



We are carrying out an international survey on the love life and sex life of students. The survey concerns everybody, even if you do not currently have a love life. The survey is being carried out simultaneously in USA, in 12 countries which are European Union Member states and in three other countries outside the EU. We do hope that you can spare a few minutes to answer our questions.

## This survey is of course totally anonymous

Please answer all questions as honestly as possible. When you have finished, fold the questionnaire sheet and place it in the envelope which has been distributed. Seal the envelope and place it in the box which has been provided for this purpose.

1a. You are:  A man  A woman

1b. What is your age-group?  18-19  20-21  22-23  24-25  26 or over 26

2a. You are enrolled in:  1<sup>st</sup> year  2<sup>nd</sup> year  3<sup>rd</sup> year  4<sup>th</sup> year  5<sup>th</sup> year  Doctoral thesis

2b. In which area of studies are you enrolled as a student? \_\_\_\_\_

3a. What is your nationality?  American  Other

4a. Choose the term which best describes your personal situation.

- Single
- Single, I do occasionally have a partner
- In a steady partnership, but we don't live together
- In a steady partnership, we live together

4b. If you have a partner, how long have you been together?

- Less than a week
- Less than a month
- Less than a year
- More than a year

5b. What is the degree of your religious practice?

- None
- Only for the major ceremonies
- Once or twice a week
- Once a week
- More than once a week

6a. Have you already had sexual relations?  Yes  No

6b. At what age did you have your first sexual relation : \_\_\_\_\_ years old

6c. At the time of your first sexual relation, did you know that AIDS can be transmitted through sex?  Yes  No

6e. Did you use a condom for this first sexual relation?  Yes  No

7a. In all, how many sexual partners have you had in your life? \_\_\_\_\_

7b. In answering the previous question, did you count...

- All your partners, even those who were « one night » partners
- Partners whom you met several times
- Long relationships, or relationships which mattered to you.

8. Have you already received some information about AIDS in the course of your studies?

- Junior secondary school
- Senior secondary school
- University
- Never

9. In your opinion, how can you catch AIDS ?

- |  |                              |                             |                                       |
|--|------------------------------|-----------------------------|---------------------------------------|
| 9a. By using a needle which someone else has already used        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9b. Having sex without using a condom                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9c. Having sex while using a condom (non-defective condom)       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9d. Only homosexuals can catch AIDS                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9e. By way of contact between two open flesh wounds              | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9f. By kissing somebody (with your tongue)                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9g. Non-sexual physical contact with someone who is HIV-positive | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9h. By using public toilets                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9i. By way of a mosquito bite                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9j. Being in hospital beside someone who has got AIDS            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |
| 9k. When you give your blood                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I don't know |

10a. Do you know where it's possible to test for AIDS?  Yes  No

10b. Have you already undergone an AIDS test?  Yes  No

10c. If Yes, what was the date (month /year) of your last test ? \_\_ / \_\_\_\_

11. Have you used condoms in the course of the last twelve months ?

Never  Rarely  Sometimes  Frequently  Always  I haven't had sexual relations during the period

12a. Have you already had sex without a condom with a partner you knew little about, or whom you didn't know very well ?

Yes  No

12b. If yes, why ?

<input type="checkbox"/> I didn't want to use a condom	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I didn't have a condom and I didn't know where to get one	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I didn't have a condom and I didn't feel like going to get one	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> The condom burst	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I forgot to think about it	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I trusted the person I was with	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I was afraid to ask	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> I was under the influence of alcohol or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall
<input type="checkbox"/> It's against my religion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't recall

13. Have you ever heard about anti-AIDS emergency treatment?  Yes  No

14. Regarding the use of tritherapy against AIDS, do you think that...

14a. Thanks to tritherapy people who are HIV-positive no longer transmit the AIDS virus.?  Yes  No  I don't know

14b. Thanks to tritherapy people who are HIV-positive live longer?  Yes  No  I don't know

14c. Thanks to tritherapy it's possible to be definitively cured of AIDS?  Yes  No  I don't know

15. In your university, is it possible to find condoms....

15a. At all hours, around the clock  Yes  No  I don't know 15.b If Yes, where? \_\_\_\_\_

15c. When the university buildings are open  Yes  No  I don't know 15.d If Yes, where? \_\_\_\_\_

15e. During office hours  Yes  No  I don't know 15.f If Yes, where? \_\_\_\_\_

16a. Overall, what did you think of this survey? That it is...

Banal  Slightly intimate  Moderately intimate  Very intimate  Too intimate  Shocking

16b. Did you lie in your answers?  No  A little  Fairly often  A lot  Almost all the time

17a. Do you ever lie in your everyday life?  Never  Rarely  Sometimes  Frequently  Always

17b. Do you ever turn up late for things?  Never  Rarely  Sometimes  Frequently  Always

17c. Do you ever fail to comply with the highway code (bike, car, motorbike)?  Never  Rarely  Sometimes  Frequently  Always

When you have finished, fold the questionnaire, then place the envelope in the box which has been provided for this purpose. If you have answered the questionnaire at your home, don't forget to return it to the person who gave you the questionnaire.

**Thank you for your cooperation!**