



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.

<u>Please do not write any information relating to the sexual assault on this</u> <u>form</u>

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

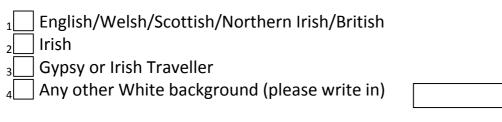
The University of Leeds

School of Health Care, Faculty of Medicine and Health Room 1.17, Baines Wing Leeds, LS2 9JT MiMos@leeds.ac.uk 07894327225 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



Mixed / Multiple ethnic groups

- 2 White & Black African
 - White & Asian

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)

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

-

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

1

Other qualifications (e.g. City and Guilds, RSA/OCR, BTEC/Edexcel)
 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)

Up to £5,000
£5,000 up to £11,999
£12,000 up to £21,999
£22,000 up to £37,999
£38,000 up to £71,999
£72,000 and above
Prefer not to say/do not know

6

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)

Sleeping rough on streets/parks

- In a hostel or supported accommodation
- Squatting
- 7 Sleeping on somebody's sofa/floor
- 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)

*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 conside	r yourself to	have a disability?	If yes,	please describe
1	Yes	0 N	0		

10a. If you consider yourself to have a disability, do you receive anysupport 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

12a If you cons	ider yourself to have difficulties with drug and alcohol
use, do you receive any support in regards to this? If yes, please describe	
	₀ No

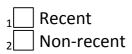
MENTAL HEALTH MEDICATIONS

13. Are you currently prescribed any <u>medication</u> for <u>mental health or</u> <u>alcohol and/or drugs difficulties</u> ?					
₁ No →	Please go to question 14	13.a If yes , how many			
2 Yes → 13a	Please answer question	new/additional medications are you taking in total?			
		Please now answer question 13b			

3b Please list the names of your medications
ii
V

V		
vi		
vii		
iix		

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)?



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

Very satisfied
Satisfied
Neutral
Dissatisfied
Very dissatisfied