescribed any **medication** for **mental health or alcohol and/or drugs difficulties?**

1 No → Please go to question **14**

2 Yes → Please answer question **13a**

13.a If **yes**, how many new/additional **medications** are you taking in total?

Please now answer question **13b**

13b Please list the names of your medications

i

ii

iii

iv

v

vi

vii

viii

14. When you recently attended *Name of SARC* did you attend for a recent assault (coming in for a forensic medical examination) or non-recent sexual assault (where forensic medical examination was not undertaken)?

- 1 Recent
- 2 Non-recent

15. How satisfied were you with the service you received from *Name of SARC*?

- 1 Very satisfied
- 2 Satisfied
- 3 Neutral
- 4 Dissatisfied
- 5 Very dissatisfied